

Mrs Margaret Blair

Springfield House

Inspection report

Moor Row
Wigton
Cumbria
CA7 0DL

Tel: 01697345530

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26 September 2018

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Ratings

Overall rating for this service

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 26 September 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

We carried out an unannounced comprehensive inspection of this service on 3 February 2017 and rated it as good. After that inspection we received concerns in relation to their conditions of registration, namely that more people were using the service than it was legally registered to accommodate. As a result, we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those/this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

We undertook this unannounced, focussed inspection on the 26 September 2018. We inspected the service against two of the five questions we ask about services: is the service well led? And is the service effective? No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Springfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Springfield House accommodates up to three people in a converted farm. At the time of our inspection three people were living there. The service is located near town of Wigton. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection the service had offered one person respite care on an informal basis. The registered manager agreed to apply to alter their registration to take this into account in the future. Any accidents or incidents had been reported to the Care Quality Commission as necessary. The home was clean and odour free.

People were supported to take adequate nutrition and hydration and told us the food was satisfactory. People were not unnecessarily deprived of their liberties .

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective.

People received adequate nutrition and hydration.

The staff were well trained and competent in their work.

People's rights were promoted and upheld.

Good ●

Is the service well-led?

The service was not always well led.

A registration requirement was not being met. However the registered manager agreed to rectify this without delay.

There was a quality assurance system in place.

The registered manager promoted a positive caring culture.

Requires Improvement ●

Springfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 September 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

The inspection was prompted in part by notification which contained information about the service offering care and support to four people when it is registered for three. This indicated potential concerns about whether the provider was operating outside of their registration. This inspection examined those risks.

Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. Statutory notifications notify us of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern. We spoke with health and social care professionals including social workers and representatives of the local safeguarding authority and asked their opinion of the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We examined six staff files. We spoke with one person who used the service and four members of staff including the registered manager. We reviewed records relating to the safety and management of the care and the premises. We walked round the building, its grounds and, with permission, looked at people's bedrooms.

Is the service effective?

Our findings

People were not easily able to tell us in detail about their views of the service. However we saw that people were comfortable and content.

During our previous in February 2017 we made a recommendation that the service improved how they supported people to make decisions who lacked capacity or had variable capacity. We found the service now had an understanding of how to take people's capacity into account when making best interests decisions. The staff had received training about the Mental Capacity Act.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

Records confirmed that staff and volunteers had completed training the provider deemed mandatory. This included moving and handling, infection control and safeguarding.

We looked at supervision and appraisal records for staff. We saw that the service used a simple system of group supervisions where they could come together to discuss any issues every six to eight weeks. Staff were able to have one to one meeting with the registered manager at any time.

The service had a system of assessment in place which helped to identify people's needs. They contained information about people's history prior to entering the home and included evidence of close liaison with the local social workers. Assistive technology was available within the home. There were pressure mattresses in place that were electronically controlled to ensure people did not develop pressure areas, also known as bed sores.

The provider ensured people's nutritional needs were being met. We saw everyone had support plans relating to food and drink. We saw that people were weighed frequently as part of physical health and wellbeing monitoring. Where people needed specialist support, the opinions of dieticians and speech and language therapists had been requested. The home accepted transfers from other services including local hospitals. We saw staff carefully planned this and managed it appropriately. They ensured the correct documentation and information was in place to minimise any inconvenience or delays for the person being transferred.

Support plans were in place to ensure people's health and wellbeing were monitored. We saw that people regularly attended their GP or their dentist or were seen by visiting professionals. Support plans contained information about any long standing medical problems and people were supported to go to hospital appointments. We observed health and social care professionals visiting the home during our inspection.

Communal areas, corridors and bedrooms were clean and in a good state of repair. The building had been specially adapted to ensure it was a safe, pleasant and comfortable environment.

Is the service well-led?

Our findings

People were not easily able to tell us in detail about their views of the service. However, we saw that people were happy and content when interacting with the registered manager.

The service was registered to provide care for up to three people at a time. We spoke with the registered manager and their staff about the conditions of their registration. We explained we had information that more than three people were using the service. The registered manager told us a fourth person occasionally stayed with them for respite on an informal basis. The registered manager agreed to make an application to the CQC to change their registration to allow them to do this. As the service was not meeting registration requirements at the time of our inspection we are only able to rate well led as requires improvement.

During our inspection we discussed the future of the service with the registered manager and asked them what their hopes were for the future of Springfield House. They told us they wished to continue providing a good service to people. In addition to their registered care home they helped people in the local community with transport on a voluntary basis and organised Christmas parties for people who had no families. The registered manager said, "We have family connections in the community, we gave homes to people who didn't have one."

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Simple records were kept of incidents and complaints and these were reviewed by the registered manager to help them to identify any issues or problems. The registered manager and their staff then used this information to "learn lessons" and change the service. For example, making sure they accessed the correct equipment to meet people's needs.

The staff team was small and met regularly to discuss the service. We observed a culture where the staff and the registered manager made sure people were well cared for and showed genuine affection for the people they looked after. People and, where possible, families, were consulted about the care and support the service provided this was mainly done on a "face to face" basis.

A visiting healthcare professional told us the registered manager worked in partnership with them to ensure good outcomes for the people who used the service. The ratings from the previous inspection were displayed in the home.