Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Springfield House

Moor Row, Wigton, CA7 0DL

Tel: 01697345530

Date of Inspection: 17 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mrs Margaret Blair
Overview of the service	Springfield House is a family home set in a rural location. The house has been adapted and extended to provide accommodation for up to three people who have a learning disability. The provider's family also live in the house. Each person has their own room and there is a separate lounge area and residents' bathroom. The house has an extensive garden. It is in a rural location between Wigton and Silloth but the provider has assisted transport so that people can go out every day if they wish.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People in this service were able to voice their needs and opinions. Nothing was done without their consent and we had evidence to show that their views were sought on a daily basis.

People in the service were given support and care in the way they preferred. They were encouraged to be part of the life of the house and they were supported to be as independent as possible. They had a varied and active social life. The provider made sure they had access to health care services when needed. There were care plans in place that detailed their needs and aspirations.

The home was clean and comfortable on the day of our visit and people were relaxed in their surroundings. People had their own single rooms decorated and furnished to their tastes. They had access to a private lounge but spent most of their time with the provider and family.

The provider and her daughter-in-law were the main care providers and the people in the home benefitted from their training and experience.

There had been no formal complaints about the service. People in the home said they were happy living there.

"I like living here...don't want to go anywhere else. This is my house."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We met both of the people who made Springfield House their home and we spoke with the provider and her daughter-in-law who between them provided the care needed. We observed the interactions between the people in the home and the care providers. We also read daily diaries and care plans.

The provider told us that neither of the people in the home had any restrictions placed on them under any legislation. Both she and her staff member said that there were no issues about the service users consenting to care. They were aware that they would need to contact social workers and health professionals if there were any problems with this. They discussed a recent placement where the new person had not consented to the care provided and they had decided not to admit this person because the issues of consent would impact on the existing service users.

We looked at daily diaries and at care plans for both residents and for someone who came for short stays. These were comprehensive and in an easy read format. Where possible these had been signed by the person. We spoke with one of the two people in the home and they were able to express their satisfaction with the planned care and agreed that they were happy to consent to the care provided.

We observed how the care providers worked with people. People in the home were prompted and assisted but willingly consented to the help and support offered. Both of the people we met had the capacity to make their own decisions and were able to express their needs and wishes.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

When we arrived the two people living in the service were getting ready to go out and finishing their breakfast. Both of them looked to be well cared for and were relaxed and happy in their own home. During the visit they spent time in the kitchen and in their rooms and in the shared sitting room. They were very much at home in Springfield House.

We spoke with both of them and they confirmed that they were happy and settled living in the home. They showed us their bedrooms, the lounge and the bathroom. They spoke about activities and outings. One of them helped wash up the breakfast dishes. They had been out to a social club the night before and were going for the weekend shopping and on to Carlisle for a day out. We learned that they went to concerts and entertainments, went swimming and out for meals. One of them went to a day centre and enjoyed the activities on offer. They showed us the pet house rabbit and spoke about feeding the horses that the provider had in the paddock behind the house. We read their diaries and saw that they had a varied and busy social life.

We also saw from observation that they both ate well and kept in good health. One of the two took no medication and the other only a small amount of medication. Diaries showed they saw the GP and other health care professionals when necessary. Both of them had been in good health since admission. They had both been judged as needing no further input from the consultant for people with learning disabilities and no need for any kind of sedative medication. We met healthy and contented people who were active and alert.

We read their care plans and these covered all their wishes and needs. These had been written with them and were very much their own property. One person explained to us the content and said that they were in agreement with the way care was given. We saw that people were encouraged to be as independent as possible and often only needed prompting and support.

The provider spoke about a new person who was coming for short respite stays. We saw the file for this person and a new person centred plan was underway and the provider's daughter-in-law was about to put photographs into the file. All the files had photographs and line drawings so that these were easy to read. Care files were kept by the person in their own bedroom.

The provider said that they had regular reviews with social workers and that the local GP

came to the home annually to check out the health care needs. This attention to care needs had led to reduction in medication and neither of them needed any specialist input from social workers, nurses or consultants.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Springfield House was a period property that had been extended and adapted so that up to three people with learning disability may make the house their home. The three bedrooms were single occupancy with a shared bathroom and a separate toilet. All accommodation for people who use the service was on the ground floor.

People also had their own lounge but we noted that they preferred to spend time in the family sitting room. The people in the home lived very much as part of the family and they ate together and spent time with the provider's family.The provider's family had separate accommodation upstairs in the house.

Each person had their own bedroom with their possessions around them. The furniture and fittings were of a good quality. Each person had a television in their room and they spent time in their rooms as they chose.

The house was clean and orderly when the visit started. Household linens were clean and fresh. There were suitable arrangements in place to ensure that good food hygiene and infection control measures were in place. The provider said they had a recent fire safety check and the fire service were happy with their arrangements for evacuation.

Outside there was a pleasant garden and behind the house the provider kept her horses. People were happy to spend time outside and one of their routines was to feed the horses. They also kept a house rabbit and were encouraged to care for this pet.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The home had two people in residence and they were able to care for themselves quite well with the support of the provider and her daughter-in -law. The provider had no other staff. This service operated very much like an extended family and there was no need for rostering hours or employing staff from outside. The provider said that they had another member of the family who was trained and experienced and who could help out in an emergency. This person had been on holiday with the service users but did not routinely work in the home.

The provider's son had a separate transport business and Cumbria County Council used him to take people to day centres. He took people who lived in the home on outings. The provider and her daughter-in-law were always with people when they went shopping, on outings or holidays.

We asked about ongoing training and the provider said that they received training every two years and they were shortly due to have updates on basic training. This was to include health and safety, manual handling, infection control and food safety. They had previously attended training on person centred planning and on understanding learning disability.

The provider had been running the home for a number of years and her daughter-in -law had worked with her for around ten years. Qualifications in care had been completed by these two women who made up the care team. They were both experienced in caring for people with learning disability and understood the impact of ageing on people and were able to deal with ill health and immobility.

They told us that they had access to training updates from social workers and occupational therapists if there were any changes to the needs of people in the home. They had in the past used the expertise of consultants, community nurses, dieticians, physiotherapists and specialist nurses for learning disability. They said that they did not need these experts at the time of the inspection but could call on them if necessary.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We asked the provider if there had been any formal complaints received since our last visit. The provider said they had not received any formal complaints and that the people in the service did not complain about their day to day lives. The provider was able to describe how they would manage a formal complaint.There had been no formal complaints received by the Care Quality Commission and we were not aware of any complaints received by Cumbria County Council.

We asked the people in the home about how satisfied they were and they were able to indicate that they had no complaints and no concerns. People in the service had been able to influence any proposed admissions to the home. The provider said that if people complained about any changes they would not go ahead with the admission.

We saw that each personal file had a simple statement telling people how to make a complaint. One person said that if they were unhappy they would talk to someone at the day centre they attended. We also saw that social workers kept in touch with the people who lived in the service. The policy and procedure on complaints was up to date and contained all the information people needed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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