

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: 03 December 2013

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

| | | |
|--|---|-------------------|
| Respecting and involving people who use services | ✓ | Met this standard |
| Care and welfare of people who use services | ✓ | Met this standard |
| Cooperating with other providers | ✓ | Met this standard |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |
| Records | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Mrs Margaret Blair |
| Overview of the service | <p>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.</p> <p>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.</p> |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

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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'.

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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 3 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

What people told us and what we found

Three people live at Springfield House. Two of those people were at the home when we visited. One person was attending a local day centre. One of the people was unable to communicate verbally, another person spent time with us throughout the inspection. They wanted to show us information in their care and support plan, as well as looking at photographs. These were recordings of a range of activities people had been involved with. This is a service where there were no additional staff other than the provider and another member of the family. People living there had their own accommodation. The atmosphere was very relaxed and homely.

During the inspection we looked at how people's needs were being reviewed and risks were being managed. We looked at the records of those living there to see how this was being done. There was a good understanding of individual needs, likes and dislikes. Comments included, "We update the records regularly, especially when there are any changes". Also, "We know everyone inside out. It's a small home and we have been together for a long time".

Observations we made confirmed people responded positively with staff and were being supported in a way which suited them. We saw they were able to communicate their wishes and these were clearly understood. People were moving around the home freely and doing things they wanted to do without restriction.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy was respected. Views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

On the day we inspected the service one person was attending a local day centre, another person had no verbal communication. Where people used non-verbal communication it was described in their care plan. We observed how staff interpreted people's communication. They demonstrated they knew how to communicate and did this in a sensitive and caring way.

By speaking with a person living at the service and going through their support plan, it was clear they were involved in decisions about their care and support. They could make choices. The day we visited the same person had chosen to stay in bed until later in the morning. The provider told us they had the choice as to what time they get up and go to bed.

We saw where people had no verbal communication staff were focused on ways to communicate. This was done by observation of actions displayed by the person when they required attention. This meant that those responsible for care and support understood, respected and implemented people's choices.

The provider and daughter in law were available to support people whenever they required support. They told us, "We know everyone's needs and can respond individually".

All three people had their own bedrooms which were personalised. One person liked to use this room to watch television and spend time alone. This was their choice and respected. This meant that people had private space if they wished to spend time alone and privacy for personal care.

People chose what activities they wished to take part in both inside and out of the home. On the day of our visit one person was at day centre. A planned trip to Carlisle had been put on hold until the following day. The provider knew what people liked to take part in and what they did not enjoy. This meant people attended activities of their choice and this was

respected.

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

During the inspection we looked at the care records being completed, in order to determine how individual needs were being managed. We did this with one of the people who lived at the service. They were happy to show us what was in their record of support. We found care plans described people's assessed needs and the support they required. The records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. All the information was person centred and in pictorial format as well. This meant people using the service could understand what was being recorded.

The person showing us their support plan was familiar with it and highlighted a number of things they wanted us to see. It was clear they were involved in the care planning and review throughout the record.

During our inspection we spoke with and observed people being supported by the provider. This helped us assess and understand whether people were receiving care that was meeting their individual needs. We saw the provider being responsive and attentive. This confirmed people who required support with their care and support were being treated with respect and dignity.

Risk assessments had been completed to identify the potential risk of accidents or harm to people. This meant the provider was aware of any risk in the home and the community for individuals they were supporting. Risk management was reviewed and updated on a regular basis. The provider told us, "We make sure risks are covered both in the house and outside".

We saw visits to General Practitioners and other healthcare professionals had been recorded. In addition we saw people were receiving regular screening for dental care, hearing tests and optical services. This confirmed systems were in place to ensure the health and welfare needs of people were being met.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected because the provider worked in co-operation with others.

Reasons for our judgement

We looked at three care files to see how the service worked with other professionals to see what support networks were in place. Visits by health and social care professionals had been recorded.

The provider explained how the service engaged with other agencies, such as GPs, district nurses and social workers. They were also able to describe good practice with regard to confidentiality. A 'health action plan', was in place for the three people living at the service. This provided essential health information in case of admission to hospital. This record was regularly updated so that information was current in relation to their healthcare needs.

This confirmed good communication was in place. Additionally, this showed that people were receiving continuity with their care and support. They told us, "B..... was at the surgery yesterday for their annual check-up. The service is really good".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

Systems were in place for monitoring the quality of service people received.

Reasons for our judgement

The service had policies and procedures in place to monitor the quality of the support provided. These included seeking the views of the people they supported by way of surveys, care reviews and regular monitoring. There were a range of suitable formats which were used to gain the views of people living there so it was inclusive.

There was evidence families were kept informed about what was occurring in their relatives support plan and if there were any changes which might affect them. The provider used information collected to identify areas for improvement.

Regular audits were also being completed by the provider through monitoring care plan records and training.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Records relevant to the management of the service were accurate and fit for purpose.

Reasons for our judgement

We looked at a number of records and documents in relation to the care and welfare of people using the service. We did this to see what evidence there was of recording information used to identify people's needs.

Records we looked at were complete and up to date. They included evidence of how people's needs were being recorded and reviewed. This included care planning, maintenance and quality assurance records.

The provider told us they were involved in updating and reviewing records so that information was accurate and used to monitor those needs.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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