

GS Social Care Solutions Ltd

The Springfield

Inspection report

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23 May 2023

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Springfield is a residential care home providing accommodation and personal care to up to 2 people. The service provides support to people who have a learning disability and/or autistic people. At the time of our inspection there were 2 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported by staff who understood their needs and preferences well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had received training around the specific needs of people and provided support in accordance with people's abilities and level of independence. The environment met people's sensory and physical needs and the delivery of care was person-centred.

Right Care

People were cared for by skilled and compassionate staff, who encouraged independence whilst promoting privacy, dignity, and choice. Relatives praised the staff approach which was described as "Fantastic," and, "Amazing." People were supported to pursue meaningful activities in the local community and maintain relationships that were important to them. People were supported to achieve positive outcomes in different areas of their lives.

Right culture

The management team had instilled a culture of learning and development, which ensured people could lead confident, inclusive, and empowered lives. Relatives praised the staff and management team and felt directly engaged in the running of the service. Staff spoke of a positive and motivated workforce that placed people at the centre of their care. The registered manager understood the needs of people well and had a strong understanding of partnership working and developing positive and meaningful outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 December 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Springfield

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The Springfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Springfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 May 2023 and ended on 30 May 2023. We visited the location's service on 22 May 2023 and 23 May 2023.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 3 relatives about their experience of the care provided. We spoke with 10 staff members including care managers, support workers, a senior support worker, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including 2 people's care and support plans, risk assessments and medicines records. We reviewed 3 staff files in relation to recruitment. We reviewed a variety of records relating the management and quality monitoring of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm.
- Staff had received safeguarding training and were able to tell us how they would identify the signs and indicators of potential abuse. A staff member told us, "There are so many little nuisances you have to look out for, the minor things as well that could be big indicators."
- Staff understood the importance of keeping people safe and knew how to raise safeguarding and whistleblowing concerns. There were policies and procedures in place to guide staff in keeping people safe.
- Relatives described the service as "Very safe," and, "Settled."

Assessing risk, safety monitoring and management

- Risks relating to people and the environment were assessed and monitored closely to keep people safe.
- Building safety checks had been carried out in line with legislation. Risks relating to gas, electrical systems and household appliances had been assessed and health and safety checks of the premises had been completed. Fire safety was well managed, mock evacuations had taken place and people had personal emergency and evacuation plans to guide staff.
- People's individual needs had been identified in pre-admission assessments, which helped to develop risk assessments and care plans. For example, people with epilepsy had specific care plans and protocols to keep them safe. Detailed risk assessments were in place to guide staff in supporting people safely in the areas of transport, community based activities, medication, finances, communication and individual health needs.
- Where appropriate, people had a positive behaviour management plan to give guidance to staff about how to support them to manage their anxiety or distress. These plans were detailed and person centred, and ensured people were kept safe from avoidable harm or distress.

Staffing and recruitment

- There were enough staff to support people with their individual needs. There was a stable staff team to ensure people were supported consistently by staff who knew them well. There was limited use of agency staff and people benefited from an established staff team.
- Staff were recruited to the service safely and relevant checks had been undertaken. The provider ensured references had been sought and disclosure and barring service (DBS) checks had been undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives spoke highly of the staff at the service and their approach to delivering care and support. They

told us, "They [staff] are above and beyond the normal standard you would expect, they are incredible," and, "They [staff] are fantastic, I don't have a single problem with them."

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Staff had received training in medicines administration and their competency to administer medicines was assessed frequently.
- Medicines were stored safely and correctly and records relating to medicines were clear and completed accurately. Staff completed stock checks of medicines and supported people to manage their medicines safely.
- There were PRN protocols in place to guide staff on when to administer "as and when required" medicines. Staff understood the importance of this for people who could not communicate if they were in pain. A staff member told us, "The biggest indicator is the change in their [people's] behaviours, they can be more vocal, agitated, loud, and you can visually see. We do temperature checks as well as that can be a sign or indicator of infection, if they feel clammy or hot to the touch. Because we know them well, we are always looking out for different signs."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. People were supported by staff to ensure their medication was reviewed regularly and staff supported people to attend health appointments in the local community. There were clear protocols in place to guide staff on when and how to administer epilepsy rescue medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting followed the latest government guidance in relation to visiting in care homes

Learning lessons when things go wrong

- The registered manager understood the importance of a lessons learned process when things go wrong, to help improve the delivery of the service.
- We saw evidence of a detailed lessons learned process that included reflective practice to minimise future incidents, which had been successful and provided positive outcomes for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had completed detailed pre-admission assessments which helped to develop support plans that were person centred. People's needs and choices were clearly outlined to ensure staff could deliver effective care.
- People's care plans detailed their needs and choices in the areas of communication, mobility, physical health, wellbeing, community access, nutrition and hydration and support in times of distress. A staff member told us, "It's working with our young people in mind, doing what is right for them. Making sure they are safe, well looked after, that they attend medical appointments, feeding them and nourishing them correctly. You keep them at the centre of everything you do. You have to plan everything around their needs and wants."
- Staff understood the importance of promoting choice when delivering care. They told us, "We use hand communication to offer choices or visual prompts, for example offering two boxes of cereal, and the same with clothing," and, "We are always giving people choices, showing them options."
- Relatives told us their loved ones were supported by staff who understood their needs well. A relative said, "Staff really know [person who used the service], which is the main thing. What he likes, they know his needs and they all know him well."

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. The registered manager ensured staff who were new to the care sector completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed a comprehensive 2 week induction process when joining the service. This included reading key documentation, learning and understanding the needs of people and reflective practice to identify areas for development.
- Staff received mandatory training and training specific to the needs of people, including in the areas of epilepsy, positive behavioural support, learning disabilities, autism, communication and first aid. Training completion rates were high and staff told us they had received enough training to undertake their roles effectively.
- Staff received regular supervisions and an annual appraisal from the management team. Staff spoke positively about this process which was described as "useful." A staff member told us, "I get supervisions quite frequently, I can request one or get one every 3 months, I do find them helpful, they [management] are very accommodating, I can't fault them with that."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. People were offered healthy choices and the consumption of foods and fluids was recorded accurately, including support with enteral feeding.
- People's weights were recorded weekly and referrals to the dietician were made where required. The service supported a person to be assessed by speech and language therapy for a safe swallow, so they could try to consume foods orally to meet their sensory needs.
- People were free to make choices regarding food and fluids. During the inspection, we saw people choosing items from the kitchen independently, and staff provided support where required. The kitchen was easily accessible for people and food was stored appropriately and safely.
- Care plans included people's preferences in relation to food and drink and detailed the support needed to prepare these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood the importance of working alongside other agencies to ensure that people's needs were met in a timely way. Staff understood the individual health needs of the people they supported, and there were risk assessments and care plans in place to support this.
- Staff supported people to attend appointments in the local community, such as reviews with the GP and check-ups at the dentist. People's health appointment logs evidenced they were being supported to manage their health needs effectively. This included assessments at the local hospital and reviews with specialist nurses.
- People were supported to engage in exercise whilst accessing the local community. Relatives told us, "It's fantastic, it really is. [Person who used the service] is taken out regularly, he has plenty of exercise, he's happy. He enjoys swimming and staff encourage him to walk and not use his wheelchair, which is just a backup. The staff are so on the ball with him," and, "Staff are actively encouraging exercise all the time."

Adapting service, design, decoration to meet people's needs

- The service was adapted and designed to meet the needs of the people living there.
- The environment was well maintained, and staff had created a low stimulus environment for people to prevent avoidable distress. Relatives told us, "It's absolutely spotless. It really is. It's nice and pleasant there's always a nice atmosphere," and, "I love it. I think it's a fantastic way of setting it up, [person who used the service] has a nice back garden and a great wet room too."
- People's bedrooms were clean, well maintained and person centred. They contained décor and furnishings which reflected people's interests and preferences. People had access to a secure and spacious outside area.
- People had access to their own individual lounge, so they had a quieter area to allow them space to relax. Wall mounted communication aids were in place to help people understand their daily routines and activities.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- Where appropriate, applications to deprive people of their liberty had been made and staff understood what this meant for people's care and support. A staff member told us, "We have to support people in a way that's not restricting their choices, their voice. We have to listen to what they want."
- Where people could not consent to areas of their care, best interests' decisions had been undertaken which involved staff, relatives and health and social care professionals.
- Staff had received training in the MCA and understood the concept of consent well. We observed staff obtaining consent before providing care and staff understood the importance of obtaining consent for people who were non-verbal. A staff member told us, "I always inform people of what I'm going to do, if they show any sign such as pushing away or raising a hand, or they vocalise a little bit, you just take their lead on how they want to do things. Its picking up on their little tells and body language, we always talk them through it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them with respect and equality.
- Relatives trusted and praised the staff for the care and support they provided. Relatives told us, "It's fantastic care," "The staff are all very good," and, "They [staff] are absolutely amazing."
- There was an equality and diversity policy in place at the service and staff received training in this area to ensure they understood the importance of respecting people's individual characteristics.
- Staff had a strong understanding of the need to support people as individuals. A staff member told us, "It's not a one size fits all approach, its working holistically. We work with two very different people, you can't have the same approach, it's doing things that they want to do. Its focussing on them and making them feel that it's all about them, making it feel like they're included and it's their choice."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views to ensure they were involved in making decisions about their care. The registered manager supported people with recorded key worker sessions, where staff used intensive interaction to gather feedback from people who were non-verbal. This included observations, use of pictorial communication aids and responding to people's gesticulation and body language to obtain meaningful feedback.
- Where people could not express their views, we saw involvement from the persons circle of care, including family and healthcare professionals to ensure that decisions were made in the persons best interests.

Respecting and promoting people's privacy, dignity and independence

- People were supported staff who promoted their privacy, dignity and independence. Staff understood the importance of this when providing care, and outlined practical examples of how they do this, such as closing doors and openly communicating when providing personal care.
- Staff had a strong understanding of promoting independence for people. A staff member told us, "When it comes to independence, it's all about perseverance and patience. We all do things differently. It's about encouraging and persevering, I always encourage people. The life skills people learn are achievements." A relative said, "[Person who used the service] has started to use a bus and the train, he used to always travel in a car, now he has his days out in town. Before moving in, he wouldn't step foot on a bus. That's how much attention they [staff] are giving him."
- Relatives told us their loved ones had developed independence in different areas of their lives since joining the service. One relative said, "[Person who used the service] didn't like a shower at first, but he's got used to it now, he used to only have a bath, now he jumps in which is great, he has improved so much as the staff are giving him the care he needs."

- People were supported to undertake living skills to help them become more independent. Progress towards domestic tasks such as washing up, completing laundry and cleaning were recorded in people's progress files, and staff supported people to develop new skills. The learning disability nurse had completed FIM+FAM assessments, which are functional assessments to help determine people's level of independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and preferences. Care plans were detailed and person centred, and one page profiles were in place and included information on what is important to people including their needs, preferences, likes and dislikes.
- Care plans were reviewed regularly to ensure they reflected people's wants and needs. Staff understood the preferences of the people they supported well, and positive behaviour support plans guided staff on how to support people to manage their emotions and wellbeing. People had access to an easy read version of their care plan, so they could understand the care being provided to them.
- Relatives felt staff understood the individual needs of people so care could be planned in a person centred way. A relative told us, "Staff are so focused on [person who used the service]. They are always raising the bar; I can't thank them enough. They are truly amazing. Staff are thinking outside of the box for his benefit."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood the importance of the Accessible Information Standard and there was a policy in place to support this.
- The registered manager and staff felt strongly in ensuring people's communication needs were met. People had detailed communication care plans in place, including what aids staff should use when supporting people, which included timers, emotion boards, photographs, and visual timetables.
- Staff understood how to communicate with people effectively and this was observed during the inspection. People had communication risk assessments in place and detailed information on how to understand and respond to their body language, vocalisations, and behavioural cues.
- Relatives praised the staff approach and commented on how their loved ones had developed their communication skills since living at the service. A relative said, "[Person who used the service] speech development has gone from speaking three or four words to where his vocabulary is ever expanding, staff are keeping track of new words he's coming out with. He's a different person there, with the focus and attention he's given." Staff were recording a word 'dictionary' so they could develop the communication needs of a person and respond to them effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in a wide range of activities in the service and the local community in accordance with their wants and needs. We saw evidence in people's progress files of trips out to the beach, the local swimming pool, the local library, bowling, horse riding, sensory rooms, park and farm visits, picnics, the zoo and the Sealife centre.
- Relatives felt this increased access to community based activities was fundamental in improving the overall wellbeing and social progression of their loved ones. They said, "The amount of attention staff give [person who used the service] so he can move on, glow him up. They have helped him to grow, I'm really happy, ecstatic with them," and, "They [staff] identify the activities that [person who used the service] really enjoys. The way that he has changed in such a positive way, I can see a lot of the care he receives through him, with how happy he is."
- People were supported to go on holidays and relatives received regular updates about their loved ones, including messages and photos. People were supported to have overnight stays with their relatives, and relatives felt welcome at the service.

Improving care quality in response to complaints or concerns

- The service had not received any complaints, but there a process in place for managing this, should they arise.
- Relatives we spoke to told us they had no concerns regarding the service, and they had not had to raise any complaints. They said, "I know how to raise a complaint, but I've never had to do so," and, "If I have any concerns I send an email, they get back to me straight away. They are very quick and very responsive."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had instilled a culture of person-centred care in the home, which focused on developing outcomes for people. People's development was recorded in progress files and work towards achieving outcomes in independence and activities were being monitored.
- Relatives praised the environment and culture of the service, which they believed focused on the wellbeing and development needs of their loved ones. They said, "It is such a nice home, the two young people, they think a lot of each other, they're good friends," and, "It's just the fact the staff all know [person that used the service] well. It's a settled squad and I've spent a lot of time with staff, it gives you more of an insight. They really know him."
- Staff told us morale between the team was good, and they enjoyed working as a small, close-knit group. They said, "The team really pull together, work hard and support each other," and, "It's great here. Everything about the service users and their relationships. We are a good team, day staff and night staff work together, it's wonderful."
- Staff believed firmly in supporting people to achieve good outcomes and felt valued and listened to by management. They felt confident in raising concerns should they need to and told us concerns would be addressed. They said, "I always raise issues for the right reasons, and I absolutely feel listened to," and, "If you are worried you can speak up and tell someone, there is always good communication."
- Staff spoke highly and positively of the registered manager and their approach to managing the service. They said, "She is one of the loveliest people you can ever meet, she is fantastic, supportive and approachable," and, "She is absolutely lovely, I can speak to her about anything, if I need help or I'm struggling in or out of work, she's my go to person," and, "She is amazing. She is my mentor, if I do want to speak to her about anything I can openly express things to her, she is amazing. She's great and accommodating to all the staff."
- The registered manager understood their responsibility regarding the duty of candour, and the need to be open and transparent when things go wrong.
- The registered manager had submitted statutory notifications to the CQC for notifiable events at the service in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager ensured there was a robust and effective system of quality monitoring at the

service.

- Audits and quality checks were completed in the service by care managers which were detailed, and covered health and safety, medicines management and infection prevention and control. The registered manager had oversight of this process, and completed monthly audits of medicines management, accidents and incidents, safeguarding notifications, complaints, moving and handling, team meetings, recruitment files, care plans, risk assessments and other areas of operational delivery.
- The nominated individual completed their own audits every 6 months, to ensure that quality monitoring was effective. They had direct oversight over the registered manager, and completed checks of health and safety, accidents and incidents, observations of care delivery and checks of other documentation relating to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt engaged in the running of the service and were provided with opportunities to provide feedback on the service they received.
- Relatives were invited to meetings regarding their loved ones, attended best interests' decision meetings, and received feedback forms so they could express their views on the service. The registered manager also sent feedback forms to professionals involved in the care and support of people, so they could improve the service delivery.
- People who could not verbally express their views were supported by the registered manager to communicate their needs, wants, likes, and dislikes frequently, in the form of 1 to 1 sessions.
- The provider had implemented a comprehensive meeting structure, to ensure that all areas of service delivery were discussed and improved. This included care staff meetings every 3 months, key worker meetings every 3 months, internal multidisciplinary team meetings every 3 months, a CQC focus group every 3 months and a management meeting every month. Actions and outcomes from these meetings were recorded and completed.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood the need for continuous learning and improvement in the service, and staff felt empowered and valued.
- There was a development plan in place which outlined how the provider intended to improve the service. This included a refurbishment of the services environment, integrating people with those living at other services to improve social opportunities, the development of personal education plans for people and the introduction of LEGO based therapy, which is a development program to improve the social skills of people in a group setting.
- The registered manager chaired a series of registered managers network meetings, alongside Skills for Care, who support health and social care providers to develop and upskill workforces. These meetings allowed registered managers from different providers to come together and share best practice and ideas for improvement.
- People's care records evidenced the involvement of various health and social care professionals in responding to and meeting people's changing needs. This included social workers, various nurses, the chiropodist, GP's and speech and language therapy.