

Leonard Cheshire Disability

Seven Springs - Care Home Physical Disabilities

Inspection report

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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

We inspected Seven Springs on the 3 October 2016 and the inspection was unannounced. Seven Springs is a care home providing accommodation, personal care and support for up to 32 people with physical disabilities and other associated needs. The service is part of the Leonard Cheshire Disability group and is located in Tunbridge Wells. There were 28 people using the service at the time of our inspection. The registered provider told us they only accommodated a maximum of 30 people in the service unless couples requested a shared bedroom. The service was provided in a range of accommodation including the main house and bungalows for people to live more independently on the same site.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 our last inspection, in September 2015, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the safe management of people's medicines and the effectiveness of the governance systems. The registered provider sent us an action plan detailing when they would become compliant with the regulations. This inspection took place to check that the registered provider had made improvements in these areas. We found that the required improvements had been made.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe management of medicines and kept relevant records that were accurate.

There was an effective system for monitoring the quality and safety of the service to identify any improvements that needed to be made. The registered manager had a clear improvement plan for the service and had made a number of positive changes since our last inspection in September 2015.

People told us they felt safe living at the service. People were protected by staff that understood how to recognise and respond to the signs of abuse. Risks to people's wellbeing were assessed and staff knew what action they needed to take to keep people safe. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

Seven Springs is a purpose built residential home which meets the specific needs of people with physical disabilities. The accommodation was spacious and comfortable for people to use.

The premises were safe and had generally been well maintained. The service was clean and hygienic. Staff understood how to reduce the risk of infection spreading in the service and they followed safe practice.

There were a sufficient number of staff on duty at all times to meet people's needs in a safe way. The registered provider had systems in place to check the suitability of staff before they began working in the

service. People and their relatives could be assured that staff were of good character and fit to carry out their duties. We have made a recommendation that the registered manager maintain records to demonstrate the training and qualifications of agency staff supplied to work in the service.

People told us that staff had the knowledge and skills to meet their needs. Staff received essential training to enable to carry out their roles effectively. They were given the opportunity to practice their skills before they were required to support people. Staff were encouraged to gain qualifications relevant to their roles.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No one using the service was subject to a DoLS authorisation or required an application for one. Staff sought and obtained people's consent before they provided care. People's capacity to make specific decisions was assessed as necessary. If required meetings were held to make decisions in people's best interest, following the requirements of the Mental Capacity Act 2005.

Staff identified and met people's health needs. They enabled and encouraged people to manage their own health needs where possible. Where people's needs changed they sought advice from healthcare professionals and reviewed their care plan. Records relating to the care of people were accurate and complete to allow the registered manager to monitor their needs. People had enough to eat and drink and were supported to make choices about their meals. Staff knew about and provided for people's dietary preferences and restrictions.

People and their relatives told us they felt the staff were caring and treated them kindly. Staff communicated effectively with people and treated them with kindness and respect. People had positive relationships with the staff that supported them. People's right to privacy was maintained. Staff promoted people's independence and encouraged them to do as much as possible for themselves. Personalised care and support was provided at an appropriate pace for each person so that they did not feel rushed. Staff were responsive to people's needs and requests.

People were involved in making decisions about their care and treatment. Clear information about the service and how to complain was provided to people and visitors. The registered provider sought feedback from people and used the information to improve the service provided. The culture of the service was open and inclusive. People felt involved in the running of the service and staff felt supported in their roles.

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.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider had effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people. Appropriate systems were in place for the monitoring and management of accidents and incidents.

Sufficient numbers of staff were deployed to meet people's needs and keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. The risk of the spread of infection in the service was appropriately assessed and reduced.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs. Staff were knowledgeable in the principles of the Mental Capacity Act 2005 (MCA) and acted in accordance with the legal requirements. People were only provided with care when they had consented to this.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. People were supported to maintain good health.

The premises met the needs of the people living at the service and was comfortable and well maintained.

Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect. People were involved in making decisions about their care.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care. They had personalised plans that met their needs. People were enabled to live the lifestyle of their choice and take part in activities of interest to them.

Staff responded effectively to people's needs and requests.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The service was flexible and personalised. There was an open and positive culture which focussed on people. Positive links had been made with the local community.

Accurate records were maintained to allow the registered manager to monitor care delivery.

The registered manager provided staff with an opportunity to give feedback and suggestions for improvement for the service. The quality and safety of the service was regularly monitored and plans implemented to deliver improvements.

Seven Springs - Care Home Physical Disabilities

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. At our last inspection on 22 September 2015 we found two breaches of regulation. This inspection was carried out to check whether the provider is now 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 was carried out on 3 October 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took the information they provided into account when planning this inspection. Before the inspection we also looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We looked at four people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and three staff recruitment files. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with 12 people who lived in the service and one person's relative to gather their feedback. We spoke with the registered manager, deputy head of care, the administrator, one senior care staff, four care staff and two agency staff members.

We last inspected the service in September 2015 when we rated the service 'requires Improvement.'

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the service. One person told us, "I couldn't wish for a better place. If I had concerns I would say something." Another person told us, "I feel safe here. I'm perfectly safe; knowing I'm financially safe." A third person told us, "I don't feel safe, earlier this year, in July, we had an intruder and I had something stolen, now I lock my door when I'm not in my room." However, the registered manager demonstrated that action had been taken in response to the incident where an intruder had entered the service. They had ensured everyone had lockable storage in their rooms and keys to their bedrooms. The registered manager was investigating the option of installing CCTV around the service.

At our last inspection, in September 2015, we found a breach of regulation relating to the safe management of people's medicines. At this inspection we found the required improvements had been made and the provider is now meeting the requirements of the regulation. People's medicines were managed so that they received them safely. The service had a policy for the management of medicines that was regularly reviewed. There was an audit trail that meant all medicines received into the service could be accounted for and surplus medicines were returned to the prescribing pharmacy to ensure that suitable stock levels were maintained. The service worked closely with the prescribing pharmacy and audits were carried out by a member of the pharmacy team to monitor the safe use of medicines. Medicines were appropriately stored and we saw that cupboards were clean, organised and tidy. Staff had completed competency checks to ensure that they had the skills and knowledge to administer medicines safely. There were instructions in place concerning how and when medicines prescribed to be taken 'as required' should be administered. We saw staff giving medicines and accurately recording when people had taken these.

People were protected by staff that understood how to recognise and respond to the signs of abuse. They knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. There was guidance displayed in the staff room concerning how and when to report a concern. The policy reflected the guidance provided by the local authority and had been recently reviewed. Staff understood their responsibilities to report any concerns about abuse and told us they were confident to do so. One staff member said that they would go to the police if they suspected that this was necessary. Staff training records confirmed that their training in the safeguarding of adults was up to date. The registered manager understood how to report safeguarding matters appropriately and had demonstrated that they had worked positively with the local safeguarding team to ensure people's safety when risks had been identified. They had taken appropriate action to safeguard people in response to an intruder in the service earlier in the year.

Risks to individuals' safety and wellbeing had been assessed and actions agreed to reduce the risks. Staff were clear about the action they needed to keep people safe and to promote their well-being. For example, staff were able to describe the frequency that they were required to help a person reposition to reduce the risk of developing pressure wounds. As this plan had been followed consistently the person's skin remained intact. Where people wished to go out independently they had agreed a risk action plan with staff that included actions such as informing staff when they were leaving the building and carrying a mobile phone. Staff were aware that one person had a Percutaneous Endoscopic Gastrostomy (PEG) fitted. This enabled them to receive their nutrition safely through a tube due to swallowing difficulties. Staff were knowledgeable when asked about how the PEG was managed safely and in accordance with directions from the dietician.

The premises were safe for people to use and had generally been well maintained. There was evidence of wear to the paintwork in the corridors, but the registered manager had identified this and requested funding from the registered provider to redecorate these areas. Maintenance staff tested the temperature of the water from various outlets each month to ensure people were not at risk of water that was too hot. Bedrooms were spacious and clutter-free so people could mobilise safely using their required equipment. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. The service had an appropriate business contingency plan for possible emergencies. There was a procedure in place for evacuating people from the building in the event of an emergency, such as a fire. People had individual evacuation plans outlining the support and equipment they would need to safely evacuate the building.

All except one person told us they felt there were enough staff available to meet their needs. One person told us, "There are plenty of call buttons, I wear one and there are loads of staff. I don't press the button often and if I do the staff come quickly. I've got independence, but help if I need it." Another person said, "Staff are here 24/7, we have call points and they will come. There seems to be enough staff, can't help people going off sick." There were a sufficient number of staff on duty at all times to meet people's needs in a safe way. The staff rotas showed that sufficient numbers of care staff were deployed during the day, at night time and at weekends. Where it was not possible to fill shifts with regular staff the provider used agency workers to cover vacancies. However, staff confirmed, and we observed, the agency staff used worked regularly in the service and knew people well. Agency staff worked closely with the staff from the service to ensure they had the skills and knowledge they needed to care for people effectively. There were a number of auxiliary staff employed at the service who provided support with housekeeping and laundry. Staff were also employed to work in the kitchen. We saw that staff had time to chat with people and support them with social activities in addition to meeting their health and care needs. Staff responded quickly when people called for assistance and there were staff available to supervise people at all times in the communal areas of the service. There was an on call system in place so that staff could seek management support and guidance out of hours.

The registered provider followed robust procedures for the recruitment of new staff. Staff files contained interview records, references and a disclosure and barring check. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties. The registered manager had not always obtained evidence of the training and qualifications of agency staff. However, agency staff we spoke with were able to describe the training they had completed and demonstrated knowledge and skills to enable them to care for people safely.

We recommend that this evidence is obtained and recorded by the registered manager to ensure that the training needs of agency staff working in the service is monitored.

The premises were clean and free from unpleasant odours at the time of our inspection. We saw housekeeping staff undertaking their regular daily cleaning tasks as well as deep cleaning tasks. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff understood infection control practice and the importance of effective handwashing in reducing the risk of infection. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. This meant that people's risk of

acquiring an infection was reduced.

Is the service effective?

Our findings

People told us that the staff had the knowledge and skills to meet their needs. One person told us, "It's perfect, they are so good." Another person told us, "They know what help I need and they are trained to do this." A third person told us, "Some do and some don't, [have the skills required] we use a lot of agency staff, but it's never affected me." Everyone we spoke with was complimentary about the physiotherapy service and facilities provided.

Staff received essential training to enable to carry out their roles effectively. There was an ongoing programme of training for staff to complete that included positive risk taking; handling of information and data, person-centred care, safeguarding, first aid, infection control, safe moving and handling and the Mental Capacity Act 2005. The registered manager reviewed staff training needs and booked staff to attend refresher sessions as required. Staff told us that the training was relevant and useful. They said they were given the opportunity to practice their skills, for example in using a hoist, before they were required to support people to use the equipment. Staff demonstrated that they had understood the training they had completed, for example they knew how to recognise and report safeguarding concerns. Staff told us, "We get a lot of training," "I love my job and feel supported by the manager" and "I find the training helpful." Staff were encouraged to gain qualifications relevant to their roles and their personal development objectives. New staff were required to complete the Care Certificate. The 'Care Certificate' was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Staff told us they had the opportunity to do other qualifications such as a diploma in health and social care. All staff received a supervision session with their line manager at least every two months. This was monitored by the registered manager to ensure that staff received the support they needed to be effective in their role. Staff told us they were given the opportunity to discuss their role, their development needs and any support required. Staff had received appraisals in line with the provider's policy.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff we spoke were able to confidently describe the main principles of the legislation. We saw that staff obtained people's consent, for example before providing care or helping people to move. Where people had difficulty making a decision an assessment of their mental capacity to make a specific decision had been carried out. When people did not have the mental capacity to make specific decisions, meetings were held with appropriate parties to decide the best way forward in their best interest.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are 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 were

being met. All the people using the service had been able to consent to their care. There was no one using the service that was subject to a DoLS authorisation or required an application for one at the time of the inspection.

People's care records showed that health and social care professionals were involved with their care, including physiotherapists, GPs, dentists and dieticians. Care plans were in place to meet people's health needs and these had been reviewed and updated where people's needs had changed. Staff reported concerns about people's health to the person in charge of the shift. People told us they would generally contact their GP to book appointments, but would speak to the team leader or reception to plan any support to attend appointments, bearing in mind their transport requirements. Records showed that staff supported people to contact their GP as needed. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded effectively when people's health needs changed.

People told us they enjoyed the meals and had sufficient choice. One person told us, "The food is good, we get enough to eat." Another person told us, "Generally very good food, good choice, plenty to eat." Another person told us, "The food is very good, no complaints, it's the best I've had, we get a choice, hot meal, salad or soup. If you haven't had enough you just ask for some more. You can have as much food as you want. They go through the menu with you when you first join. If I want a drink I can go to the kitchen and get my own drink or there are water containers." People's dietary needs and preferences were documented and known by the chef and staff. There was a menu displayed in the dining room. The menu provided two choices of meal per day. People told us that if they did not want either meal the chef would prepare an alternative. There were water machines for people to help themselves to cold drinks and a hot drinks provided as people requested them. There was fresh fruit and snacks for people to help themselves to. People were given the assistance they needed to eat their meals and had the equipment they needed so they could eat independently.

Seven Springs is a purpose built residential home for people with physical disabilities. Most people were accommodated in the main house. Others were accommodated in bungalows near to the main building, which gave people increased independence. There was a large passenger lift servicing the main building and a ramp to the first floor. The accommodation was spacious, comfortable and welcoming. People had large bedrooms to accommodate the equipment they needed to help them mobilise. Sensor lights were fitted, which came on when people entered their room. Each person had an en-suite shower room with overhead hoisting equipment. All doorways were wide and corridors were clear. There were several wheelchair accessible toilets in addition to people's en-suite facilities. All rooms had a call bell and individuals had personal call bells which they wore on their person. This enabled people to call for assistance easily when needed. People had use of a day centre, where activities were taking place, a lounge equipped with a TV and two computers and a further lounge which also had a TV and comfortable chairs. People could access the spacious grounds and gardens. There were picnic tables and patio furniture, a large wheelchair accessible greenhouse and raised flower beds. People had been involved in fundraising for the new greenhouse and told us proudly about the items they had begun growing.

Is the service caring?

Our findings

People and their relatives told us the staff were caring and treated them kindly. One person told us, "Nice staff, they look after us well." Another person told us, "The staff are very nice when they talk to me, we have a laugh and a giggle." A third person told us, "Brilliant team here, I get on with them all." A relative told us, "I'm often impressed by their patience, humour and care. It's a happy atmosphere."

People told us that they were encouraged and enabled to be as independent as possible. One person told us, "It's brilliant; ideal. I can still have a degree of independence while getting the care that I need." Another person said, "They are very friendly and chatty, they know you as you are and know the sort of thing I can do." A person's relative told us, "I've always been impressed by the way it's run. I notice the staff in the dining room are particularly attentive and help where needed. If people want to feed themselves, they let them, but help when needed."

People had positive relationships with staff that were based on respect and kindness. Positive interactions were seen between staff and people throughout the inspection. Staff were kind and patient when talking with people and when providing support. Care and support was provided at an appropriate pace for each person so that they did not feel rushed. On the day of the inspection, staff were supporting a person to hospital for planned treatment. Staff told us it was important to the person to have familiar staff around them to help them to feel less anxious. Staff reassured people and demonstrated compassion towards them. Records demonstrated that one person was concerned that their soft toy needed washing, but they were worried the washing machine would ruin it. A staff member took the item home, with the agreement of the person, and hand washed it for them. We saw that staff knew people well and they were able to tell us about things that were important to them. For example, staff knew a person was particularly interested in sport and they engaged in conversations with the person about this topic. Each person had a 'one page profile' at the front of their care plan. This gave staff information about things that were important to the person. A staff member told us, "We're one big family." Another staff member commented, "There's mutual respect between staff and service users. They care about us as much as we care about them."

People's rights were promoted by the staff. One staff member told us, "We will speak up for the residents." People were enabled to vote, either in person or by postal vote. Some people were involved with the local council and other community action groups. People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. People told us a hairdresser and nail technician visited the service once a month. Staff spoke with people in a respectful way and addressed them by the name they preferred. People's records were kept securely to maintain confidentiality. People's spiritual and cultural needs were met. A lay minister visited the service every week to provide communion for people of the catholic faith. People were supported to attend their church of choice as they wished. Significant events, such as Christmas and birthdays were celebrated in the service.

Staff encouraged people to do as much as possible for themselves. People's care plans reflected where they could do things for themselves and where they required support. Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. People were provided with equipment, where needed, to enable them to

move around independently and to eat without assistance. There was a smaller laundry, in addition to the main laundry facility, where people could use a washing machine and dryer if they so wished. People were supported to take up employment if they wished and some people were in employment at the time of the inspection.

Clear information about the service was provided to people and their relatives. A brochure was provided to people who wished to move into the service. There was a clear complaints procedure which was made available to people. A noticeboard in the service displayed information for people using the service. This included information on people's right to be protected from abuse, how to contact the regional personalisation and involvement officer (PIO) for Leonard Cheshire disability and the minutes of recent residents meetings. A newsletter was written and sent out by people using the service each month. This showed that peer support groups took place in the service. A recent peer support group had been held for people to discuss their thoughts about disability and how to create positive opportunities. The registered manager and staff did not attend these meetings unless requested by people.

People were involved in their day to day care and in the reviews of their care plans. People had signed their care plans, where they were able to, to confirm they agreed with the plan of care. Staff asked people their views about matters relating to their care. Recently a group of people had been involved in a 'future choices' workshop. This was a workshop to shape the way people's care and support plans would be developed moving forward. People were enabled to schedule and chair their own care review meetings. Some people chose to have staff from the service in attendance and others did not. Where staff were not present they liaised with the person and their care manager after the meeting to see if any changes were needed to their care plan.

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to their needs and requests. One person told us, "Staff listen to me." Another person told us, "People have a good experience here." A third person told us, "It's perfect here; I've got no complaints." People knew how to make a complaint if they needed to. One person told us, "I couldn't wish for a better place, but if I had concerns I would say something." Another person told us, "They look after me, if I had any worries or concerns I would tell my key worker."

People told us that they were supported to lead the lifestyle of their choice and to take part in activities that were of interest to them. One person said, "I go to the day centre, I like talking to people. I either play games, dominoes or I do printing or artwork. Staff listen to what I want to do and they suggest things to do." Another person told us, "We do cookery clubs here, it involves my family and friends if I wish."

People's needs had been assessed and a care plan written to meet the identified needs. The assessment process included seeking the views of the person about their own care needs. People's care plans were detailed and regularly reviewed. They included relevant information and instruction for staff in meeting their needs. For example, one care plan noted that the person was not able to communicate verbally and therefore all information about their care needs would need to be written down. Records showed this plan had been followed by staff. We saw comprehensive information in another person's care plan that included pictorial guidance about how to position the person when they were in bed. The care plan also included information about how to communicate with the person so they were able to make decisions about important things in their life. People's care plans provided information about how to support them if they were unwell or in pain. This included information about how people communicated if they were in pain. For example, it was documented that one person would need a particular medicine to be administered when they were in pain and the instructions for staff were clear and detailed.

People's care plans were person centred and included their views. For example, one person preferred to have male rather than female staff supporting them as it made them feel more secure and this was documented in their care plan. Staff understood this preference and respected it. Care plans included information about how to help people to feel safe and secure. For example, it was documented that one person did not like to have their door closed as this made them feel anxious. We saw that their room had a sign on the door that instructed staff not to close the door. Staff were aware of the need to support this person in a way that did not lead them to feel anxious. People had goals recorded in their care plan that they had expressed they wished to achieve. For example one person wished to develop their IT skills and another person wanted to expand their cookery skills. There were plans in place to achieve these goals and staff in the day centre had been involved in developing sessions that would support people in these areas. People were enabled to spend their time how they wished. Some people accessed the day centre. Activities provided in the day centre were based in people's interests and requests. We saw that some people were using sewing machines, as they were making costumes for Halloween. Some people were painting and others were involved in making a fresh soup for lunch.

People were able to go out into their local community for activities and to access local facilities, groups and services. People regularly used the shops, restaurants, pubs and theatres in the town. People were supported to travel to visit family and friends. Where transport was required people told us they arranged this with their keyworker. People said they had been supported to go on outings to Hever Castle, ten pin

bowling for fish and chips in Hastings. Other people told us about concerts and sports events they had been to.

People and their relatives, were aware of how to make a complaint. Detailed information about how to complain was provided for people in the brochure, in the reception area and on the noticeboard in the main area of the home. The complaints procedure had been reissued to people in December 2015 to ensure they were clear about how to make a complaint if they needed to. There was a customer helpline that people could use and the contact details for this were clearly displayed in the service. The registered manager had taken appropriate action to investigate complaints and provide feedback to the complainant within an appropriate timeframe.

People were regularly invited to give feedback about the quality of the service through the resident meetings held in the service. People we spoke with were aware of the residents meetings. One person told us, "There are residents meetings once a month where they discuss what's going on, I try to go to every meeting." Another person told us, "We get to sit together as a group. Things we want to change or do." The person told us they felt things had changed as a result of residents meetings, but sometimes they took a long time to be put in place. People and their relatives were also invited to complete an annual satisfaction survey. The most recent customer survey had been carried out in 2016 and showed that people were satisfied with the service they received at Seven Springs.

Is the service well-led?

Our findings

People told us the service was well-led and they were generally satisfied with the service they received. One person told us, "Can't fault the care, it's perfect, they are so good." People knew who the registered manager was and felt they were able to talk with them about their care. One person said, "The manager is a really nice guy." Another person told us, "[The registered manager] is always available, he is really nice." A further person told us, "[The registered manager] is always at the meetings and he always says his door is open if we want to chat or have any concerns."

The service had a positive and inclusive culture. People were involved in making decisions about how the service was run. For example, one person was involved in the recruitment of new staff to the service. One person told us, "There is an open culture; the managers are good." Staff told us they felt involved in shaping the service. They told us there was a culture of team work. One staff member commented, "We pull together when we need to" and another said, "We have good staff morale." Staff felt supported by the registered manager. They told us, "The manager will step in straight away if we have a problem," "The manager will stand up for us" and "The manager cares. He tries to help." The service was integrated into the local community. The registered manager had built good links with local community groups and services. Students from a social care course at a nearby school completed work experience placements at the service, spending time talking with people and learning about the support needs of people with disabilities. A local supermarket provided food sampling and cookery sessions to people.

The provider and registered manager were open and transparent. They notified the Care Quality Commission of any significant events that affected people or the service. They were aware of updates in legislation that affected the service and communicated these to staff effectively. The service's policies were appropriate for the type of service. All policies and procedures had been reviewed and updated and staff had signed to confirm they had read and understood these. Staff were able to describe the key points of significant policies such as the safeguarding, infection control and complaints policies. They were aware of where to access the policies when they needed them.

At our last inspection in September 2015 we found a breach of regulation relating to the governance of the service. At this inspection we found the required improvements had been made and the registered provider was now meeting the regulation. There was an effective system in place to monitor the quality and safety of the service provided. A number of audits had been completed each month and the findings of these had been used to develop action plans for the registered manager to complete. This included 'out of hours' audits of the service in the evenings and at weekends. The progress of action was monitored through an electronic compliance monitoring system. This allowed senior managers to see an overview of outstanding areas of action. We saw the most recent action plan which showed that the necessary action had been taken. The registered manager attended monthly meetings with other managers in Leonard Cheshire disability to discuss shared issues and undertake personal development. The head of operations for the service visited regularly to support the manager and carry out checks of the service provided.

The registered provider monitored accidents and incidents in the service to identify any patterns where risks could be further reduced. The registered manager received monthly feedback from senior managers about

any action they were required to take to further reduce risks. Heads of department meetings were held to review care delivery and identify areas for improvement. The minutes of these showed that action was taken as necessary. For example, a new electrical testing company had been sourced to ensure that equipment could be checked within the required timeframe.

Records relating to the care of people using the service were accurate and complete to allow the registered manager to monitor their needs. The records included information about day to day care and professional input when it was provided. For example, instructions following a review by a dietician were included in one person's records and had been added to their care plan. Concerns raised by staff in relation to a person's skin condition were thoroughly documented, It was clear what steps had been taken in consultation with the district nurses to manage this concern. All records were kept securely and confidentially.