Shaw Healthcare (Specialist Services) Limited

Springbank

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 and 22 November 2017 and was unannounced. The previous inspection was carried out August 2015 and there had been no breaches of legal requirements at that time. We had no previous concerns prior to this inspection.

Springbank provides accommodation for up to 11 adults with a learning disability. At the time of our visit there were 11 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. Information was accessible to help people make decisions and express their views about the service. Staff recognised the importance of effective communication enabling them to respond to people in a person centred way. People were very much involved and included in the running of the service with resident forums being organised. They were consulted about activities and involved in the recruitment of staff. There was a strong emphasis this was people's home.

People remained safe at the home. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care

professionals were involved in the care and support of the people living at Springbank. Staff were proactive in recognising when a person was unwell and liaised with the GP and other health professionals.

The home continued to provide a caring service to people. People, or their representatives, were involved in decisions about the care and support they received. Staff were knowledgeable about the people they supported and very committed to providing care that was tailored to the person. People were treated with kindness and compassion.

People received an exceptionally responsive service. Care and support was personalised and person led. People were supported to take part in a variety of activities and trips out based on their interests and aspirations. End of life care was co-ordinated based on their wishes of the person.

The service was well-led. Relatives and health and social care professionals spoke extremely positively about the commitment of the registered manager and the team in supporting people. The registered manager and provider had monitoring systems, which enabled them to identify good practices and areas of improvement. It was evident they strived to provide the best experience for people and were creative and innovative in developing care that was tailored to the person.

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 continues to be safe.

Is the service effective?

Good

The service was effective. People using the service were effectively involved and supported with making decisions about their lives. Information was accessible and staff were creative in their approach to ensure people were involved in decisions about their care. There was a multi-agency approach, which was co-ordinated by the registered manager and the team to ensure positive outcomes for people.

Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People were supported by staff that knew them well and had received appropriate training. Other health and social care professionals were involved in the care of people and their advice was acted upon. People's health care needs were being met.

People had access to a healthy and varied diet, which provided them with choice.

Is the service caring?

Good

The service continues to be caring.

Is the service responsive?

Outstanding

The service was exceptionally responsive.

The service was flexible and very responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible.

The service recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Care at the end stage of life was extremely well co-ordinated taking into account the wishes of the person, their relatives and involving other health and social care professionals. This was because staff knew people well and supported them in a very person centred way.

Is the service well-led?

Good

The service continues to be well led.

Springbank

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 22 November 2017 and was unannounced. One inspector carried out the inspection. The previous inspection was completed in August 2015 when the service was rated good.

Before the inspection, we asked the provider to complete 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 reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Before the inspection, we contacted six health and social care professionals and received feedback from four of them. Their comments are included in the main body of our report.

We spoke with three people who used the service and spent time with other people. This was because some people were unable to tell us about their experience of living at Springbank. We spoke with the registered manager, the operations manager, the deputy manager, the team leader and three members of staff. We also had an opportunity to speak with two visiting health professionals and a visitor.

We looked at the care records for three people who used the service and other associated documentation. We also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for all staff. We also looked at recruitment records for two newly appointed members of staff.

After the inspection, we contacted two relatives for their views on how the service was delivered.

Good

Is the service safe?

Our findings

We saw people were relaxed and responded positively when approached by staff. This demonstrated people felt safe and secure in their surroundings and with the staff that supported them. Relatives confirmed that they felt that their loved ones and other people were safe and staff were attentive to their ongoing and changing needs. When we asked a person whether they felt safe. They responded by telling us that the staff and the other people living in the home were their friends. Another person told us they felt safe and they were never 'bossed' around by staff unlike where they lived before. Staff told us people generally got on well with very few disagreements, which was in the main over the television controls.

Staff had identified when certain behaviours from people could impact on their safety or, the safety of other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure their safety. Staff considered what triggers might exacerbate certain behaviours so these could be avoided wherever possible. For example loud noises, shouting, pain and distress. Where this had not been possible, staff knew how to support people to de-escalate the situation. Staff had attended 'Non abusive psychological and physical intervention' (NAPPI) training, which had assisted in them protecting people safely without being restrictive. Information was shared with us about positioning ourselves to avoid being grabbed inappropriately. It was recognised a person was tactile but if staff and visitors positioned themselves in a certain way the person did not grab out inappropriately. Staff told us about how incidents between people were minimised such as, recognising when a person was unhappy and offering them an opportunity to move to another part of the home or to spend time with staff engaged in an activity.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to people had received training and their competency assessed. Medicines were stored securely in locked cabinets. Arrangements were in place for medicines that required cool storage. Temperatures of the medicine cupboard and fridge were monitored and recorded and were within safe levels.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe and these covered all aspects of daily living. They had been kept under review and other professionals such as speech and language therapists and physiotherapists had been involved in advising on safe practices and any equipment required. Staff showed a good awareness of their role in keeping people safe. Staff described to us how they kept people safe in the home and when out in the local community.

Risk assessments also included financial management to ensure that people were protected against the risk of financial abuse. Measures included obtaining two staff signatures when purchases were made and ensuring that monies were carried securely when outside of the home. Regular checks were completed by the staff to ensure monies held for safekeeping were correct. In addition, the operations manager randomly checked people's finances during their monthly visit.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Checks on the fire and electrical equipment were routinely completed. Maintenance was carried out promptly when required. Staff had been received health and safety training including participating in regular fire drills and fire training.

Staff told us they had completed training in safeguarding adults and were aware of what constituted abuse and the importance of sharing information where they had concerns. Staff confirmed they would report concerns to the registered manager, the deputy manager or the team leader and these would be responded to promptly. Staff knew who to report any concerns to outside of the service. They told us there were policies on responding to an allegation of abuse and whistle blowing. The registered manager had reported concerns to the local authority and put appropriate safeguards in place to keep people safe. This included notifying the Care Quality Commission. A social care professional spoke positively on how the registered manager had managed an ongoing safeguarding concern from a previous placement with robust plans in place to protect the person. It was evident the safeguards were in place to safeguard the person whilst respecting their right to have meaningful relationships.

Staff told us there was always sufficient staff to keep people safe, support them with their daily living and social activities. There was always four care staff and a team leader working during the day, three care staff in the evenings and two waking staff to support people at night. In addition, to the care staff there was three cooks, a cleaner, an administrator and two activity support workers. The registered manager told us they kept the staffing under review to ensure people's needs could be met. People told us there were staff available to help them when needed and support them with their activities.

Staff were thoroughly checked to ensure they were suitable to work at Springbank. These checks included obtaining a full employment history and seeking references from previous employers. We saw Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks people's criminal history and their suitability to work with people who require care and support.

The home was secure; there was a key pad to the front door. Staff told us this was to keep people safe due to their vulnerability because of their complex needs and not to restrict people. They told us there was plenty of opportunities for people to go out with staff or their relatives. People could access a secure garden to the rear of the property if they wanted.

The home was clean and free from odour. Cleaning schedules were in place. There was sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control. A member of staff had been identified as the lead for infection control and worked alongside staff to ensure they were following the company's infection control policies and procedures.

Good

Is the service effective?

Our findings

People were receiving a service that was tailored to their individual needs. People were assessed before moving to Springbank. In the provider information return the registered manager told us that as part of the assessment people were assessed to ensure they were compatible with the existing group. This was because there was a strong emphasis that it was their home and they had the right to feel comfortable with the people they were sharing with. People were encouraged to visit the home for a meal and an overnight stay. To help people make the choice a pictorial guide was available for prospective people to enable them to be involved in the decision process of whether they wanted to move to Springbank. This included pictures of the home, activities and the staff that would be supporting them.

Staff worked collaboratively across services to understand and meet people's needs. Information was sought from health and social care professions prior to a person moving to the home this enabled the service to plan effectively the care of the person. Health and social care professionals' feedback was that where people's needs had changed that timely referrals were made and staff were knowledgeable about the people they supported. When a person moved to another service such as, an admission into hospital information was shared about the person to enable the nursing staff to support the person consistently. This included how the person communicated, their support needs, likes and dislikes. An example was shared with us, where the registered manager was wheeled on a hospital trolley to theatre alongside a person. This had assisted in reducing the person's anxieties and enabled the hospital staff to effectively support them with their treatment. This showed creativity ensuring people received the treatment they needed. The registered manager was also proactive when things went wrong and had recently raised concerns about a person's treatment when this was not given in a timely manner by a health professional. This resulted in an investigation and an apology being given to the person.

When people moved to Springbank, the registered manager visited them in their previous setting. The home had been highly commended by three health and social care professionals on supporting a person moving from hospital to Springbank. The health and social care professionals commented that the staff were person centred in their approach enabling them to build a relationship, which had seen the person gain confidence and to continue with their health treatment plan, which involved a number of agencies. The assessment was comprehensive and showed the person had been consulted at each stage and involved in the process.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and had attended appointments when required. People had a health action plan, which described the support they needed to stay healthy. A healthcare professional told us the staff were making timely and appropriate referrals and their advice and recommendations were implemented. They told us the staff were knowledgeable about the people they were supporting. Feedback seen indicated that there was a positive relationship with the GP practice and the staff were proactive in seeking and acting upon their advice. The staff and the registered manager had been commended on supporting a person with complex health care needs enabling them to get the treatment they needed. Another health care professional wrote to us stating, "The staff always seemed keen to listen and work with other health care professionals. The staff team had a very good and open communication style. They were

committed to providing high standards of care and were happy to work with other health care professionals".

Due to some people's physical disabilities, there was a potential risk of pressure wounds. Staff told us that presently no one living in the home had a pressure wound. They described the support people received to minimise these risks. This included any specialist equipment that was in place to prevent pressure wounds such as pressure relieving mattresses. Staff monitored people's skin condition and recorded any areas of concern. Where concerns were noted the staff had liaised with the district nurses about the treatment.

Staff had received training on the prevention of pressure wounds. Two visiting health care professionals told us the staff proactively sought their advice in relation to pressure wound care when required. They confirmed they were not treating anyone for an acquired pressure wound. The registered manager told us that it was important to be proactive rather than reactive and where people were at risk they sought the appropriate equipment before there was a risk. They gave us an example where a pressure relieving mattress was put in place as a person was becoming less mobile and their risks increased of having a pressure wound. This along with increased monitoring had prevented skin breakdown. They linked nutrition and exercise as an important factor in prevention of pressure wounds and the need for people to continue to be as mobile as much as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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.

Applications for DoLS had been made for everyone living at Springbank. This was because people required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety. The registered manager had a tracker in place to monitor the authorisations, any specific conditions and expiry dates. Four people had an authorisation in place. These had expired however, it was evident the registered manager had promptly re-submitted further applications for these people. There was evidence the registered manager had chased up the other seven applications, which were with the local placing authorities who were responsible for funding the care and support for people. Care records included information about the DoLS process and this was kept under review to ensure it was the least restrictive.

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

The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Where people lacked capacity and decisions were complex such as medical interventions, other professionals and their relatives had been involved, with best interest meetings being held. Records were maintained of decisions that had been made in a person's best interest. A health professional confirmed they had been involved in a recent best interest decision and had been asked their opinion in relation to ongoing and future health care needs for a person. They told us the staff were very proactive in involving people and ensured information was accessible.

All health and social care professionals consistently told us how impressed they were with the service in

organising meetings in respect of best interest decisions. One professional told us, "The registered manager was instrumental in helping us orchestrate a successful meeting involving the hospital staff, community nurses, the community learning disability team, the social worker and IMCA (Independent Mental Capacity Assessor)". From talking with the registered manager it was evident they involved appropriate professionals, relatives and the person ensuring that any decisions were made in their best interest.

Staff showed us how they supported people in making decisions about health care appointments. There was a file containing photographs for example, photographs of the GP practice, someone having their blood pressure taken and having an injection such as the flu jab. People were asked using the photographs and cards that had a happy or sad face on whether they were happy for any treatment to be completed. This showed people were consulted and were given appropriate information to make a decision. People had signed a form to say they were happy, which was pictorial to confirm they were happy to have the flu jab. Where people had refused this was recorded and respected.

Two staff told us they were planning to attend training on a specific treatment along with the person who needed to make the decision on whether to agree to the medical intervention. They had liaised with the GP and other health professionals. This was commendable and showed that people were given sufficient information in a creative way to enable them to make the decision on whether to go ahead with the treatment.

Staff confirmed they had received training in the Mental Capacity Act 2005 and were able to tell us about key aspects of the legislation and how it impacted on the day-to-day role of supporting people.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved in supporting people with their dietary needs. This included speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan.

People were observed being offered a choice of where to eat their meal, in either the dining area or the lounge. Pictorial menus were available to enable people to choose what they wanted to eat. Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals.

People told us they enjoyed the food and there was always enough to eat. Drinks and snacks were offered to people throughout the day. People were asked daily what they would like to eat. They were two options at lunchtime. Staff used photographs of the meals that were available. They also confirmed that if people did not like either choice an alternative would be provided.

People were involved in the recruitment and selection of staff who were employed to work at the service. This helped people to meet staff before they were employed and also empowered them to have a say about who they wanted to work in their home and who they felt comfortable with. A person described to us how they were involved in making the decision on whether to employ a member of staff and how their views were documented on an easy read format so they could be fully involved. The registered manager told us this had been implemented from feedback from a resident's forum because people wanted to be more involved in this area. This showed that people's views were sought and acted upon.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for the work was assessed. Staff had completed a programme of training, which had prepared them for their role, including the completion of the Care Certificate. The Care Certificate was introduced in

April 2015 for all new staff working in care and is a nationally recognised qualification.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff, which confirmed staff received training on a range of subjects. Training completed by staff included; first aid, moving and handling, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. The registered manager had a system to check staff had current training with a plan in place to ensure this was updated as required. Staff said the training they had received had helped them to meet people's individual needs. A health care professional told us, "They (the staff) had flexible approach and were happy to engage in training when appropriate". In addition to the training, there was a variety of quizzes that staff completed during team meetings to check on their knowledge and skills.

Staff also received specific training to meet people's needs including positive behavioural support, supporting people living with dementia, autism and epilepsy awareness. Two members of staff told us they had recently taken on the role of activity co-ordinators. The registered manager had identified this opportunity and was in the process of booking specialist training to help them so they could support people effectively. Where people had particular needs associated with their health staff told us they had received training to help them in this area. This included for example, catheter care, diabetes awareness and supporting a person with a Percutaneous Endoscopic Gastrostomy (PEG). This is a procedure performed when a person is unable to safely receive nutrition orally. We spoke with a bank member of staff who confirmed they had access to all the training regular staff had completed. Staff told us they felt the training was comprehensive and enabled them to support people effectively. This had been very evident with the staff's knowledge and skills in communicating with people and using very person centred approaches such as intensive interaction and making sure information was accessible. Intensive interaction creates a communication environment that is enjoyable and non-threatening to the individual with severe learning difficulties, where interactions are short, and involve noises, touch and eye contact. Interactions are brief but can grow over time. Staff told us the training in this area had enabled them to build effective relationships and had seen a reduction in behaviours that challenge because staff better understood the person.

Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. Staff also had an annual appraisal of their performance. Staff told us they felt supported in their roles and there was good communication in the home.

Springbank is situated in Brentry on the outskirts of Bristol, close to the GP practice, shops and other community facilities. There were good public transport links. A visitor told us they found getting to the home easier compared to where their friend had previously lived because of the public transport links.

Springbank provided accommodation to 11 people. The home was wheel chair friendly. All bedrooms were single occupancy and arranged on the ground floor. There were sufficient bathrooms and toilets, which contained specialist equipment such assisted baths and hoists. Springbank was comfortably furnished and homely. There were two lounges, a conservatory and a training kitchen where people could spend their time if they did not want to sit in their bedroom. There was a large secure garden to the rear of the property.

Good

Is the service caring?

Our findings

Staff were caring, compassionate and kind in their approach to people. People looked comfortable in the presence of staff. One person told us, "The staff are my friends and this is my home". Health and social care professionals spoke very positively about the caring approach of staff. Comments included, "Staff were always interacting with the service users in a positive way and the house was full of laughter", "The staff have always looked after their clients with care and respect, often going the extra mile", "I made several visits to Springbank and found the atmosphere to be homely and relaxed", and "The staff refer to the residents at Springbank as a family, and I would agree that this is how they are viewed".

Relatives said the staff were extremely caring and when they visited, they were always made very welcome. A relative told us, "I cannot wish for a better place for X, everyone that lives there are really well cared for, it is like a home not a care home". Staff told us they really enjoyed working at the service. They knew the people living at the home very well and had developed positive caring relationships with them. One member of staff told us, "We are like one big family, we are here for the people, there is nothing here that is task orientated. Our day is driven by the people that live in the home".

People were encouraged to be as independence as much as they were able. Care plans included what people could do for themselves and where they needed support. Staff had recognised that a person had really enjoyed their food and liked to pour their own drinks. In response, staff had provided them with their own teapot, which promoted their independence and gave them control in this area.

People's achievements were recognised and celebrated. People received certificates for attendance at the resident's forum and for any training they had attended. The registered manager told us people could attend training along with the staff on first aid, fire and food hygiene. One person was very keen to show us their certificate of attendance at a recent fire training session. Photographs were displayed throughout the home of activities and trips out, which people had participated in, which assisted in making the home more homely.

People could also be nominated for a 'Star Award' alongside staff for their contribution to the service. One person had received this award recognising the support they had given to people living in Springbank, their uplifting and caring personality and their contribution to the employment of staff. They had attended an award ceremony and had received a voucher for a meal out. They were also supported to visit a recording studio enabling them to have a sound track made of them singing. During the inspection we saw staff singing along to the CD and it was evident the person was very proud of not only their award but also they had achieved a lifelong goal of producing their own CD.

Throughout the inspection, there were kind and friendly interactions, which included a healthy banter between people and staff, which included shared laughter. Staff knew people well and were able to communicate effectively with them. Staff actively listened to people who had some difficulties with communication and took time to find out what they wanted. There was an inclusive atmosphere. Staff ate their meals alongside people promoting a family atmosphere.

Some people had a document called 'listen to me' to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people. This was also shared with other professionals or if a person had to spend time in hospital. The registered manager told us often when people go into hospital staff would support them throughout the day and occasionally at night. This was to reduce a person's anxiety during their stay in hospital and to also ensure familiar staff were available to support them who understood how they communicated.

The registered manager was a dignity champion and worked with two of the provider's other homes to discuss and share best practice. They were passionate about the role and worked alongside the staff to ensure people were engaged, involved and listened too. Staff had completed training in equalities and diversity. Staff told us they felt the service was very person centred and the focus was on what each person wanted out of their life. There was information displayed in various places on the principles of treating people with dignity and respect to remind staff and people about treating each other well.

Staff were aware of people's preferences and daily routines. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an explanation was given to them on why we were visiting the home. One person assisted in showing us around the communal areas of the home and their bedroom. They were evidently proud of their bedroom, which had been personalised with photographs and objects of interest.

We observed staff knocking on doors and waiting for people to confirm they could enter. Staff closed bedroom doors when supporting people with personal care. Staff were heard asking permission to assist people, offering reassurance and explaining to them what they were doing. Staff discreetly reminded a person to close the bathroom door ensuring their privacy. This showed people were treated with dignity and their privacy respected.

People were offered a key to their bedroom door if they wanted. There was also lockable storage in people's rooms to keep their valuables safe. The registered manager told us they were planning to move people's medicines into their bedrooms. New cupboards had been purchased. This would enable the giving of medicines to be individualised with people being more involved.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. Where family lived further away, people were supported to keep in contact by telephone. Friends and family visited and were invited to stay for a meal and refreshments. A visitor told us they visited the home twice a week and they were made to feel very welcome. They told us they were able to stay for lunch and spend time with their friend of many years. Staff evidently knew the person well and were seen chatting and involving the visitor in the activities that were taken place.

Special occasions such as birthdays were celebrated. Staff told us people were able to plan their own birthday celebrations. Some people liked to have a party whilst others may prefer to go out to the pub or bowling. A relative told us they were invited to regular social gatherings at the home. They told us it was a really lovely experience with staff and people having fun together. Staff told us they planned regular social events. Recently they had a Halloween party where the staff and people dressed up. We were also told about a person that had recently celebrated their 80th Birthday with a big party and their friends and family were invited to celebrate the occasion. Photographs were displayed throughout the home and within people's care plans of these events and other activities that had taken place.

Outstanding ☆

Is the service responsive?

Our findings

The service had a received compliments from visiting health and social care professionals over a number of years describing the service as being very person centred and well led. This demonstrated that the service had a good track record and strived to provide care that was person centred, where people were empowered to voice their opinions.

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeable about how people liked to be supported and what was important to them. People had an individual care package based on their care and support needs. From talking with staff and the registered manager it was evident each person was seen very much as an individual and was supported that way.

The registered manager told us in the provider information return, "The care we provide is tailored to each individual, which is totally unique to them, no two persons needs/wants are the same, as each is recognised and treated for whom they are. This is evidenced by way of their daily lives and care/support plans that identify and tell each person's story. You must know everyone's story before you can attempt to provide person centred care". Staff echoed these sentiments by telling us that each person was supported in the way they wanted to be supported.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan, which detailed the support they needed, which was personal to them. They were informative and contained in-depth information to guide staff on how to support people well. Photographs captured some of the information in the care plan and what was important to the person. This enabled people to be involved in the planning of the care as the information was accessible and acted as an aid to communication.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. Health and social care professionals told us the staff were very proactive in ensuring people needs were being met. We were told that the registered manager had recently made a referral for some music therapy for a group of people. The health care professionals commended the home on their creativity and proactive approach in making this referral for music therapy. The registered manager told us some people really benefit from listening and playing musical instruments and felt, this would improve communication and involvement for these people.

Staff were observed communicating with people in a number of ways. This included using Makaton (Makaton is a sign language used to support people with a learning disability to communicate), objects of reference this was where staff would show people items to help them make choices and photographs. Staff had completed training on intensive interaction they told us this had been very useful in building relationships with people who use non-verbal communication. Intensive interaction creates a

communication environment that is enjoyable and non-threatening to the individual with severe learning difficulties, where interactions are short, and involve noises, touch and eye contact. Interactions are brief but can grow over time. The registered manager and staff gave us many examples, on how this had been effective in building relationships with people and reducing the feelings of isolation and behaviours that may challenge. One of the examples was where a person used non-verbal communication to indicate they did not want support or staff being present. Staff told us by reading the signs had greatly reduced this person's anxieties enabling them to better support them when they wanted and needed the support. This was shared with us so we could spend time with the person enabling us to know when to withdraw if the person was upset with our presence.

One person in the past had needed interventions as a response to their mood and emotional changes and 'as and when needed' medication had been prescribed. Staff told us they had a better understanding of the person and through effective communication, this medication was no longer used. Staff had followed agreed and recorded strategies and the person was now responding to staff during periods of support and when other healthcare professionals were involved. Prescribed medicines and restrictive practices were no longer used. The person, with appropriate support from staff, had learned to manage their own emotions. The registered manager commended the staff team on their consistent approach in the way they supported, listened and enabled this person during this time. From reviewing the medicine records and conversations with staff it was evident that 'as and when' medication was not used in controlling people's behaviour as more person centred approaches were being used to support people.

Three health and social care professionals commended the home on the support and the positive changes that they had seen in a person since moving to Springbank. One social care professional stated, "I am overwhelmed by the positive changes in X's appearance and confidence is just incredible". It was evident the staff were supporting the person in a very person centred way and had taken the time to get to know the person and how they liked to be supported. From talking with staff and reading the person's care plan it was evident they were very much involved in their care and had come a long way since living in the home. The person told us, "I have come along way I am much more independent now and living the life I want, before I moved here I was told what to do".

People told us about the activities they regularly took part in. Two activity staff were employed to organise activities for people during the day and evenings. They told us about the future plans they had such as organising more external entertainers and a petting service because this was what people had said they wanted. The two staff were relatively new to the role and had previously worked as care support staff. They told us they were planning with each person a list of activity goals they would like to achieve. Goals such as being more involved in household chores, going to places of interest or going on a holiday.

People were encouraged to live the life they wanted planning their own individual goals. Staff described people in a very individualised way and how they supported them with their goals and aspirations. People were empowered to lead the life they wanted with staff supporting them in their chosen goals. One person told us they wanted to go on holiday but because of their health care needs, they would need support from district nurses. It was evident from talking with the person's key worker and the registered manager and other health care professionals were supporting the person to achieve their goal. They were planning to liaise with district nurses from that area to enable the treatment to continue whilst they were on holiday. This showed the staff were creative in their approach and explored all the options to enable this to happen. In the interim, the person told us they were planning a shorter visit to Weston Super Mare.

There was an activity planner in place for each person enabling them time on a one to one or as a group to participate in activities of their choice. One person had moved from another care home and had

participated in little activities. The staff told us they now planned with the person regular trips to see the rugby and opportunities to go out for meals. Another person had been on a wrestling weekend with staff because this was what they wanted to do and were interested in. From talking with staff it was evident people were supported to participate in activities taking into account their interests and aspirations. Photographs were used to aid communication and enabled people to reflect on their experiences and plan future events. People were supported to access the wider community. One person told us they went to the shops daily to purchase items and another went to the local church.

People and staff took part in an autism awareness week, which enabled them to raise money for charity but also celebrated and recognised that everyone was different. Throughout the week, staff and people took part in a themed day, which included wearing fancy dress. Each day was different. Staff told us this was not only fun but to raise money for charity and contribute to the wider community. Another example was where people and staff wore pink to raise money for a cancer charity. Staff told us people liked to get involved in these events enabling them to support other organisations. They said there was a strong emphasis on it being fun but also a means of given back to the community. Photographs of these events were displayed in the home of these events.

At the time of our inspection, the registered manager informed us that there were no ongoing complaints. Staff told us they were confident that any concerns raised by people using the service would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised.

The registered manager had systems in place to promote and manage complaints. These included 'easy read' versions of the complaints process. To enable people with complex learning disabilities to share their feelings mood cards had been developed with faces depicting happy, sad or angry. These were used daily, during resident forums and care reviews to enable staff to gain the views of people about the service being provided. This meant people were actively involved in seeking their views and staff could assist in resolving any concerns people may have.

People were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Necessary services and equipment were provided as and when needed. The registered manager showed us an easy read document they were using to seek people's views on how they would like to be supported with end of life. This was person centred and described whether the person wanted to be admitted to hospital or remain at Springbank and any preferences in relation to their end of life support. This included any special funeral arrangements and who to contact. This enabled them to write a person centred care plan on how they person wanted to be supported. It was evident the views of the person and their family were sought. The staff had gone the extra mile to ensure a person's wishes were met in respect of where they wanted their final resting place to be as they did not want to be alone. The registered manager had liaised with family and the undertakers to make sure the wishes of the person were acted upon and respected. The registered manager liaised with the undertakers to ensure their final resting place was in a garden of rest close to their friend from Springbank.

There was a champion in end of life who had completed some volunteer work at a local hospice and training in end of life. The home had been commended by a health care professional on their person centred approach to a person that was end of life. Compliments had been received from family highly praising the staff and the service on how they had supported people throughout their stay at Springbank but equally with the care, support and love people had received at the end of life.

The registered manager told us that they had a ritual where all staff would come to the home on the event of

a death of a person so they could all say goodbye before the person was taken to the undertakers. Also as many people and staff that wanted to attend the funeral were supported.

Information we received in the provider information return stated, We promote person centred care and these values are key to recognising individual's aspirations/need respecting individuals as much in life as in death". A health care professional complimented the staff on how they had arranged a funeral for a person and the numbers of staff and people that had turned up to say their goodbyes. They said, "It is just so inspiring all the love that the residents receive it is just a real family, this home is beautiful. The person could not have been loved or cared for more anywhere. Springbank is definitely a home to be very proud of".

Good

Is the service well-led?

Our findings

The registered manager continued to demonstrate effective leadership skills within their role. Their passion, knowledge and enthusiasm of the service, the people in their care and all staff members was evident. From talking with staff, the registered manager and the operations manager it was evident they were committed to providing care that was tailored to the person in a homely environment. The registered manager told us in the provider information return, "It is very much our philosophy that values cost us nothing, but to those who are in receipt of them they are priceless. Treat as you would want to be treated or your own loved ones to be treated".

We found there was strong evidence to show equality and diversity, privacy, dignity, freedom of choice had been embedded into the culture of the home. These values were clearly shared by the team and were reflected in people's support plans and in the high standards of care and support that people received. Visiting health professionals confirmed that the care delivered to people was of a very high standard. A visiting health professional told us, "The team at Springbank is superbly led by the manager and her excellent deputy. They communicate well with me and the other medical professionals involved in the residents' care. Another professional told us, "I would overall state that Springbank has a dedicated leader and respond to service users' needs on an individual bases". Relatives were equally positive about the service. One relative told us "It is a well managed home, the manager, deputy manager and staff team are excellent. We cannot fault the service".

The registered manager was supported by a deputy manager and team leaders. Staff were positive about the management arrangements and told us they were very well supported. Staff felt confident about raising concerns with the registered manager. This created an open and transparent culture within the staff team. Comments from staff included, "Fab place to work", "great manager", "We are like one big family" and the "People and the staff are great".

Regular staff meetings were held to keep staff informed about any changes and were an opportunity to check out the knowledge of the team. The registered manager told us the staff often completed quizzes on various topics such as the Mental Capacity Act 2005 or safeguarding. They also looked at a policy each month to ensure staff were kept up to date. Minutes were kept of the meetings so those that could not attend could read on their return to work.

People's views were sought through annual surveys, resident forums and care reviews. The registered manager had set up a forum for people to meet with two other Shaw Healthcare services locally. Meetings were held away from the home and enabled people to make suggestions about any improvements and to actively involve them in the running of the service. One of the suggestions made was that people wanted to be more involved in the recruitment of staff. We had an opportunity to speak with a person who confirmed they were now involved in the recruitment of staff along with another person living in Springbank. It was evident they felt empowered and their opinion was valued. The resident forum also enabled people to have fun and meet other people receiving care and support from Shaw Healthcare. Minutes were accessible and available in an easy read summary.

Relative, health, and social care professional surveys were sent out annually and the results reviewed for any themes. The results of the last survey indicated an overwhelming level of satisfaction. Comments included, "Considering the difficult of communication, the staff care for X admirably", I think Springbank is a happy environment for all", "My brother is extremely happy and settled at Springbank".

Systems were in place to review the quality of the service. These were completed by either the registered manager or a named member of staff. They included health and safety, checks on the medication, care planning, training, supervisions, appraisals and environment. The provider had put in suitable arrangements to ensure the quality of the service was reviewed and monitored.

The service had been reviewed in July 2017 by a quality assurance team. This review was undertaken in the style of the Care Quality Commission's inspection methodology around the five key questions we ask of a service. This audit had not identified any significant issues. The auditor had looked at systems to monitor the service and met with people who use the service and staff.

The registered manager told us, the operation manager visited regularly to monitor the service. Reports were maintained of the visits. The registered manager had to compile a monthly report in respect of the care and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. Staff confirmed the operations manager regularly visited to speak with people, individual staff and the registered manager. The operation manager was visiting on the first day of the inspection.

Because the registered manager had completed all the audits that were expected of her and the team and they had achieved 94% compliance from the quality assurance team, staff had been awarded with a pay incentive. The registered manager said the team have worked collectively and consistently hard to achieve these outcomes for people. This showed the team worked together in meeting the aims and objectives of the service and were recognised by the organisation for their continual hard work. There was a strong emphasis on improvement. Action plans were developed to improve the service. The registered manager told us they always strived for improvement and excellence. They knew it was important to listen to the views of people who use the service and this was done in a number of creative ways as described earlier in this report to ensure people were receiving the care and support they required.

Staff were also recognised through a 'Star Award' run by Shaw Healthcare. A number of staff had been nominated for these awards for going the extra mile, for their commitment to the people living at Springbank, they happy disposition and for continual attendance with no absences. In addition, the service was nominated for two National Care Awards in the category of 'special needs manager' and category of 'Dignity and respect care home'. Certificates were displayed on the notice boards because Springbank as a service and the registered manager were one of the finalists.

Staff told us they felt involved and they felt valued by the registered manager. The registered manager told us about the learning they took from the last staff survey which in the main was supportive. However, they had scored slightly lower in that staff felt they were not always rewarded sufficiently. In response the registered manager shared with staff information about budgets in respect of the cost of training, overall budget and the cost of staff absence. They said this had been very productive with a reduction in staff absence and increased attendance at staff training. This also showed that the staff were included in making improvements to the service because they had increased knowledge on how the service was financed and managed.

The registered manager told us how they continued to keep up to date with legislation, current good practice and the changing landscape of providing care. They attended provider forums with the local

authority and were part of a dignity forum. They also networked and attended regular meetings with other services operated by Shaw Healthcare and were provided with regular updates from the operation's quality and health and safety team. Learning was also shared at team meetings.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.

The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed. These improvements were about enhancing the service and improving outcomes for people.