

Blue Sky Care Limited

Spring Bank

Inspection report

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Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

About the service

Spring Bank is a residential care home providing personal care for up to seven younger adults with mental health needs, learning disabilities and/or autism. At the time of the inspection, five people were living within the home.

The home is a two storey detached house that has been adapted for its current purpose in the area of Brinsley. There is a large secure garden and the property is located on private land that has its own woods. Public transport is easily accessible and provides links to the local and wider community.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were deliberately no identifying signs to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

People were supported by staff who genuinely cared and were invested in continually improving people's quality of life. A family member said, "My boy is so happy and I am a happy parent". People were treated with dignity and staff actively encouraged people's independence in innovative ways.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and value of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them have new experiences and live meaningful lives.

People were supported to lead healthier lives and achieved positive outcomes. Staff had the relevant skills and appropriately training to ensure people were supported in an individualised way.

People were empowered to lead full and active lives, taking part in a wide variety of activities on a daily basis. Their care was planned in a very personalised way, with the full involvement of people that were important to them. Their individual needs and preferences were met and staff built strong relationships and bonds with people.

There was a comprehensive governance structure in place to ensure continuous improvement and high quality standards of care. People's families spoke positively about the leadership and management of the home since the new provider had taken over.

People were kept safe both in and out of the home due to the right number of trained staff supporting them at all times. As well as detailed comprehensive risk assessments being completed and followed. People were supported to take their medicines in a safe way.

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

Rating at last inspection

The last rating for this service was good (published 08 June 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Spring Bank

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Spring Bank is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the home 24 hours' notice of the inspection. This was because the home is small and we wanted to ensure that we would not disrupt people living at the home by arriving unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service, and gave the provide the opportunity to share information with us.

We used all of this information to plan our inspection.

During the inspection

We spoke with a family member about their experience of the care provided. People were unable to speak with us, so throughout the day we discreetly observed interactions between them and members of staff so as not to disrupt their routines. We spoke with five members of staff including the registered manager, the nominated individual, a senior team leader and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment. We looked at a variety of records relating to the management of the service.

After the inspection

The provider sent us additional information that we requested to show how they met regulations. This included training data and policies. We sought feedback from several professionals who regularly visit the service to further understand people's experiences. We spoke with a further three family members about their experience of the care provided to their loved ones.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Risks associated with people's health, welfare and safety had been identified, comprehensively assessed and managed well. This meant that staff knew how to support people to remain safe whilst maintaining their freedom and giving them choices. Risk's associated with people's specific conditions were detailed and linked to care plans, with clear guidance for staff.
- People who had behaviours that may pose a risk had positive behaviour support plans and assessments in place. Restraint was rarely used, both physical and chemical, and only once all other de-escalation techniques had been tried. A family member said, "I understand the use of restraint, they do everything they can to avoid it."
- Outings and activities that people undertook had also been risk assessed, such as trips to the zoo. This enabled people to remain safe when accessing their local community.
- The provider ensured that environmental risks had been assessed and safety checks were completed regularly. For example, for risks associated with fire, people had personal emergency evacuation plans in place, that were personalised and clear.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe at the home by the systems and processes in place. Family members were reassured that their loved ones were safe. One explained, "The vast majority of the time I am relaxed, which is a new experience for me, as I know he is being safely looked after." Another said, "I know he is absolutely safe there."
- Staff all received safeguarding training and understood how to protect people from abuse. Staff we spoke with were confident that the registered manager would act quickly if concerns were identified.
- The registered manager understood their duty to report potential safeguarding concerns to the local authority and work with them to keep people safe.

Staffing and recruitment

- The provider ensured there were sufficient numbers of staff on each shift to enable people to receive the one to one or two to one support they required. This meant people were being supported to do the things they wanted both inside and outside of their home.
- The staff team worked together to ensure shifts were covered to avoid the use of agency staff. This meant people were supported by staff they knew well, and their routines were not disrupted.
- People were kept safe by the robust recruitment processes the home had in place. These included completing relevant checks on potential staff member's experience and history.

Using medicines safely

- People were supported to have their medicines in a safe way.
- Staff completed records to show medicines had been administered. Protocols were in place for people prescribed 'as and when required' medicines, such as pain relief, these gave clear instructions for staff to identify when these should be given and why.
- Staff who supported people with medicines were appropriately trained and had their competency checked thoroughly and regularly.
- Medicine systems were organised, and safe protocols for the receipt, administration, storage and disposal of medicines were followed.

Preventing and controlling infection

- The home was clean and tidy. There was a schedule of cleaning duties for staff to complete to reduce the risk of infection.
- A family member said, "The cleanliness of the home is amazing, they clean up as they go around. I think they do very well indeed."
- Staff wore personal protective equipment, such as aprons and gloves, when appropriate, such as when supporting with medication and food preparation.
- Staff had completed infection control and food hygiene awareness training. Staff followed good infection control practices.

Learning lessons when things go wrong

- When things went wrong, families were informed and where appropriate invited to the home to discuss improvements that could be made. Families spoke positively about their involvement.
- The registered manager kept a record of all incidents, the investigation and subsequent actions and outcomes. These were analysed to pick up any themes to help prevent recurrence.
- Learning from incidents was shared with the staff team at supervisions and team meetings.

Is the service effective?

Our findings

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

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

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

- The staff and registered manager had created a safe and homely environment at Spring Bank. A family member described it as having, "a happy atmosphere".
- People were able to choose how they wanted their rooms decorated, they chose the colour and staff and family supported them with what to hang on their walls.
- The home had lots of different areas people could spend time in away from their bedrooms. People were supported and encouraged to move about freely. There was a communal lounge, a large kitchen diner and two different sensory rooms.
- People could access a large outdoor spaces that had trampolines, swings, seating areas, a hot tub, a gym and a pool table. The space was maximised to promote people to live as independently as possible.
- The home applied the principles of Registering the Right support. There were no obvious signs identifying the home as a care home outside of the property, or even within the property itself. The home had successfully been adapted to meet the needs of people and enable them to live more independently.

Supporting people to live healthier lives, access healthcare services and support

- Without exception people's families told us of the vast improvement they, and community members, had witnessed in their relative's health and behaviours through the support of the staff.
- Staff were dedicated to supporting both people's physical and emotional health to improve their day to day life. A family member explained, "They have worked really hard to try to help him. They've changed his ability to have a richer life. They have managed to reduce his medication, I never thought we would get him back down." Another said, "His personal care is so very much better, they can't do enough, we are thrilled."
- The home developed a health action folder for each person. This contained information about their individual health needs, a communication passport, appointments and records of meetings with healthcare professionals.
- People had comprehensive oral assessments. The registered manager had recently acquired a special three headed toothbrushes for people to use if they chose to, which reduced cleaning time due to its design. For people with sensory issues a reduction in cleaning time would be beneficial.
- Staff supported people to attend appointments. One family member said, "We work together on the hospital visits, they do the key support, I go along as I want to be there." Where appropriate the registered manager arranged home visits.
- A healthcare professional said, "Spring Bank has brilliant staff, they know [named person] needs very well and link how they communicate with him to the behaviours he displays. They are very focussed on communication. They took on board the work and suggestions from [previous hospital placement] and the psychologists that work with him. They implement the plans consistently. They have very successfully

managed to reduce his behaviours." Another was amazed that a person, since the support from staff at Spring Bank, had started to verbalise a few words; they had not previously realised this person was able to talk at all.

- It was evident through the support that staff provided people were leading healthier lives, their quality of life had improved, and positive outcomes were achieved.

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

- People were supported very effectively and individually with their eating and drinking needs.
- Staff ensured that food was readily available to support people's eating preferences, so they could eat when they wanted, there were no set mealtimes. For people that used picture boards to communicate, photographs of real meals enabled them to specifically choose what they wanted.
- Each person had access to their own snack cupboard. One family member said, "[Person] will choose his snack out of his cupboard, it's a great joy to him to actually choose the snack." The family member explained that prior to living at Spring Bank this person was unable to make such choices, but through the support of the staff at the home they have empowered this person to do so.
- People were supported to make healthy choices. One family member described how staff had actively encouraged a person to eat more fruit and vegetables to help reduce his weight and due to this, "his weight is now stable, and he is not getting really poorly."
- People were referred to speech and language therapists where appropriate to ensure they were on the right diet, for example a soft diet. This guidance was then followed by staff.
- People's individual cultural and religious dietary needs and choices were recognised and respected. For example, halal meat was sourced. The home ensured that all people were given the choice to eat this meat or not. Ensuring that not one person's diet was imposed on other people living at the home.
- People's families spoke positively of the food choices available at the home and could access details of people's meals if they chose to.
- Staff completed training on fluid and nutrition awareness. Where appropriate people's food and fluid intake was monitored and when required staff sought professional input to maintain people's health.

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

- People's needs were met by a truly holistic approach to assessing, planning and delivering care and support.
- Prior to admission transition visits were arranged and pre-assessments were completed. Information was obtained from previous services, and Spring Bank ensured they completed their own thorough and detailed assessments.
- A family member explained, "Spring Bank facilitated the transition and really supported him, they have been brilliant."
- Families were fully involved in assessments, and where appropriate social workers and other health professionals were too. This was to ensure that Spring Bank was the most suitable placement for a person and that they could meet the needs of the person.
- People's choices were recorded from the input from families and others that knew them well. It was clear that staff were continually updating them as they got to know the person.
- We saw guidance from NHS and other professional bodies were actively being used to support people to achieve the best outcomes. People's care and support was delivered in-line with legislation and current guidance; which was a contributing factor to the outcomes that people had achieved.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction that included in-depth training. One support worker said their induction lasted three weeks and they "shadowed people to understand how they communicate" and by

the end of it they "felt confident to support people".

- Staff had a wide range of ongoing training available to them that was tailored to people's specific needs. For example, an in-depth external distance learning course in 'Understanding Autism'. Staff were also supported and encouraged to increase their professional qualifications.
- People's families spoke very positively about how skilled the staff were and their ability to bring out the best in their loved ones.
- It was clear through speaking to people's families, staff and professionals that the team at Spring Bank had the skills to help people achieve the best possible outcomes. It was also evident that management were committed to supporting and upskilling their staff.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked very well with other agencies. Healthcare professionals we spoke with were highly positive about the effective communication they received from staff at Spring Bank.
- The registered manager ensured that transitions were as smooth as possible through regular communication with other agencies and keeping clear records.
- Each person had a detailed and personalised hospital passport and an NHS emergency grab sheet. This meant that their care needs could continue to be met following a hospital admission.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager ensured that they complied with the MCA and DoLS and that staff understood the principles.
- People's MCA assessments clearly included information about people's capacity. They were comprehensive and decision specific. Meetings were held with family members and professionals to ensure that decisions staff made were in the person's best interests.
- Restrictions to keep people safe were reviewed regularly and appropriate professionals were involved to make sure these were effective and in people's best interests.
- Staff were fully trained in MCA and DoLS. They had a good understanding on how these impacted on people's daily lives. They made sure that they still allowed people to make decisions about their lives within their capacity. One family member said, "They do allow him to make decisions within reason and his capabilities, it is all covered in his care plan really well."

Is the service caring?

Our findings

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

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

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

- All family members, without exception, spoke very positively about how caring the staff were. Family members comments included, "They are giving him a quality of life that he couldn't have had at home", "I know they love him" and "It's the kindness of staff they go the extra mile."
- Staff displayed exceptional levels of kindness and compassion for the people they supported. It was very clear to see that there were strong relationships between people and staff, which extended to people's families. Each person had their own keyworker and was supported on a one to one basis. A family member said, "He has a keyworker he is close to, she knows him really really well, he has a really good relationship with her."
- Staff ensured consistency and routine was maintained for people, as this was highly important to manage people's behaviours. A family member explained, "They understand him really well and know what he needs, they do what we do at home, they use those same techniques."
- We observed lovely, kind, patient and caring interactions between staff and people. For example, we saw a staff member singing to calm a person down, it was clear they knew this person well as, almost instantly, this helped the person.
- Healthcare professionals said, "I always found the staff caring", and "It is a very good caring service".
- Staff went above and beyond to ensure people were cared for and they demonstrated real empathy. For example, for a person who was bi-lingual the staff took it upon themselves to learn certain phrases to assist in communication. Another example is following a bereavement in a person's close family the staff created social stories to help them understand and process their grief. A social worker explained further, "They have been really good after a family loss, very supportive and liaising with the family." We were also told by a family member how a support worker popped in to meet them on their day off when they were visiting the home prior to their loved one's admission.
- Care plans had been developed with families which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

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

- Staff used a variety of personalised and innovative tools to help people communicate and express their views. These included 'talk time sessions', dedicated time spent with people using their identified ways of communicating to encourage them to express their views and preferences.
- Family members all confirmed that they were involved as much as possible in making decisions about their loved one's care.
- Family explained how people themselves were supported to express their views. One said, "They are

encouraging him to make choices by using the appropriate communication models. He will choose food. They are helping him to access and make choices within activities also." Another explained, "They give him choices. He will always have a choice of where he wants to go."

- At the time of the inspection, no one required an advocate to speak on their behalf as they all had family who were able to do this. However, the registered manager assured us that they would facilitate and arrange for an advocate if required.

Respecting and promoting people's privacy, dignity and independence

- Respect and dignity were at the heart of the home, it was clear to see in the interactions between staff and people.

- Spring Bank had dedicated dignity champions who had an active role in team meetings and completing dignity observations.

- Staff knew people well and could anticipate their needs. They recognised the early signs of distress and supported people in a respectful way.

- Staff actively encouraged people's independence using specific techniques that they knew people responded to. For example, a member of staff described how she used hand over hand to encourage and enable a person to do certain things rather than just doing it for them.

- People had keyworkers who were identified by the way people interacted with them and who they had built the best relationships with.

- Families felt included and respected, one family member said, "They listen, they respond, and they value input from parents."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Families believed that the reduction in their loved one's behaviours was down to the meaningful and personalised activities that the staff supported them to access and the relationships they had forged.
- People were engaged in activities throughout the day, both in and out of the home. Within the home they could choose to spend time in sensory rooms. Outside they had access to swings, trampolines, a hot tub, pool table and gym within the property grounds. Beyond the grounds, but still within the providers land, there were polytunnels, allotments, a sand pit, a sensory fire engine, a large soft play area, woods and a volunteer run day centre. People from Spring Bank were welcome to take part in the activities taking place at the day centre and regularly joined in with music and arts and crafts sessions. This also encouraged new friendships.
- Staff supported people on a daily basis to access the community and take part in activities and follow interests. Some examples of this are horse riding, swimming, cinema trips and the hydro pool.
- Staff were always looking for ways to broaden people's horizons and give them new experiences. One family member said, "They took him to a light extravaganza, which lasted more than the two hours [of two to one staff time commissioned], but they are always working ways around to ensure people have experiences." Another described how staff had supported their relative to take a train to Sheffield, which was a big achievement for the person.
- Staff also ensured that people were enjoying cultural relevant activities and celebrating religious holidays. For example, one person was taken to Birmingham to see a bhangra show.
- People were supported to visit their family's home, ensuring that important relationships were maintained. A social worker said, "Staff have worked with the family to help the family understand [person's] triggers, it has been very successful and the level of behaviours when he is visiting have reduced."
- People were supported to go on holidays, some for the very first time. One family member said, "He had a lovely holiday, to the Lincolnshire coast, it was a specialist holiday and staff went with him." Family were also involved in choosing the destination so that it was meaningful for the person, for example going to a place that the person had holidayed when they were younger.
- Staff supported people to get the most out of their experiences. For example, a family member told us that their loved one had sessions with a music interactionist. Staff from Spring Bank stayed in the sessions and continued to support him, the family member received feedback that since this new placement they had never seen him so interactive.
- People were supported to have friendships with those living at the home, where appropriate. For example, the registered manager had noticed that two of the people got on quite well and arranged for them to do activities together.

- A family member said, "I'm so grateful. He is getting the quality of life that he deserves."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- All the people living at Spring Bank had specific communication needs. Staff met these at an individual level as each person responded to different models of communication. Staff took the time to learn and understand people's various forms of communication.
- Some people used Makaton, others responded better to pictures. Makaton is a language programme that uses signs, symbols and speech to enable people to communicate. The staff ensured that no matter what a person's preferred way of communicating was, they were enabled to communicate both inside and outside of the home. For example, a person had a wallet full of photographs to use to express themselves to staff when out in the community.
- Social stories were used to help people understand certain situations or to process certain emotions
- Information was available in an easy read format; however, for the people living at the home at the time of the inspection this was not required.

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

- People's care plans were exceptionally personalised and detailed to give clear guidance for staff to provide support in a way people preferred.
- Spring Bank worked in collaboration with families and professionals, their input was valued and included in plans. A family member said, "We are always involved in everything, everything is run by us." Another said, "We are involved in the care plan reviews, all the time, they will speak to me and get my ideas and we bounce off each other. It is really lovely. They are coming up with new ideas for him."
- The registered manager and staff had a beautiful way with people and outstanding skills. A person-centred approach appeared to come naturally to them. A family member said, "I am thrilled, I could not have imagined that things would go as well as this, they have worked so hard and understand him."
- Staff used an innovative way of ensuring people themselves were listened to and empowered to be in control of their care, through the use of 'learning logs'. 'Learning logs' were live documents that included things staff had learnt about the person, what was working well or not so well in activities or in certain settings and what they had learnt about people's preferences.
- Plans were clearly live documents. In addition to regular reviews, plans were updated whenever staff had identified anything new about how a person wanted to be supported, or their likes and dislikes.
- Staff were not only provided with information on how to support the person but also information on what was important to them. For example, information on a person's faith and why certain religious holidays would be important to them.
- Plans included a section "This is my Life", to enable to staff to learn about a person's background, how their specific conditions may affect them, their routines and things that are important to them.

Improving care quality in response to complaints or concerns

- At the time of the inspection Spring Bank had received no formal complaints or concerns since being under the current provider.
- Spring Bank had a complaints policy and procedure in place, this was shared with people's families and an easy read version was available.
- A family member said, "I've had no complaints for such a long time, I don't see anything that [person]

might not like." Another said if they had any concerns they "would contact [registered manager] I have confidence [registered manager] would act on it." Another said, "If I've got a problem and even if [registered manager] is not on duty, she will be there to have a talk face to face."

End of life care and support

- At the time of the inspection, there was no one being supported with end of life care. However, staff had explored people's end of life wishes and these were recorded in their care plans.
- People's families had been engaged when developing the plans and the MCA had been considered. Plans included people's religious wishes and potential support to families of people too.
- Some staff at Spring Bank had recently attended a provider wide staff forum in which a session was dedicated to end of life care. All staff had been trained in end of life care awareness.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Spring Bank was led by an incredibly person-centred and positive registered manager whose empowering and inclusive ethos was shared by their staff team. This was recognised by families and visiting health professionals alike. One family member said, "They have a real heart for people with learning disabilities."
- Staff were highly motivated, and it was clear they really enjoyed working there. A family member said, "They [staff] are a really nice lot, and it's obvious they really like [registered manager] it seems like a happy ship." A staff member said, "All the staff are 100% dedicated to supporting people, they are fantastic with them. People are really happy and settled, it shows in how far they have come."
- Without exception people's families were really happy with the positive outcomes that staff at Spring Bank helped their relatives achieve. One family member said that the management were "very hands on and always thinking of ways to make things easier for [person]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a strong commitment to being open and transparent with families and relevant bodies at all times, especially if anything went wrong.
- A family member explained, "Anything at all they will ring me up, however little, it is just to keep me up to date." Another said, "What impresses me is the professionalism...I got a phone call very quickly apologising and it [plans] were reviewed...they won't cover it up."

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

- There was a clear organisational structure in place that worked well for the home. The registered manager was respected and supported by their staff team. People's families knew both management and staff well and spoke positively about them. One family member said. "[Registered manager] is a strong leader...she is totally awesome. I am really pleased, she is like a long lost sister."
- There was a strong provider oversight of the home. The head of care (HOC) attended the home on a weekly basis as support for the registered manager. The HOC also completed quarterly quality reviews on each area of care provided, staffing and the home, with 160 plus criteria being checked. Action plans would then be completed by the registered manager and would be checked by the HOC on a regular basis to ensure progress. The HOC fed back to the board of the provider which demonstrated a clear governance structure and enabled quality improvements where necessary.

- People's families spoke very highly of the new provider and recognised the positive impact they had on the people living in the home. One family member said, "I am impressed with Blue Sky, I have spoken to the head of care, they have been in there every week, they are very hands on. Its clear money is being spent."
- The registered manager completed their own internal checks on the quality of care and home, as well as checks on a regular basis on staff competencies and quarterly practical observations.
- Staff felt supported in their roles, they had confidence in management and understood their duties. They had bi-monthly one to one's where they received feedback and were encouraged to progress.
- The registered manager understood their regulatory duties and requirements and complied with relevant regulation.

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

- People's families felt truly engaged. One said, "I'm fully involved, and I expect it to continue, I am really pleased and relieved." Another said, "[Registered manager] is a very hands on manager, we get sent photos now and get contacted and sent emails. We get sent a monthly newsletter, which shows us what [person] is doing."
- A social worker spoke positively about how the registered manager was "very flexible" and arranged meeting times around family's commitments. For example, going to their home before they started work, to ensure they felt included and valued.
- Although most people could not express themselves verbally they were still actively engaged and involved. Through 'talk time' staff sought to evidence an individual's reaction/interaction through methods other than verbal. This promoted choice, empowered people to have control and ensured individuals continually had opportunities to try new things to have a more diverse and meaningful life. We saw that people were being treated as equal and as individuals, this was confirmed by their families.
- Staff had made a person-centred calendar, which was used to support communication and give visual clarity to an individual. This supported their need to know who will be supporting them each day and when visits were taking place, calendar's included actual photographs of locations.
- Staff felt included in the organisation and spoke positively about the communication from the new provider, they were kept "up-to-date with the changes". Staff were invited to an annual provider wide staff-forum, a team leader away day and received a bi-annual newsletter.

Continuous learning and improving care

- There was a strong focus on continuously learning to improve the quality of care provided. For example, the dignity lead, registered manager and nominated individual held quarterly meetings to discuss areas for improvement and issues in the sector. Following a television program about poor care and extreme mistreatment of people with learning disabilities, they had a meeting about how the culture in a home can easily change and how they can avoid this happening.
- The registered manager was committed on being up to date with latest guidance and ensured this was shared with their staff team. Distance learning was sourced for staff to improve their understanding for the sector and quality of care provided.
- The registered manager attended monthly managers meetings to share ideas and learning with other registered managers within the provider.

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required. All the professionals we spoke to were highly positive about Spring Bank.

