Guinness Care and Support Limited

Spurfield House Residential Home

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 26 and 28 November 2014 and was unannounced.

The service was previously inspected on 10 December 2013 and was found compliant with all the regulations inspected.

Spurfield House Residential Home provides accommodation and personal care for up to eleven adults with an enduring mental health condition. Some people had lived there for a number of years while others had been living there for less than a year. The home also provides short term respite care, although at the time of our inspection, there were no people staying for respite. People were physically able but needed support with

Summary of findings

aspects of personal care at times. Staff support was provided at the home at all times and most people required the support of a member of staff when they went out.

People's needs were assessed and individual care plans were developed. However some of the care records did not accurately reflect the latest risk assessments which meant that people were at risk of not receiving the right care. Some daily notes did not always show whether the actions identified in the care plan had been undertaken. The registered manager said that this had been identified in a recent audit undertaken by a senior manager and an action plan was being drawn up to address the issues.

People said they liked living at Spurfield House and that they felt safe and happy. Staff supported people to go out to activities, including one person visiting the hairdressers, another person going to a local church group and several people shopping in the local area. Staff responded to people's physical and mental health needs and supported these needs by liaising with other health and social care professionals, including a person's GP. Where there were concerns about a person's capacity, staff took appropriate actions to ensure they were assessed.

Action was also taken when needed, to address any issues with the physical environment of the home. For example, the provider had taken appropriate action to ensure people's safety when they identified issues with the roof of the home. This included erecting barriers to protect people and arranging for repairs to be undertaken until the roof could be retiled.

Where there were concerns that a person may have been abused, the registered manager reported the concerns and worked with the local safeguarding team to protect the person.

Staff appeared relaxed, calm and friendly when working with people in the home and supported them to be independent, where this was possible. People said they were encouraged to have friends and family to visit. One person said that they were able to lay on a private buffet at Christmas time for their family which helped them remain in touch with them. Staff and people also organised a party for all the people, their friends and relatives as well as staff just before Christmas. Staff and people living at the home ate meals together and chatted about what they had been doing.

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 and associated Regulations about how the service is run. People living at the home, staff working at the home and visiting professionals said that the manager was very good in their role and communicated well with them. The manager had developed strong links with the local community, which had led to people living at Spurfield House being able to get involved in village events.

The registered manager and staff were able to describe the vision and values of the provider, to promote and encourage people to live fulfilled lives as independently as possible whilst living in a safe environment.

Staff were supported with training and supervision. This included training and support when they first joined the home as well as on-going training to help them undertake their role more confidently. This included specific training around individual people's needs, such as diabetes. Staff were also supported to undertake nationally recognised qualifications.

There were systems in place to monitor the quality of care delivered. These included checks by staff and managers as well as quality assurance processes. Senior Staff communicated with the registered manager regularly and also undertook visits to the home and audits of staff practice. This meant that there were systems in place to monitor the care provided and support improvements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to record keeping. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People said they felt safe and happy at Spurfield House.

There were sufficient staff to support people to live at Spurfield House safely. Safe recruitment procedures were followed to ensure applicants were suitable for the post. Staff took appropriate action to support people safely, which included involving other health professionals where needed.

Staff were able to describe how to protect vulnerable adults and records showed that they had reported concerns appropriately to the local authority safeguarding team.

People's medicines were stored and administered safely.

The provider had taken appropriate action to ensure the safety of the building when problems were identified.

Is the service effective?

Good

The service was effective.

Staff had a good knowledge of people's individual needs and how to meet them. Staff were provided with training to support people with different needs.

Staff took appropriate actions when they were concerned that a person living at the home might not have capacity to make decisions.

People using the service had access to health and social care professionals to make sure they received effective care and treatment. Staff supported people to attend appointments with other health professionals.

People were supported to have a healthy balanced diet.

Is the service caring?

Good

The service was caring. There was a friendly, welcoming feeling in the home and people were open and chatty with each other and with staff.

People and visiting professionals all said that staff were caring, friendly and respectful. Staff showed in-depth knowledge about the people they were caring for and were able to talk about what they could do to ensure people had fulfilled lives.

Staff chatted to people about what they wanted to do and encouraged them to get involved in a range of activities.

Summary of findings

The registered manager and staff encouraged friends and family to visit people living at Spurfield House. People who moved from Spurfield were also welcomed back on visits to the home, which helped maintain relationships.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Whilst there were detailed care plans and daily records, these did not always reflect the care that was provided. Records of assessment of needs and risks were not always updated in the care records when there was a change.

People were supported to be as independent as possible and were encouraged to take part in activities which would help them gain independence. These included activities in the home and in the local community. This helped some people move to more independent living accommodation over time.

People received individualised care which met their needs. If people had a concern or complaint, staff would discuss this with them and try to resolve the issue.

Is the service well-led?

Good

The service was well-led.

People living at Spurfield House said that the manager was very approachable and would always help support them.

The registered manager communicated with well with people and staff and liaised with other professionals to ensure that good care was delivered. Health and social care professionals all said that the registered manager communicated well with them and that they trusted her to support the staff to deliver good quality care.

Staff had a clear understanding of the vision and values of the organisation.

There were systems in place to monitor the quality of service delivered and action plans to address areas where improvements were needed. Senior managers were also involved in quality assurance processes.

Spurfield House Residential Home

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.

The inspection took place on 26 and 28 November and was unannounced. The inspection team consisted of two inspectors on the first day and one inspector on the second day.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the visit we examined previous inspection reports and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

During the inspection, we spoke with the registered manager, five staff and four of the nine people living at Spurfield House. We spoke with two people from a local organisation who run community activities, which people living at Spurfield House are involved in. After the inspection, we spoke with a person who commissions care for people living at Spurfield House, a GP who people at Spurfield are registered with, and a health care professional who provides them with mental health support. We also spoke with two family members of a person living at Spurfield House.

We reviewed three care records and medicine administration records for people at Spurfield House.

Good

Is the service safe?

Our findings

People said they felt safe living at Spurfield House. People living at the home appeared very comfortable and relaxed with the staff who supported them.

The provider had taken reasonable steps to minimise risks to people. Staff undertook an assessment of each person's needs and risks, when they first came to live at Spurfield House. These assessments covered their physical health, mental health, social, cultural and spiritual needs. Risk assessments covered whether people were able to go out independently. People were free to move around the house and garden and had unrestricted access to their bedrooms. One person said ''I can come and go as I like. If I want staff to come with me to town, because I don't want to be alone, they will''. People were able to use the kitchen, with and without staff support, to make drinks and snacks.

Staff were trained to recognise signs of abuse and knew what to do if they had a concern. Training records showed that all staff had received training in safeguarding adults. Although the records showed that 47% of staff had not received any training update in the last two years, staff were able to describe what they would do if they had a concern that a person was being abused, which included reporting their concern to the local authority safeguarding team. There were records about a safeguarding alert which had been raised with respect to one person living in the home. Whilst the alert did not relate to abuse by anyone either living or working at the home, the registered manager had worked with partner agencies and been involved in safeguarding strategy meetings to address the concerns. There were also records showing staff had called the safeguarding team to discuss concerns about other people and the outcomes from these discussions.

There were sufficient staff to keep people safe and meet their needs. The staffing levels had been determined by the level of need for the people living in the home. The registered manager said that were three care staff plus herself on duty when we arrived. In addition there was also a cleaner and a handyman working at the home on the day of our visit. There were enough staff to help people undertake activities of their choice safely both in and out of the home. Risk assessments outlined the level of support people needed both in the home and when using community facilities. One person, who required staff to support them if they went out, said there were enough staff normally to ensure that this was possible. Staff said that though they were busy, they had enough time to work with people and respond to their needs.

There were checks in place to ensure that staff were recruited safely, including interview procedures, obtaining references and checking with the Disclosure and Barring Service (DBS) before a person could start working at Spurfield House. New staff were also expected to complete an induction including training in safeguarding adults and personal safety.

Where one person's needs had escalated after coming to the home, the registered manager had taken steps to ensure their safety by arranging for them to move to a more appropriate environment.

People were expected to smoke outside the home, although one person had smoked in their bedroom. Staff had put in place systems to reduce the risk of this causing a fire and had also worked with the person to stop it happening, which had been successful over the last year. We were given permission to see this person's bedroom and found no evidence of smoking in terms of smell or cigarette butts. Cleaning staff were able to confirm that they had not had to clean the room of cigarettes for a number of months.

The provider had systems in place to ensure the safety of people in the event of a fire. An external specialist company undertook an annual review of fire safety at Spurfield House, the most recent inspection had taken place in October 2014. Their report could not be reviewed as it had not been received at the time of inspection, however the previous report, which had followed the inspection in October 2013, had identified no major concerns. Actions to address minor concerns identified in this report had been carried out.

The provider had submitted five statutory notifications in the last twelve months relating to incidents at the premises which had caused disruption to the service. One of these related to the telephone line not working and the other four were concerned with the state of the roof and a cob wall. The provider had taken appropriate actions to ensure that the building and grounds were safe and that an action plan was in progress to replace the roof and repair the wall. Whilst waiting for this work to be carried out, the provider had installed safety barriers around areas where there was

Good

Is the service safe?

a danger to people. There was evidence that daily checks were being carried out by staff to identify any new areas of concern and weekly checks were being undertaken by a surveyor. In addition, remedial actions were being carried out to address some of the issues including repairs to a ceiling in a bedroom where water had seeped in. Staff took appropriate action to stop a person moving into an area where there was a risk of tiles falling off the roof. The provider also had emergency contingency plans to ensure people's safety in the event that further damage to the roof made some, or all, of the home uninhabitable.

People received their medicines safely and on time. A senior staff member was responsible for the overall management of medicines. He had created a specific medicines folder with helpful information and clear policies for staff to follow. Medicines Administration Records (MARS) were completed correctly. Audits of medicines were undertaken at the end of each month by staff at the home and also by the head office. These identified where there were any discrepancies and what actions had been taken to investigate where necessary. All care staff received one day training on medicines management, followed by an assessment of their practice. Where staff were not fully competent, they continued to be supervised until they successfully completed their competency assessment. There were records of all medicines that had been ordered, delivered and returned to the pharmacy. Where people refused to take their medicines, this was recorded and the medicine returned to the pharmacy. If this continued the GP would be contacted for advice.

Good

Is the service effective?

Our findings

The service was effective in supporting people.

Care plans had been developed to address people's needs. The care plans had been reviewed regularly and amended where needs had changed. The care plans showed evidence that the opinions of other health professionals had been sought when staff did not have the necessary skills or knowledge. These included supporting people with appointments with their GP, dentist, mental health coordinators, epilepsy nurses and diabetic nurses as well as for outpatient appointments.

For example where one person's physical health had deteriorated, records showed the person's GP had been contacted and appointments had been arranged at the hospital. Another care plan had been updated with actions identified for staff to undertake if a reoccurrence happened of a person having a seizure.

People's capacity to make decisions for themselves had been assessed. For example, staff had assessed people's capacity to go out on their own and identified that everyone was able to do so, although some people preferred to go out with staff when they went into the city. People's capacity to manage their own finances had also been assessed and two people were the subject of a Court of Protection order to support them. Some people also chose to have their money stored securely in the office, although the manager said that they knew how much money they had and could ask for it whenever they wanted it. People came to the office and asked for specific amounts of money, which they then received.

The registered manager and staff understood the Mental Capacity Act (MCA) 2005 and how it applied to their practice. Eleven staff had received MCA training in the last twelve months, including the registered manager and a senior care worker.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff had a clear understanding of the MCA and how to make sure that people who did not have mental capacity had their legal rights protected.

At the time of our visit, no one who used the service was subject to the Deprivation of Liberty Safeguards (DoLS) as set out in the MCA. However there was a policy and procedure in place to make sure staff were aware of the process to follow if it was felt people required this level of protection. One care worker said '' You can't deprive them of anything, their liberty is their life''. The registered manager spoke on the phone and sought guidance from a health professional as to whether an application for a DoLS would be appropriate for one person, although it was subsequently decided it wouldn't be. It was agreed instead an application to the Court of Protection would be made to support the person in the management of their finances. Care records showed the management of the finances for the two people who were under a Court of Protection order was the responsibility of another organisation. Records showed staff worked with the other provider to ensure that they had the necessary information to support the person effectively.

During the staff hand-over, staff discussed whether one person understood the nature of a recent diagnosis and what needed to be done to ensure that they received the right treatment as the person did not want to visit the GP surgery. A decision was made to arrange that the GP would visit the person at the home instead, so that the treatment options and consequences could be discussed with the person in more detail. This showed staff involved other health professionals to ensure people received effective care.

Staff had the knowledge and skills they needed to provide care for the people they supported. Training records showed that the staff who had started working at Spurfield House in the last year had completed induction training. The provider ensured staff undertook mandatory training and also offered a range of additional courses to support them in their role. One care worker commented "you can't get away from the training." All care staff had undertaken training in moving and handling, safeguarding adults, food handling and the majority of staff had received equality and diversity training. 78% of staff had completed fire training although four of these staff had not refreshed their training for over two years.

Staff were supported to undertake nationally recognised qualifications such as the National Vocational Framework (NVQ) in Health and Social Care. Training records showed four staff had started a qualification in the last twelve

months. Staff had also received other training to help them work with particular people. Most recently fourteen staff had received training in Mental Health, which staff said was “really good”. Other training that staff had undertaken in the last year included managing challenging behaviour and diabetes awareness.

Care staff said that they had regular formal meetings with a senior staff member to discuss their practice. These included supervision every 6 weeks and two appraisals each year. A care worker said '' It's a good review of my ability as a staff member and what could be done better in the home ''. Staff were able to get support from the registered manager and senior care workers when they needed it. There were frequent interactions by the registered manager with staff, where guidance and support were provided.

The registered manager encouraged people to reduce or give up smoking, but said they had very limited success. They explained they had worked with the local GP and smoking cessation team to support people in using e-cigarettes and with nicotine patches. One person said they had managed to reduce their cigarette consumption so that they now only smoked twenty rather than sixty cigarettes a day. They said they hoped to reduce this down further to ten cigarettes a day in the New Year.

Staff were able to manage situations where people became upset or aggressive. Staff said that there were odd occasions where people got angry and aggressive. They described two instances in the last two years where staff had been hit, but said that this was very unusual. Staff said it was the policy that they did not physically restrain people, but they had been trained to use de-escalation techniques instead. They described an occasion when they had used these techniques to defuse a situation where they had felt threatened. They had been able to ensure their own safety by avoiding eye contact and backing away from the person whilst still facing them. An incident involving a staff member being hit in recent months had been recorded. The issue had been discussed with the person and the staff member had received support. The manager also described how they had arranged for one person to be moved to a different service when their needs had escalated and it had been felt that there was a risk of aggression.

The living room was furnished comfortably and provided a communal area which people used to socialise in. People were also encouraged to decorate and furnish their rooms to their own taste. People said they thought the lounge was really attractive, homely and comfortably furnished.

Visits by families were encouraged and people said that they were able to have private family get-togethers in their bedroom, which they really enjoyed. They described how they were able to lay on food and drink for these events and this helped them maintain relationships. Relatives of another person said that when the person had started living at the home, they had not had the confidence to travel on public transport by themselves. The relatives said that staff had gradually helped to improve the person's confidence so that they were now able to travel on the bus to visit them regularly.

People were supported and helped to have a healthy balanced diet. Staff did most of the cooking at the home, but people were encouraged to help if they wanted to get involved. People said they had meetings to discuss menu options and staff were always happy to cook them something as an alternative if they didn’t want the planned meal. One person said they had been encouraged by staff to lose weight successfully which they were “really pleased with”. They said staff had supported them to eat their main meals in their room on occasions as this stopped them being tempted by some food they were not supposed to eat on their diet. Some people liked to buy some of their own food and drink and staff would go to the shops with them if they wanted to buy this. During the visit, staff prepared food for one person who wanted scrambled eggs on toast for a late breakfast, although other people chose to get their own breakfast. Staff also prepared a selection of sandwiches for people to have for lunch. Throughout the day, people accessed the kitchen and made drinks and snacks for themselves. One person also said they had made a Christmas cake and Christmas pudding which they were planning to share with others.

The GP said the staff at Spurfield were very good at supporting people with their physical and mental health, and involved other health professionals when needed. A mental health care coordinator said that, whereas in the past, Spurfield had been seen by some people as a “home for life”, people living there now were supported to move on to more independent living if that was possible.

Good

Is the service caring?

Our findings

Staff respected people's dignity and privacy. People said they really liked living at Spurfield House and were "very happy". One person said they found it "A really good home and staff were very friendly." Another said '' The staff are wonderful, very kind. It's a lovely place to live''. Each person had their own bedroom and had been encouraged to decorate and furnish it according to their personal preferences. Staff knocked and asked people's permission before entering people's bedrooms. Staff sat with people in the communal areas offering them opportunities to chat. Staff also offered a person privacy to talk away from others when they were upset.

People were supported with kindness and patience by staff. They said that all the staff were helpful and supportive. Staff chatted to people about what they wanted to do and how they could be helped to achieve this. One person who had not had a restful night said they had chosen to have a lie-in and staff had left the cleaning of their room until later in the day. In the staff hand-over meeting, the care workers discussed what one person could do instead of visiting the local coffee shop which was closed for a few days. They talked about other options that could be offered to the person which included looking at alternative places to get a cup of coffee.

People were encouraged to get up each day and make plans for what they wanted to do, but staff said they recognised that people's needs varied from day to day. Some people said they preferred to spend more time in their room whilst others enjoyed moving around the communal areas inside and outside. Staff spoke with people throughout the day and reached agreements about their preferences and plans for the rest of the day. Staff said that they expected people to change their minds at times and were happy to support them with the changes. . For example one person appeared confused about what they wanted to do and staff took the time to discuss the choices and support them to make a decision. Staff had individual conversations with people where they appeared to be upset and showed compassion and understanding. One care worker said '' If they don't want to do something, that's up to them, I have a good relationship with the residents and listen to their views''.

Visiting health and social care professionals all said that the registered manager and staff were always really caring and very respectful with people. One health professional said that Spurfield House "is one of the nicer places I work with". Another said "Staff are great. . .very generous, show affection and give people freedom. They are very happy."

The dining room was arranged so that staff and people ate their meals together around one large table. Staff said this helped create a homely atmosphere which supported people to interact well with each other. People and staff chose to eat and drink together, using the time to also talk to each other about what they had done. Staff and people living at the home appeared to take positive care of each other, for example one person who had been to the hairdressers was complimented about their new hairstyle.

On the second day of our inspection, the home was decorated for Christmas with a Christmas tree in a communal area. One person commented that Christmas was very important to them and they enjoyed the celebrations at Spurfield House and were particularly looking forward to the party that was planned. They described how they invited friends and family to the party and said the food that was laid on was "really special". Another person was involved with the local church and went to services and events that were arranged there.

Care records contained a pen portrait of the person which provided information on their background and family, what they liked to be called and what the person liked and disliked in terms of food and activities. There were photographs of the person in their file. During a staff hand-over meeting where each person was discussed, staff talked about how pleased one person was because of activities they had been supported with. They said they hoped this would help the person gain confidence. Staff also talked with compassion about another person who felt unwell and discussed what they could do to support them, which included helping them to understand what their options were in terms of treatment.

The registered manager said people living at Spurfield had access to a local advocate who visited the home to support them. They also had access to a national organisation which provided advocacy services when required.

Requires Improvement

Is the service responsive?

Our findings

People said that the service responded to their individual needs, however we found that the way some information about people's needs and care was recorded needing improving.

People had been assessed when they first came to Spurfield House and care plans had been developed based upon their needs. Risk assessments and care plans were updated regularly each month and when a specific issue arose. However, not all the risks and needs identified for a person had specific plans associated with them. Some of the daily notes recorded by staff did not reflect the information in the care plans. For example one person's illness and their understanding of it was not fully documented in their care plan nor were the actions to address these concerns recorded. This meant that staff might not address the needs of the person appropriately if their condition got worse as they might not have complete information.

Staff said there had been some training about record keeping and there was a notice on a board in the medicines administration room which provided information to staff about what well written daily logs looked like. However the care records did not show very much evidence that this advice had been taken. Some of the daily notes were also difficult to read and did not reflect the planned care or delivered care. This meant that staff coming on duty might not be aware of changes to a person's need and the care provided.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager said that a senior manager had undertaken an audit of some of the care plans and had identified that there were some concerns about them. They added that the senior manager was planning to do some further work with staff to ensure that these issues were addressed with staff.

At a hand-over meeting for staff who were due to be on duty during the afternoon, people living at the home were discussed in turn and all the staff at the meeting contributed to the discussions. The meeting was run by a senior care worker, with the registered manager and two other care staff present. However, no documentation was used during the meeting. Observations about what had happened during the morning were all from memory and the hand-over meeting did not have minutes taken. This meant that staff who were due to come on duty may not have been given all the relevant information about people.

People received individualised care which met their needs. For example, one person had been identified as someone who wanted to socialise with other people outside the home. There were records showing the activities they did to address this need. Daily notes showed that they had undertaken these activities each week.

Some people said they were happy to go out on their own to the shops and into the city, whereas others said they did not feel comfortable doing this. We reviewed care plans where this information was recorded. Staff accompanied some people to undertake activities of their choice such as visiting the hairdressers. Other people were encouraged to attend a local church coffee morning and go on a shopping trip by themselves. One person said they enjoyed cooking and liked to help in the kitchen, while another person said staff had been supported to have art sessions with an external tutor. They showed us artwork they had produced which had been displayed in the home.

The service was effective in supporting people to become more independent. For example, one person said that they were being helped and encouraged by staff to move to accommodation where they would have greater independence. They said they wanted to consider this but as they were anxious, staff were giving them time to reflect as they wanted to make sure it was the right move for them. The registered manager said that although some of the people had been resident at Spurfield House for many years, they had been able to support and encourage other people to move to accommodation where they would have greater independence. They said these people still visited Spurfield House from time to time and were always welcomed, They said they believed this was important as it helped people to have confidence about their increased independence and also helped them maintain relationships with people they used to live with.

Although some people had been helped to move to supported living placements, the registered manager said others were very resistant to moving from the home. Some people did not want to become more independent in terms of cooking and cleaning as they thought this might mean that they would have to live elsewhere. The registered

Requires Improvement

Is the service responsive?

manager said they worked with these people to try to overcome their fears but recognised that it was a very long process. Some people told us they enjoyed helping with daily chores, including cooking and cleaning.

Some people said they had been involved in writing their care plans, however records did not reflect whether they had or hadn't been involved and, if they hadn't, whether this had been their choice.

While all staff worked with everyone living at the home, each person had a named key worker who would take the lead on their care and support. A key worker discussed with the registered manager how it would be helpful to involve another member of staff in talking to a person when it was necessary for them to move to another bedroom. The registered manager and the key worker agreed that this other member of staff might have a better chance of success as the person had so far refused the key worker. This showed staff took into consideration how to respond to different situations.

People said they generally enjoyed living at Spurfield, but that if they had a concern or a complaint, they were always happy to discuss this with staff who would help to resolve the issue.

The registered manager said people would normally come and discuss with them if they had a concern or complaint and these were therefore usually dealt with informally. However, they said people would also raise concerns with other members of staff during one-to-one sessions and group meetings. One person during our visit came to the office to talk to the manager about a concern they had. The manager talked the problem through with the person and agreed a plan of action. One staff member explained how one person had complained because they had received their personal monies late. They had helped them write a letter to the provider, who apologised and put measures in place so this would not happen again.

A social care commissioner said "the manager always assesses people before taking them on to ensure that they will fit in with the current people". People said that although they preferred some people to others, they enjoyed the friendships in the home.

Good

Is the service well-led?

Our findings

The service was well led by a registered manager and a senior support worker. Everyone said the registered manager was very approachable and always helpful. One health and social care professional said, "It is well-led, the manager leads staff and ensures staff are well trained." Another described how the registered manager was "always communicative" and that they trusted her. They said the registered manager "moves people on appropriately and works in a 'Recovery style'."

People and staff said they thought that the home had a clear vision of what it offered, which included supporting people to live as independently as possible with dignity and respect. There were examples of staff promoting this culture, working with individuals to ensure that they had the opportunities and experiences that they wanted. This included supporting relatives and friends to be involved with people whenever they wanted.

A healthcare professional said they felt that the administration of medicines had improved in the last year. They said staff at Spurfield House had "good communications and were robust".

The registered manager had developed strong links with the local community. The registered manager had spent time fostering relationships with local organisations and businesses by giving talks to groups of people. This had helped encourage an awareness of the home so that people living there felt welcomed when they went out. For example, people from Spurfield House got involved in village events throughout the year including an annual Christmas tree competition and an annual scarecrow competition. The registered manager said the local community were very supportive and had got to know many of the people who lived at Spurfield House which meant people felt comfortable going out to a pub and coffee shop in the village. This helped to ensure people had social interactions outside the home. Two people from the local community visited to discuss forthcoming village events. They said they viewed Spurfield House as part of their community and that the people in the home were recognised and welcomed when they went out.

Staff said they could always get support from the registered manager or from the senior care worker on duty if they had a concern. They were able to make suggestions for improvements to the service and their opinions were taken into account. One member of staff said that they had been given responsibility to work on the décor of the communal areas which they had enjoyed and which people living at the home thought were "great improvements". The registered manager recognised that interior design was a particular strongpoint of this member of staff and therefore had asked them to get involved. This showed that there was an open culture in the service and staff felt able to get involved in improving the service.

Managers responded to feedback from staff and took appropriate action where needed. Staff said that they thought at times the senior managers at the provider's head office had not always understood the needs of the people they worked with. They added that over the years there had been additional pressures which included taking people on respite. They described how these people sometimes had some more challenging behaviours which, at times, made them more difficult to work with. However staff also said that managers had recognised this and had provided some training in supporting people with mental health problems "which was really good" and had helped them in their role. They had also requested other training to support them working with people with personality disorders, schizophrenia and people who self-harmed. This showed the provider had responded to staff needs and supported them with additional training.

There was a programme of training and formal supervision for all staff including the registered manager. Staff said the supervision offered them an opportunity to discuss their work and highlight any worries or concerns, which helped them in their work.

The registered manager had an 'open door' policy which meant that people living at the home and staff were able to come in and talk to the manager freely and easily.

Managers monitored the home's environment and took action when needed. For example a senior manager provided a detailed action plan about building works undertaken on the roof and cob wall. The plan included actions for senior managers as well as staff working at Spurfield. This showed managers at all levels were aware of the problems and had, or were going to, undertake actions to address these.

Senior managers from the provider's head office were in regular contact with the staff at Spurfield House. This

Good

Is the service well-led?

included visiting the home to provide support and guidance. For example a senior manager had undertaken an audit of care records, in which they had identified some concerns about the quality of the care plans. The registered manager said the senior manager had agreed to undertake some training and support to improve this. This showed that the provider took an active role in monitoring and supporting improvements to the service.

The registered manager submitted statutory notifications to the Care Quality Commission when incidents such as disruption to the service occurred.

People were encouraged to get involved in meetings where changes and improvements to the home were discussed.

People said they had requested to have more access to the kitchen so that they could make snacks and drinks, which they were now able to do. People also said that their opinion had been sought about changes to the décor of the house. This showed that people's opinion was taken into account and valued when making decisions about the home.

The registered manager undertook audits, such as a safety audit of the building as well as quality monitoring checks from time to time. The registered manager had a clear understanding of their role and responsibilities in terms of monitoring the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People were not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each person including appropriate information and documents in relation to their care and treatment. Regulation 20 (1)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.