

Community Homes of Intensive Care and Education Limited

Springfield House

Inspection report

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Date of inspection visit:
09 January 2018
15 January 2018
16 January 2018

Date of publication:
28 March 2018

Ratings

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

Summary of findings

Overall summary

We inspected Springfield House on 9, 15 and 16 January 2018. Springfield House provides accommodation and personal care to seven people who had a learning disability, mental health needs or were on the autistic spectrum. At the time of our inspection six ladies were living at Springfield House. Springfield House is located near the centre of Gloucester close to a range of amenities including shops and a medical centre. People were assisted by social care workers who assisted them with their day to day needs, medical appointments, day trips and a range of activities.

This was the first inspection under the current provider registration which started in October 2016. Whilst the provider's name had changed the service and its staff had remained the same. We have rated the service Good overall.

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

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 happy, safe and benefitted from an active and full life. Two of the people living at Springfield House were independent with their care however received emotional support from social care workers to meet their needs. People's ability to be as independent as possible was promoted and respected at Springfield House. People were supported to take positive risks and to be in control of their care and support. Social care workers ensured people had their medicines administered safely. There were enough staff so that people could undertake the activities they wished and be supported in meeting their individual needs and goals.

People where possible were involved in writing and reviewing their care plans, which were tailored to their individual needs. People were at the centre of their care. Social care workers knew people well and knew how to support people live a full life and achieve their goals. The registered manager and staff looked for opportunities to offer people that would help them grow, gain confidence and live a fulfilled life. People were able to participate in the quality assurance processes of their home and could undertake a variety of different training offered by the provider.

People and those important to them were closely involved in developing the service. People were enabled and encouraged to maintain and develop employment and volunteering experiences and to develop links with the community.

Social care workers were well supported and had the benefit of a training programme which enabled them to ensure they could provide people with the best possible care and support. Social care workers understood and worked to the values of the registered manager and the provider and put people at the heart of everything they did.

The service had a strong leadership presence. They were committed and passionate about the people they supported. Social care workers and the registered manager had significant support and guidance from the provider. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

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 felt safe living at Springfield House. Social care workers understood their responsibilities to protect people from the risk of harm and abuse. All staff ensured lessons were learnt from any incidents or accidents.

People were protected from the risks associated with their care and support. People were supported to take positive risks, including a range of social activities.

People's medicines were managed well through robust systems and, people were protected from the risk of infection.

Is the service effective?

Good ●

The service was effective. People were supported to make decisions in relation to their care. Where people required support to make decisions, or if they didn't have capacity to make a specific decision, the service ensured their legal rights were protected.

People's healthcare needs were met by trained and confident social care workers. The service worked with and followed the guidance of healthcare professionals to ensure people's needs were maintained.

People were supported with their dietary needs and lessons were learnt to ensure people were protected from the risk of choking.

Is the service caring?

Good ●

The service was caring. People were supported to spend their days as they choose and enjoy positive caring relationships with staff. People were given plenty of reassurance and support.

Social care workers knew people well and used this knowledge to support them in achieving their individual goals. People were at the centre of their care and they were involved in planning and reviewing their own care.

Staff were considerate of people's feeling at all times and always treated people with respect and dignity.

Is the service responsive?

The service was responsive. People received care and support which was personalised to their individual needs and preferences.

People were supported with activities and events which were appropriate for their needs, abilities and preferences.

People and their relatives knew how to make a complaint regarding the support they received. The registered manager and provider ensured all concerns were dealt with immediately and effectively.

Good ●

Is the service well-led?

The service was well led. The provider, registered manager and management team had effective management systems in place to monitor and improve the quality of service people received.

People's views on the service were sought and acted on. People were involved in the development and auditing of the provider's homes.

Staff felt supported and spoke confidently about the service management.

Good ●

Springfield House

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 was a comprehensive and routine inspection which took place on 15 and 16 January 2018 at Sunnyside House. On 9 January 2018 we also visited the regional office of the provider to meet representatives of the provider. This inspection was carried out by one inspector. At the time of the inspection there were six people living at Springfield House.

We requested and reviewed a Provider Information Return (PIR) for Springfield House prior to this inspection. 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 the information we held about the service which included notifications about important events which the service is required to send us by law. We received feedback from one health care professional and one commissioner regarding the service.

We spoke with four people who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four social care workers, the registered manager and an assistant regional director for the provider. We reviewed four people's care records and associated files. We also reviewed staff training and recruitment records and records relating to the general management of the service. We visited the provider's regional office to review the quality assurance and governance systems the used by the provider.

Is the service safe?

Our findings

People felt safe living at Springfield House and were confident they could discuss any concerns with the registered manager or social care workers. Comments included: "This is my house, I am safe here. I know I can speak to staff if I need to"; "Without a doubt I feel safe here, it's my home" and "I am safe here."

People were protected from the risk of abuse. Social care workers had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Social care workers told us they would document concerns and report them to a team leader or the registered manager. One social care worker explained how they had used the providers safeguarding procedure to ensure a person was protected from the risk of abuse. They told us "I had to raise a concern, which I did to (representatives of the provider) it was important to ensure the person was safe and that people feel safe, comfortable and respected within their own home." Another social care worker added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "We have safeguarding cards, this tells us who we can go to if we don't feel we can go to the manager or someone employed here." Social care workers also stated that they would take immediate action to ensure people were kept safe, including calling the emergency services if they felt someone was at immediate risk of harm or abuse.

Social care workers reflected on incidents and accidents to improve how they cared for people and protected them from the risks associated with their care. For example, social care workers talked about two incidents which occurred prior to the inspection. One was regarding an allegation of abuse; they talked positively how the provider supported them to reflect on the incident and the actions which needed to be taken to protect and safeguard the person involved in the allegation. One social care worker said, "We had a meeting with (representatives of the provider) regarding the concern. We discussed safeguarding and we were given safeguarding cards".

People's care plans contained risk assessments which were personalised to their individual support and development needs. Where a risk had been identified, this had been discussed with the person and a clear and comprehensive assessment had been documented. For example, one person had identified with their social care workers the risks associated with illegal drugs and the overuse of alcohol could have on their health and wellbeing. The person was involved in assessing this risk, to enable them to understand the potential impact it could have on their life.

People were supported to manage their anxieties and frustrations. For example, some people could exhibit behaviours that challenged staff when they became frustrated or anxious. Social care workers understood the triggers of people's frustrations and how to assist people when they became agitated and knew how to protect the person and others from any harm. For example, one person had previously become anxious within the home. Social care workers discussed the reasons for this and clearly understood the behaviours (as well as staff responses) which could trigger the person's anxieties. Social care workers and clinical specialists employed by the provider applied a consistent approach to assist the person, including reviewing their prescribed medicines with a GP. This had led to a decrease in the person's anxieties. One social care

worker said, "They have been a lot better recently."

Social care workers and the registered manager discussed how they constantly looked for any triggers in relation to people's anxieties. For example, the registered manager had asked social care workers to monitor the health and wellbeing of one person to identify a potential cause for their anxieties. Social care workers spoke positively about this process.

People understood the reasons for some restrictions within the home because the registered manager and social care workers had discussed restrictions with each person where appropriate. For example, people were unable to access certain draws within the kitchen unsupervised due to the risk to their or other people's safety. People understood and consented to access the kitchen with support and understood the risks to their wellbeing.

People could be assured the homes environment was safe, clean and secure. People had access to a secure back garden and had plenty of communal spaces which they could enjoy. The provider and registered manager ensured that regular checks of the premise had been made to ensure the service was safe, well maintained and free from infection. Most people living at Springfield House were independent with their personal care; however social care workers discussed the importance of keeping the home clean and tidy.

There were enough social care workers deployed to ensure people were safe and their well-being needs were met. People were supported to access the community daily, including going to medical appointments, going for coffee or going shopping. People also enjoyed spending time with social care workers within the home, such as enjoying lunch together and in the community. One person told us, "Staff are always around to be able to have a chat to."

Social care workers felt there were enough staff deployed to meet people's day to day needs and enable them to access the local community. Comments included: "We definitely have enough staff, we're a good team and we help each other out"; "The staffing is good here, we get people out and about" and "We ensure people get the one to one support they require". When necessary, such as when dealing with staff sickness the service sought additional staff from other homes operated by the provider. The registered manager confirmed they did not use agency staff, and spoke positively that social care workers understood people, their needs and behaviours.

Records relating to the recruitment of new social care workers showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The registered manager had full control of this process, which enabled them to ensure that social care workers who came to work at Sunnyside House had the skills, experience and the character required to meet people's needs.

People received their medicines as prescribed. Social care workers kept an accurate record of when they had assisted people with their prescribed medicines. For example, social care workers signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's medicines. Social care workers ensured a clear and constant record of the support they provided people with their medicines were maintained.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were stored were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Protocols were not always clear of how people should be supported to have medicines which were prescribed 'as required'. Social care workers informed us where people received 'as

required' medicines to help with their anxieties; these were used as a last resort. Social care workers followed detailed and personalised positive behaviour support plans. We discussed 'as required' medicine protocols with the registered manager who informed us they would take immediate action to ensure people were protected from these risks.

Is the service effective?

Our findings

People felt social care workers were skilled and knew how to meet their daily needs. All six people living at Springfield House were female and they informed us that they were happy that staff were female as this made them feel comfortable in the home. Comments included: "The staff are very helpful, they get me to talk about how I'm feeling"; "I think the staff are really lovely, they help me" and "The staff know me, they know my emotions and they support me. I can only sing their praises."

Social care workers told us they had access to the training they required to meet people's needs. Comments included: "Yes, I have had a lot of training and there is always room and support for more training"; "I think I do have the training I need to ensure people's personal needs are met" and "I'm confident I have the skills I need."

Social care workers received a comprehensive and structured induction. One social care worker talked positively about the induction and support they received from the provider. They told us, "I had support throughout my induction. I feel I am learning and experiencing every day."

Social care workers were supported to progress and develop by the provider. Where possible staff were able to undertake qualifications in health and social care. One social care worker told us how they were put forward to complete a diploma in health and social care. They said, "I've started my NVQ (National Vocational Qualification (a worked based qualification)) I am supported with this." Another member of staff spoke positively about how they had been supported to develop and progress in their career. They told us, "When I've wanted to develop, this has always been supported."

Social care workers had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Social care workers understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "We support people to make decisions. For one person, I will show them two options, like clothes. They can make that decision with support"; "We don't take people's right to make a decision away from them, we can support them to make a decision, however it is their choice" and "People can make choices, even those which could be unwise, if they've got the capacity to do so, it's their choice." People were supported to have as much choice and control as possible regarding their daily life. Social care workers told us how people could make unwise decisions and that they would provide them with as much support as possible. For example, one person was at risk of self-harm and would often request to buy items which they could use inappropriately. They told us, "They will often come to us and say they are going to buy something, we talk to them and explain it's not a good idea. However, they can make decisions by themselves; however they always talk to us."

People's mental capacity assessments to make specific decisions regarding their health, care and wellbeing had been clearly documented. People were involved in these decisions. For example, two people living at the service had been diagnosed with a significant medical condition in 2017. The registered manager and social care workers supported these people with understanding the treatment they could receive and the impact of any decisions. In both instances, people were able to make their own decisions in relation to the treatment they required.

The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were living under DoLS this was reflected in their care plans. Care plans also documented how staff should support people in the least restrictive manner.

People's needs were assessed before moving to the service. Pre-assessments were detailed and showed that people's physical and mental health needs had been assessed. Assessments included information in relation to people's health and wellbeing needs. People's care and support plans provided clear guidance in line with guidance from healthcare professionals. For example, it was evident that one person who lived with mental health conditions was continually involved in the assessments of their risks and support needs.

People's care and support plans reflected their diversity and protected characteristics under the Equality Act. For example, one person (with support from their family) wished to follow aspects of their cultural beliefs. Their care and support plan documented what was important to them as part of their belief and the support they required. The person chose to wear clothes which were closely linked to their belief and heritage. The person was wearing clothes which were important to them on both days of the inspection and told us they were supported with a diet they liked and to watch the films they enjoyed.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, continuing healthcare professionals, occupational therapists and physiotherapists. The registered manager ensured people had access and encouragement to attend vital health screening appointments. For example, the registered manager had identified that one person had not had a health screening test and may be at risk due to family history. The person attended a screening appointment and unfortunately was diagnosed with a significant health condition, however prompt an effective action by the registered manager ensured this condition was diagnosed early and reduced the potential health impact on the person. The person was supported throughout their treatment by the registered manager and social care workers. They told us, "Staff supported me with (medical procedure), they gave me the time and space I needed. The staff are always helpful."

Another person was supported by social care workers to attend the hospital prior to their follow up treatment so that they could become accustomed to the surroundings and meet some of the healthcare staff who would be treating them. They went on this trip during our inspection and were positive about how the visit had gone.

People received diets which met their dietary and cultural needs. For example, one person chose to have a diet which reflected their religious and cultural beliefs. The person was supported to procure appropriate food however when they wished could also choose to have something outside of this diet. The service had sought advice and guidance from the Speech and Language Therapists for one person who had been assessed as at risk of choking. Social care workers told us how they assisted this person and had made changes to their diet, following an incident where the person choked and needed intervention. They explained how they observed the person and ensured they were not sat directly next to someone eating food which could place them at high risk. All social care workers had received support and information

regarding the incident to ensure the person was protected from avoidable harm.

People were comfortable in their environment and had the spaces which met their individual needs. People were able to personalise their bedrooms and areas of the home. For example, one person showed us how they had decorated their room with items which were important to them. They also showed us their 'positive wall' which was in a communal area. They explained this was a place they and others could sit and read positive messages. They showed us their favourite messages and the impact this space had for them when they were feeling low or anxious. Where possible, people were supported to make changes to their environment like the "positive wall" which ensured it was their home.

Is the service caring?

Our findings

People valued their relationships with the social care workers and felt really cared for and that they mattered. People spoke positively about the care and support they received and the social care workers supporting them. Comments included: "The staff help me with my perception (of events). Staff are always so supportive"; "It is really good here, the staff are really caring. They really encourage me" and "I'm really happy here."

People's on-going relationships with their family and people important to them were supported and prioritised by the staff and the registered manager. For example, one person talked about their relationship with their family. They talked positively about the emotional support they had received from social care workers and the registered manager following any visit or phone call with their relative. Another person was supported with home visits to their parental home. These visits had been structured to support the development of the person and ensure their visit had a positive impact on their wellbeing.

One person told us they had a boyfriend and that they were supported when they wanted to meet their boyfriend. They informed us they could discuss their relationship with social care workers and seek the advice and guidance they required.

There was a pleasant atmosphere within Springfield House. Two people were independent with the majority of their day to day needs. During the first day of our inspection, both of these people were enjoying a quiet day in the house, watching films and cooking. One person helped prepare the lunch for people and social care workers. They received encouragement from a social care worker to complete most of the work, with the aim of developing their own personal skills.

At lunch time people sat with social care workers to enjoy their lunch which promoted a homely atmosphere. People, social care workers and the registered manager discussed their days and talked about different things, for example, during lunch time they all talked about the food they were eating and how they each liked different types of foods. It was evident that people and social care workers enjoyed these meal times and really came together to create a positive and shared experience.

People were encouraged to make significant decisions about their home which reflected the service's person centred approach. People were proud of their home and were keen to show us their bedrooms. One person showed us their bedroom and told us how they had everything in their bedroom and discussed the changes they had made to it so that it reflected their likes and personality. This person had also have involvement in the décor of communal areas, including their "positively wall".

People were involved in managing their own care and support needs where possible. For example, one person told us how they had started their own book to show how they were feeling and was a useful tool to discuss with social care workers. The person drew a picture of themselves and annotated it, showing how their head felt, their heart felt and if there was anything that concerned them, or if they were having a hard day. The person spoke positively about these books and told us, "Before I didn't get the support I needed, so I

self-harmed. If I'm low I do my book and talk to the staff, it is much better here. Each year is much better for me. It is really good here."

People's personal achievements were recorded and celebrated. For example, each person had an achievement scrap book which contained pictures and descriptions of occasions which people could be proud of. One person's book documented the holidays and activities they had enjoyed such as trips to wildlife parks and holidays to the beach. The person was keen to show us their booklet and a collage of photos which included them and other people and social care workers. They were happy to discuss where the pictures were from and who was in them.

Staff demonstrated their knowledge of people through their interactions and were aware of what was important to each person. Social care workers told us how they assisted people with the things which were important to them. For example one member of staff told us how they assisted one person who had recently undergone a significant medical appointment. They said, "We have given them the time and support they have needed. We will support them with medical appointments to reduce their anxieties.

People were treated with dignity and respect. All social care workers we spoke with emphasised that this was the person's home and it was a privilege to work in their home. They took the time to talk with people about what they wanted to do and asked permission before supporting any person in anyway. At one point during our inspection we saw a person becoming anxious regarding a hospital appointment and was feeling in a low mood. The registered manager handled it with sensitivity and respect. They gave the person the time and support they needed to discuss their feelings. The person told us they felt happier speaking to the registered manager.

People had access to a directory of advocacy services. Advocates are people who provide a service to support people to get their views and wishes heard. Social care workers let people know where they could access advocacy support if needed.

People's spiritual and cultural needs were respected by social care workers. For example, one person had a specific religious and cultural belief. The person had been supported by social care workers to get the meals they wanted, wear the clothes they liked and watch films which were important to them and their cultural identity. The person was also supported to present in keeping with her culture, staff had purchased henna pens to enable the person to draw henna tattoos.

Is the service responsive?

Our findings

People told us social care workers understood their needs, values and beliefs. People spoke positively about the personalised care they received, and felt they were involved in decisions about their care and support. Comments included: "They encourage me to do more things such as cooking and shopping They are so helpful and they are supporting me to take control"; "I'm proud of the friendships I have built here. The staff really know me and they help me with small steps I need to develop and grow" and "I've been supported with what I need."

People received care which was flexible and responsive to their individual needs and preferences. Staff had a good understanding of the needs and aspirations of the people living at Springfield House and worked with people to enhance their skills and independence. For example, one person had moved to Springfield House in the last year. Social care workers told us the person could become withdrawn and require gentle encouragement and support to develop and lead a fulfilling life. They explained how they used gentle encouragement to enable the person to make small steps with taking full control of their life. One social care worker told us, "(person) will shut themselves away, they worry about consequences. We support them, encourage them to come out of their room, if they're low it's important that they're not just left. It's giving them space, patience and encouragement." The person's care plans detailed the support they required and how staff should provide support around their relationships, their beliefs and their goals and aspirations. The person told us, "I have faith in that if I lock myself away, they will help me and stop me. I have the confidence of Gloucester to go out by myself and they support me. In the past year I've had all the support I need, they are helping me with cooking, shopping, planning my meals. I want to eat healthy and they are helping with that."

People were at the centre of discussing and reviewing all aspects of their care. For example, registered manager and social care workers took time to go through people's care and risk assessments to ensure the person was at the centre of their care and their views were respected. One person spoke positively about how they were involved in discussing their needs and planning the support they wanted. They told us, "(registered manager) and staff know if I'm low because I don't talk much, They know when I'm okay, they have helped me develop my own way of letting them know how I am feeling." The person's care records showed where they had been involved and clearly documented their involvement.

People received care and support based on their needs and preferences, which reduced their anxieties. For example, one person had a fixation on drinks. The registered manager sought the guidance of Speech and Language Therapists as they had a concern the person would be at risk of drinking too much fluids. Speech and Language Therapists recommended a special cup that delivered a small quantity of liquid. This enabled the person to have a drink whenever they wished, whilst reducing their risk. The person was now able to take their cup wherever they went which helped reduce the person becoming distressed about having their next drink.

People's skills, confidence and personal development were supported by social care workers and the registered manager. For example, one person was withdrawn and isolated themselves when they came to

the service. Social care workers worked with the person by implementing a routine and using gentle encouragement. The person over time had been supported to go out shopping and now enjoys a number of holidays a year. The person will often refuse support, however with gentle encouragement, the person was happy to engage. We observed social care workers ask the person if they wished to go on a trip out during the afternoon, the person initially refused, however with gentle encouragement and involvement the person decided they would like to go.

People had monthly key worker meetings where they could review current goals and set new ones. People where possible were encouraged to lead on their own reviews and goal setting. One person had used these meetings to clearly document the goals they would like to achieve, which included developing their personal independence and skills, including healthy eating and attending training courses.

People were supported with small personalised steps. For example, one person before arriving at Springfield House was very isolated and used to stay in bed and refused to eat. With support, encouragement and the implementation of small steps the person was now accessing the community, being involved with activities and enjoying trips and meals out. By having support tailored in a way which supported the person their wellbeing had been dramatically improved. The person told us they were happy living at the home, they spoke positively about their holidays.

People when necessary were supported to move services. For example, prior to our inspection one person had been supported to move to a nursing home as their needs had increased and they required more support. Prior to this move the service supported the person with their changing needs, working with healthcare professionals to assist the person and get the equipment and adaptations they required. Social care workers visited the person after the move to assist with their transfer and ensure they were settled in.

People were supported with dealing with significant decisions and received emotional support. One person had their first Christmas at their family home in 2016, and was looking forward to repeating this in 2017, however due to a family illness the person made a selfless decision which unfortunately left them disappointed. Social care workers understood the decision they had made and supported them, including visiting their family home prior to Christmas to deliver presents. The person was supported to enjoy Christmas at Springfield House and was involved in a Christmas decoration competition. The registered manager told us the person has told social care workers that they felt they had learned that other people's needs sometimes need to come first.

People enjoyed a busy and activity life, which included activities, events and tasks which were personalised to their needs, wishes and goals. During our inspection, people enjoyed a range of activities and excursions. People enjoyed one on one time with social care workers going shopping in Gloucester, or going for a drive. Social care workers expressed a clear focus on assisting people to access the community and enjoy day trips.

We looked at the home's compliments and complaints records which were held by the registered manager. The registered manager explained that they had not had any complaints prior to their re-registration with the CQC. There was an easy read complaints policy in place so that people understood how to make a complaint if they wished. People we spoke with understood that they could complain and how to do it.

Is the service well-led?

Our findings

People spoke positively about the registered manager and felt they were approachable. People also told us the service was well led. Comments included: "(registered manager) is really supportive; I know I can go and talk to her"; "(registered manager) has been fantastic for me" and "I like them." One healthcare professional spoke positively of the action taken by the registered manager and provider in response to an incident within the home. Throughout our inspection we observed people go and sit and spend time with the registered manager and talk about their concerns and medical appointments. One person who was anxious told us they felt happier once they had spoken with the registered manager and they were always happy to discuss things with her.

Social care workers told us they were supported and felt Springfield House was well led and that the registered manager as well as the area managers employed by the provider were helpful. Comments included: "I know I can go to the manager for any advice or support"; "(registered manager) is a great manager, always promoting transparency" and "I know I can go to (registered manager) with requests for training and support if I need it." One social care worker talked about how they had met with them after they had raised a safeguarding concern, they said it was positive and provided them with reassurance.

The registered manager benefitted from support by the provider. They had an established supervision and annual appraisal schedule with the area director where their performance was reviewed and any personal development plans could be discussed. The registered manager worked on a buddy system with other registered managers to encourage their learning and support. There was also an annual staff conference that allowed for networking with other managers.

The provider was committed to driving improvement through nurturing staff and developing their managerial and leadership skills. They had introduced 'The Choice Care Group Academy' which had been set up in 2010. The academy ran three management development programmes suitable for beginners to more senior staff. The academy was run by managers within the provider organisation.

People's views and choices were an integral part in developing and shaping the service. The registered manager held monthly house meetings, or more frequently when required. Meetings enabled people to discuss their views and any changes they would like to happen. For example, at recent service user meetings, people had discussed if they would like a change of menu and if they wished to do any specific training or activities. One person suggested that they would like to do first aid training. This person had told us this was being arranged. One person said, "I like doing cooking and this is something they support me with when I need it."

Some people were part of the provider's service user committee which met every three months. This was made up of people representing people from all of the provider's services. We looked at the service user committee meeting minutes for meetings carried out in 2017. Topics were discussed around different events held in people's homes and volunteering for an open event for the provider. Not only did this ensure people were part of the planning for all aspects of the service but it had the added benefit of allowing people the

opportunity to make friends and develop relationships outside of their home.

People had a number of easy read policies within the home that helped them understand why certain processes and protocols were in place. These policies included 'keeping safe', 'choosing staff' and the 'Mental Capacity Act'. This access to information enabled people to feel more confident at challenging practices both in the home and in the community. It also helped to set out the expectations people should have of the home.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. The service had a monthly monitoring visit from the provider and four audits a year from an area director. There was also an annual finance audit by the provider. The registered manager also audited many of the processes and records relating to the care and support of people within the home. This included audits in relation to medicine management and people's care plans. Where necessary, action plans had been developed from the audits and these results had been used to drive improvements.

Representatives of the provider completed internal inspections. These identified any shortfalls in the service and were followed up by a second inspection to evidence that improvements had been made. This process had identified improvements were required around people's care and support plans being reviewed and the frequency of people's key worker meetings. These actions had been completed to improve the service.

Quality assurance auditing was not just the responsibility of the provider and registered manager. This work was also undertaken by an expert auditor. The expert auditor is a person who had lived at the home or in one of the provider's other homes. Their role was to help the service gain a greater understanding of what a service looked like from the perspective of people that live there. This was a paid role and the person received support and training to undertake the role. The expert audits were completed every three months. The auditor wrote a report and sent their findings to the registered manager and the area director. The last expert audit of Springfield house was positive. They reported that the interactions between people and staff were good.

One person living at Springfield House worked as an expert auditor for the provider. They discussed their role of going to other services operated by the provider. They felt it was positive and they enjoyed the opportunity to see how people were supported in other locations.

Springfield House worked with healthcare professionals to develop strategies to support people during periods of difficulty in a variety of settings. The provider and registered manager had trained social care workers to develop ways of supporting individuals proactively, actively and reactively inside and outside of Springfield House looking for early warning signs of behaviours. This had reduced the number of physical interventions carried out by staff.