Aitch Care Homes (London) Limited

Springfield House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Springfield House on 30 January 2018 and the inspection was unannounced.

Springfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Springfield House provides care and support for people living with a learning disability and behaviours that may challenge others. The service has 10 en-suite rooms and is situated close to the beach, with good public transport links.

Rating at last inspection

At the last inspection the service was rated 'Good'.

Rating at this inspection

At this inspection we found the service remained 'Good'.

Why the service was rated 'Good'

People felt safe living at Springfield House. They continued to be supported by enough, safely recruited, trained and knowledgeable staff. People were protected from the risks of abuse, discrimination and avoidable harm. Risks to people were identified and managed without restricting people.

Staff were mentored and coached and completed regular training to keep up to date with best practice. The registered manager and staff also used guidance from professional organisations to keep up to date.

The service was clean and well maintained. People were involved in making decisions about the décor in the service and in the day to day running of the service. People were involved in planning the menus and were supported to prepare and cook meals. They had access to health and social care professionals and staff provided support to make sure their day to day health and well-being needs were met. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. People's physical, emotional, social and cultural needs were assessed and reviewed.

People were well supported to move into and out of the service. Staff worked with external agencies to ensure that any move was well co-ordinated. People were supported by staff who were compassionate and caring. People and staff had built strong relationships. People's privacy and dignity were respected and promoted.

People were involved in writing their care and support plans and setting goals. People's choices for their end of life care were discussed and recorded to make sure staff could follow their wishes.
People stayed busy and active. They followed their interests and some people went to college or had a job.

People said they would speak to the registered manager or staff if were worried about anything and felt comfortable and confident to do so. There was an accessible complaints procedure. The service continued to be well-led by the registered manager. There was an open and transparent culture at the service which was promoted by the registered manager and staff.

Regular checks and audits were carried out and action was taken to remedy any identified shortfalls. People, relatives, staff and health professionals were encouraged to provide feedback on the day to day running of the service.

All services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner.

Further information is in the detailed findings below

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 remains 'Good.'	Good
Is the service effective? The service remains 'Good.'	Good
Is the service caring? The service remains 'Good.'	Good
Is the service responsive? The service remains 'Good.'	Good
Is the service well-led? The service remains 'Good.'	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 inspection took place on 30 January 2018 and was unannounced. The inspection was carried out by one inspector. This was because this is a small service and past experience has shown that additional inspection staff would be too intrusive for people.

We reviewed information from the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service. We looked at notifications received by the Care Quality Commission. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We looked around all areas of the service and grounds. We met seven people living there. Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five members of staff and the registered manager, the manager, the deputy manager and the locality manager. We observed how staff engaged and spoke with people. We looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. We reviewed three people's care and support plans. We looked at a range of other records including three staff files, safety checks and records about how the quality of the service was managed.

Good

Is the service safe?

Our findings

People told us and indicated, using a thumbs up sign, that they felt safe living at Springfield House. People were relaxed in the company of each other and staff and the atmosphere was happy with laughter and chatting throughout the day.

There continued to be systems in place to help people to remain as safe as possible at all times including safeguarding policies and procedures and staff training about keeping people safe. People and staff felt confident they would be listened to and any concerns they may have would be acted on appropriately.

People were supported and empowered to take risks and remain safe when they were in the community and to lead active lives. For example, some people travelled on their own using public transport and they telephoned staff at points throughout their journey. This routine helped people to feel safe. People were supported when possible to manage their money.

Staff knew how to keep people as safe as possible and understood their responsibilities to record and report any accidents or incidents to the registered manager. These records were reviewed by the registered manager and the locality manager to ensure the correct action had been taken, to make sure people were as safe as possible and that, when required, they were referred to the relevant healthcare professionals. For example, when a person had shown behaviours that may challenge others staff had liaised with the local learning disability team to obtain advice. Any guidance given was followed.

Risks to people continued to be identified, assessed, monitored and managed. Risk assessments were in place to guide staff on how to mitigate risks and keep people as safe as possible. For example, when a person was at risk of having seizures there was information about specialist equipment that needed to be used, such as an audio monitor in their bedroom. Staff checked this equipment each day to make sure it was working correctly. There was also guidance for staff to follow should the person have a seizure. Staff completed training regarding epilepsy awareness and were able to speak with us about how they supported people living with epilepsy.

People continued to be supported by enough skilled and knowledgeable staff who had been recruited safely. We reviewed three staff files. Each file included an application form with information about the person's full employment history, notes taken during interview, references, proof of identity and right to work in the UK and health checks. Criminal record checks with the Disclosure and Barring Service (DBS) were completed before people began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable from working with people who use care services. Staff told us they attended an interview and that they were asked questions which were relevant to the role of supporting people living with a learning disability. The registered manager followed the provider's disciplinary processes when applicable.

There continued to be an established, long-standing staff team who knew people well. The registered manager arranged the staff rota around people's appointments and activities. Some people needed

support on a one to one basis and there were always sufficient staff to support this. The registered manager told us, "We have fought to get extra one to one hours for some people. When we feel people would benefit from the extra support we make sure they get it". Staff told us there were enough of them on each shift to provide people with the support they needed when they needed it. Staff duty rotas confirmed there were consistent numbers of staff on each shift.

People continued to have their medicines safely and on time. Medicines continued to be stored, managed and disposed of safely. Staff completed training about safe medicines management and the registered manager checked their competency. Medicines records were completed and showed people had received the right medicines at the right times. People were supported to manage their own medicines when possible and these were stored in locked cupboards in their bedrooms. The registered manager told us, "Some people are able to dispense their own medicines in their room. They can tell staff what the medicines are and what they are for. They are supported with the medicines records by staff who check that it is all correct. They are supported to be as independent and do as much for themselves as possible". Staff were knowledgeable about people's medicines, what they needed and why they needed them. People's medicines were reviewed by a GP as needed to make sure they were still suitable.

The service was clean and tidy. People were supported to keep their rooms clean. Staff wore personal protective equipment, such as aprons and gloves, when needed and understood their responsibilities regarding infection control. Regular maintenance checks were completed to make sure the environment was kept safe. For example, gas and electrical appliances were certified as in good working order and water temperatures were regularly checked to ensure people did not scald themselves. People told us what they did when the fire alarm sounded. Staff said that the fire evacuation process was discussed at the regular house meetings so that everyone was reminded what to do. Each person had a detailed personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication needs of each person to ensure people could be evacuated safely from the service.

Good

Is the service effective?

Our findings

People received effective care and support from skilled and knowledgeable staff. People told us they trusted the staff and they were there when they needed support.

When people were considering moving into Springfield House their physical, emotional and social needs were assessed to make sure that staff would be able to provide the right support. A slow transition to move into the service took place and people were able to visit for a day, over-night stays and longer trial stays to make sure they felt comfortable with other people and staff. The registered manager and staff worked closely with health and social care professionals to ensure people received co-ordinated and consistent care when moving into the service.

People continued to be supported by staff who were trained, knowledgeable and regularly supervised. One person told us, "They [staff] know what I like and what help I want". Staff completed an induction when they began working at the service and this included shadowing experienced colleagues to get to know people and their routines. New staff completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. It was developed to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Training was monitored by the registered manager to make sure staff kept up to date with best practice. Staff told us, "We get to do quite a lot of training which is good" and "The training is good". They said that the training was relevant to their roles and included how to support people who may have behaviours that challenge others. The registered manager was an experienced 'Pro-act SCIP trainer'. This training followed best practice and was accredited by the British Institute of Learning Disabilities (BILD). We observed staff put their training into practice. For example, when people became anxious staff supported them in the least restrictive way, such as speaking with them quietly and suggesting taking part in an activity. People were reassured quickly and staff prevented any escalation in behaviours.

People were involved in planning the menus and getting the shopping for the service. People visited local shops and were well known by shopkeepers. People were encouraged and supported to prepare meals each day and when we arrived to inspect the service people were making their breakfast in the kitchen. People told us they had baking sessions and had recently spent an afternoon baking biscuits which they enjoyed. Photographs displayed around the service showed people have fun cooking. People ate healthily.

People were supported to develop independent living skills, such as preparing and cooking meals. For example, when a person had chosen a goal to move into a supported living service staff arranged for them to have a fridge, kettle and toaster in their bedroom to enable them to make their breakfast each morning. Staff said, "This has been empowering for X and their understanding of self-care. We keep an eye out discreetly. They let us know if they need anything, like bread, and they go to the shop and buy it".

People continued to be supported to stay as healthy as possible. Staff referred people to the relevant health

and social care professionals, such as the learning disability team and occupational therapists, when needed to obtain advice and guidance. People were supported to attend appointments with GPs, dentists and opticians.

Staff continued to have a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff completed training about MCA and understood their responsibilities. Staff assumed people had capacity and supported them, when needed, to make choices, such as how and where they wanted to spend their time. When people were unable to make a decision themselves staff consulted with their representatives and health professionals to make sure decisions were made in their best interest. For example, when a person needed major dent\al treatment a meeting was held with them and their family to discuss the options. When people needed additional support from an advocate to make decisions and made sure this was arranged. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made in line with guidance and any recommendations on authorised DoLS were adhered to.

Good

Is the service caring?

Our findings

People continued to be treated with kindness and compassion. People had built strong relationships with the registered manager and staff and told us they trusted them. People laughed and joked with staff, often holding their hands and smiling. The atmosphere at the service was one of inclusivity where all people and staff were equal and valued.

Staff were patient and took time to make sure they were meeting people's needs. People used different ways to communicate. Some people used their own form of sign language, others preferred to use pictures and symbols to make their choices known. The registered manager told us when a person, unable to communicate verbally, was unwell the staff noticed a change in their body language and chosen routine and knew something was not right. Staff used a visual aid and the person pointed to the part of the body that hurt and they were able to obtain medical advice and treatment.

The registered manager and staff displayed genuine concern for people's well-being and actively promoted their independence. Staff spoke passionately about people who had left the service and were now being supported in the community. They told us how they had supported people with this transition and made sure they felt confident and safe when they moved. People were as independent as they chose to be. Some went into the community and used public transport on their own and others accessed the community with the support of staff. The registered manager said, "The staff team pride themselves in supporting people to develop self-management strategies. This can be evidenced by the services' track record of supporting people to move into supported or independent living environments".

People's privacy and dignity continued to be both promoted and maintained. When people chose to spend time in their rooms this was respected and staff checked on them discreetly to make sure they were settled. Staff told us how they made sure people were covered during personal care and that they kept doors to bedrooms closed at these times.

Regular 'house meetings' gave people the opportunity to discuss the running of the service. For example, at a recent meeting people had talked about decorating the living room and what colour they would like it painted. They also talked about ideas for activities and holidays. Each person had a keyworker. A keyworker was a member of staff who was allocated to take the lead in co-ordinating someone's care. Relationships with people's families and friends were encouraged and supported. People's families were able to visit when they wanted to and there were no restrictions. Keyworkers spoke with people and their relatives to find out information that was important to them, such as their likes, dislikes and any preferred routines. Important information about people's past life history had been completed in detail.

People continued to be as involved as possible in the planning, management and reviewing of their own care. Staff said, "X led their own care review recently. Their parents were at the meeting too. It was amazing to see how receptive X was and how independent they are becoming". Care plans included information about people's health needs and risk assessments were in place and applicable for each person. When people's health care needs changed this was recorded in the care plan to make sure staff had the up to date

guidance on how to provide the right care and support. People had written their own 'hopes and dreams' and were supported by staff to help them achieve these.

People knew where there care and support plans were kept and agreed that we could look at them. They were kept securely in a locked office and people could have access to them if they wanted to. Staff understood the importance of keeping people's confidential personal information secure.

Good

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. People said that staff were always there if they needed any support.

Care and support plans were written with people and gave staff the guidance they needed to provide people with the support they needed and wanted. Some people had written their own care plans and wrote daily notes of what they achieved each day. Each person's care plan included a detailed life and family history, religious, cultural and spiritual beliefs and sections about people's physical, emotional, social and sexual health. Care and support plans were regularly reviewed with people and any changes in people's needs were recorded.

People continued to be supported to stay as busy and active as they wanted. Some people went to college and others had jobs. People spoke proudly about the work they did and told us how much they enjoyed this. One person said, "I love my job. I make tea and do some shredding in the office". Some people were able to travel on their own and others were supported by staff. The registered manager made sure there were always sufficient staff, with the right mix of skills and knowledge, on duty to allow people to lead their life in the way they chose. For example, they made sure there were drivers available to take people to their appointments in the service's vehicle.

People told us they had been on holidays. There were photographs displayed in the service which showed people having a lot of fun on holidays in Hastings and the Lake District and days out to wildlife parks, trampolining parks and to London. Other activities provided included aromatherapy, sensory sessions, arts and crafts and music. People's hobbies and interests were recorded in their care and support plans along with important dates, such as birthdays of loved ones.

'Making It Happen' days were organised as part of the schedule of activities. A recent day had been with the local fire and rescue service. This was both educational and fun. Photos showed people wearing fire uniforms and hats, using hoses and sitting in fire engines. They were all smiling and looked as though they had a lot of fun.

The provider had a complaints process in place and one formal complaint had been received in the last 12 months. This had been handled in line with the provider's policy and had a satisfactory outcome. People were asked during regular house meetings if they had any complaints and staff also checked they knew who to speak with if they had any concerns. People said they were comfortable talking with staff about any concerns they had and felt confident staff would take any action that was needed. Concerns or complaints were used as a learning opportunity and to make improvements to the service. A copy of the complaints process, in an easy to read format, was displayed on the noticeboard in the service.

People and their relatives had spoken with staff about the care they wanted as they got older and where they wanted to be at the end of their life. The registered manager said, "It is about planning for the 'what ifs' which may occur. We want to ensure that the people we love are treated with respect and that any final

wishes are upheld". Some people had a record of their preferences for their end of life care, such as spiritual and religious choices.

Good

Is the service well-led?

Our findings

The service continued to be well-led. A registered manager, experienced in managing services for people living with learning disabilities, was at the service each day. 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 registered manager was supported by a manager, deputy manager and locality manager. They also had support from the staff at the provider's head office.

People knew the registered manager by name and had developed strong relationships with them. People said they liked the registered manager and would talk to them if they were worried about anything. There was an open-door policy at the service. Throughout the inspection people spoke with or sat with the registered manager and looked relaxed, happy and at ease.

There was an open, transparent and empowering culture at the service which was promoted by the registered manager and staff. The provider had a clear set of visions and values which included, 'The promotion of choice, independence and autonomy through encouragement and empowerment is an integral part of the support planning'. The provider's statement of purpose noted, 'We aim to assist the residents to develop their independence, autonomy, knowledge, confidence and daily living skills in order to enable them to live as full and independent a life as possible and be a full part of the local community'. The registered manager commented, "We want Springfield House to be person lead. We want to create change in homes and one of our main aims is to help people to move on into supported living".

The registered manager was visible and worked at the service each day, coaching and mentoring staff and providing advice and guidance when needed. The management and staff worked closely as a team. The registered manager valued their staff team and told us, "We hold a monthly 'pride award' for staff which is about those who go the extra mile". Staff said they felt valued by the registered manager and by the organisation.

People, relatives, staff and health professionals were encouraged to provide feedback, through the use of surveys, about the service. Responses were reviewed by the registered manager reviewed responses to see if there were any improvements that could be made. The surveys people completed were in an easy to read format and the responses had been positive. Regular house meetings and staff meetings gave people and staff the opportunity to speak openly and honestly and give their views on the day to day running of the service.

Regular checks of the environment, including portable appliance testing, legionella testing and infection control, were completed and recorded. Maintenance staff were provided when required to carry out any necessary work.

Care and support plans were reviewed on a regular basis and reflected people's needs. Medicines records

were checked to ensure people had received their medicines correctly and GPs reviewed people's medicines to make sure they were still suitable. Accidents and incidents were reviewed by the registered manager to check for any patterns or trends and to make sure referrals to health and social care professionals were made appropriately. The registered manager and staff worked closely with the local learning disability team, the local authority and other multi-disciplinary teams to make sure people's needs were met and to promote joined up care.

Staff understood the provider's whistle-blowing process and knew that they could take any concerns to external agencies, such as CQC or the local authority, if they needed to. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their roles safely. Staff knew where to access the information they needed.

Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner. Records were kept up to date and securely stored.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the service and on their website.