

Aitch Care Homes (London) Limited

Springfield House

Inspection report

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Date of inspection visit: 27 and 28 August 2015
Date of publication: 26/02/2016

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 

Overall summary

This inspection took place on 27 and 28 August 2015, was unannounced. Springfield House is a detached property in a residential area of Birchington-on-Sea. The service provides accommodation and support for up to ten people with a learning disability or autistic spectrum disorder. At the time of the inspection there were nine people living at the service. A registered manager was 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 registered manager was present on the days of the inspection.

People told us they felt safe living at the service. Staff understood the importance of keeping people safe. Risks to people's safety were identified, assessed and managed appropriately. People were supported to take risks and dangers were explained in a way that people could understand. People received their medicines safely and were protected against the risks associated with the

Summary of findings

unsafe use and management of medicines. Staff knew how to protect people from the risk of abuse and received regular training to ensure their knowledge was up to date. Accidents and incidents were recorded and analysed to reduce the risks of further events. Management used incidents as a learning opportunity and discussed incidents openly with the staff team.

Recruitment processes were in place to check that staff were of good character. People living at the service took part in the interview process. People were supported by sufficient numbers of staff with the right mix of skills, knowledge and experience. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively.

People were confident in the support they received from staff. Staff were trained to be able to meet people's needs. People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People's health was monitored and people were supported to see healthcare professionals when they needed to.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People and their relatives were involved with the planning of their care. People's health and social care needs were assessed and care and support was planned and delivered in line with their individual needs. Staff were kind, caring and compassionate and knew people well. People were encouraged and supported to stay as independent as possible.

People were supported by staff to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. An activities co-ordinator was employed to assist with activities.

People, their relatives, staff and visiting health professionals were encouraged to provide feedback to the provider to continuously improve the quality of the service delivered.

The registered manager and deputy manager coached and mentored staff through regular one to one supervision. The registered manager and deputy manager worked with the staff each day to maintain oversight of the service. Staff said that the service was well led, had an open culture and that they felt supported in their roles. Staff were clear what was expected of them and their roles and responsibilities.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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?

The service was safe.

People told us that they felt safe living at the service.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Risk assessments detailed the potential risk and gave staff guidance on what control measures could be used to reduce risks and to keep people as safe as possible. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Accidents and incidents were recorded and analysed to reduce the risks of further events. Incidents were used as a learning opportunity and discussed openly with the staff team.

Good



Is the service effective?

The service was effective.

Staff understood the importance of gaining consent to care and giving people choice. People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the Mental Capacity Act (MCA) 2005.

There was regular training and the registered manager held one to one supervision and appraisals with staff to make sure they had the support to do their jobs effectively.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. Care plans had been written with people and their relatives and were in a format that people could understand. People were provided with a range of nutritious foods and drinks.

Good



Is the service caring?

The service was caring.

People told us they were happy living at the service. Staff displayed caring, compassionate and considerate attitudes towards people and their relatives.

Staff understood and respected people's preferences and individual needs. Staff communicated with people in a way that they could understand and were patient, waiting for responses.

Good



Summary of findings

People were able to discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People were encouraged and supported to maintain their independence. Staff promoted people's dignity and treated them with respect. People and their loved ones were involved, when they chose to be, in the planning, decision making their end of life care.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

Is the service responsive?

The service was responsive

People received the care they needed and that the staff were responsive to their needs.

People received consistent, personalised care, treatment and support. Care plans were reviewed and kept up to date to reflect people's changing needs and choices.

Staff had a good understanding of people's needs and preferences. A range of meaningful activities were available. There was a strong, visible person-centred care culture. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used compliments, concerns and complaints as a learning opportunity.

Good



Is the service well-led?

The service was well-led

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service.

People and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff. Staff told us that they felt supported by the registered manager and deputy manager.

The registered manager completed regular audits on the quality of the service. The registered manager analysed their findings, identified any potential shortfalls and took action to address them.

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 27 and 28 August 2015 and was unannounced. The inspection was carried out by one inspector.

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. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service and talked with or observed all of the people who lived there. During our inspection we observed how staff spoke with and engaged with people. Some people using the service were not able to talk with us 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 members of staff, the deputy manager and the registered manager.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans, health plans, support plans and associated risk assessments. We looked at a range of other records, including safety checks, four staff files and records about how the quality of the service was monitored and managed.

We last inspected Springfield House in October 2013 when no concerns were identified.

Is the service safe?

Our findings

People told us that they felt safe living at the service. People were protected from the risks of avoidable harm and abuse. The provider had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. All the staff we spoke with had received training on safeguarding people and were all able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. There were systems in place to keep people safe including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. The registered manager raised concerns with the relevant authorities in line with guidance.

People were protected from the risk of financial abuse. There were clear systems in place and these were regularly audited. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected.

Potential risks to people were identified and assessed. The assessments considered the severity and likelihood of risk. Control measures were then considered to reduce, or where possible, eliminate the risk. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. Assessments were proportionate and centred around the needs of the person. People were supported to take reasonable risks to maintain their independence. Risks and dangers were discussed with people in a way they could understand. Restrictions were minimised so that people felt safe but also had as much control and freedom as possible regardless of their disability or needs. People told us about taking risks and keeping safe, and they confirmed they were confident to seek support from the staff. One person told us that they regularly travelled on trains and that they rang the staff to let them know they had arrived at their destination so that staff knew they were safe.

Accidents, incidents and near misses were reported to the registered manager. Accidents had been recorded on an accident form and these were regularly reviewed by the

registered manager to identify any patterns or trends. When a pattern had been identified the registered manager referred people to other health professionals, such as the falls team or occupational therapist, to minimise risks of further incidents and keep people safe. The registered manager used incidents as a learning opportunity, held formal staff debriefs to discuss the incidents and to check if anything further could be done to prevent any recurrence.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Contingency plans detailed nearby hotels that could be used if needed. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented and people told us that they were involved with these. Staff told us that they knew what to do in the case of an emergency. People had a personal emergency evacuation plan (PEEP) in place so staff knew how to evacuate each person if they needed to. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. An 'emergency supplies box' was in place and contained a fully charged mobile phone, foil blankets, first aid kit, tissues, a wind-up radio, gas bottle, kettle, ration survival biscuits and bottled water. Staff checked this regularly to ensure that items remained in date and in good working order.

The provider's recruitment and selection policies were robust and thorough. These policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. People living at the service took part in the interview process, gave the applicant a tour of the service and introduced them to people. Prospective new staff spent time at Springfield House and shared a meal with people to meet them all. Notes made during interviews were kept in staff files. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service safe?

The provider employed suitable numbers of staff to care for people safely. People's needs were assessed and the registered manager made sure that there were enough staff with the right mix of skills, knowledge and experience on each shift. Staffing was planned to take into account people's plans for the day, for example activities or appointments, so the staffing level went up and down depending on what people were doing. The manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. One to one support was provided when people needed it. The staff rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the days of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. During the days of the inspection staff were not rushed. All of the staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. People said or indicated that they were happy with the way their medicines were managed. Staff made arrangements for people to take their medicines with them when they went out for the day or when they were staying with loved ones. Staff had completed training in medicines management. We observed staff supporting people to take their medicine and looked at the medicine administration records (MAR) for five people. The MAR were completed correctly and there were no missing signatures. Staff did not leave people until they had seen that medicines had been taken. Staff told us they were aware of any changes to people's medicines and read information about any new medicines so that they were aware of potential side effects.

Medicines were handled appropriately and stored safely and securely. Medicines were disposed of in line with guidance. Daily checks were completed on medicines. When medicines were stored in the fridge the temperature of the fridge was taken daily to make sure the medicines would work as they were supposed to. Medicines audits were regularly completed by the registered manager and deputy manager.

Is the service effective?

Our findings

People told us that staff looked after them well and staff knew what to do to make sure they got everything they needed. Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that staff were kept up to date with any changes in people's needs. Staff told us that they felt supported in their roles. We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. We asked staff how they found out about people's preferences, particularly those unable to communicate verbally. Staff showed us how they used 'widgeits' to communicate with some people – widgeits are pictures / symbols used as an alternative to text or to accompany text.

Staff had an induction into the service when they first began working there. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training, on-line training and distance learning. A training schedule was kept by the registered manager which showed when training had been undertaken and when it was due to be renewed. Staff told us that they regularly completed training and that this included specialist training relevant to their roles and the needs of the people they supported, such as, courses about epilepsy, Makaton – a sign language, strategies for intervention and prevention for behaviours which may challenge others and autism.

Staff were encouraged and supported to access on-going professional development by completing adult social care vocational qualifications for their personal development. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The registered manager coached and mentored staff through regular one to one supervision. Staff told us that they undertook regular formal supervision and were able to discuss matters of concern and interest to them on these occasions. Staff had an annual appraisal to look at their performance and to talk about career development for the next year.

Staff explained that people and their relatives were involved with planning their care and that when someone's needs changed this was discussed privately with the person. When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. People and their relatives or advocates were involved in making decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. Some people had to make important decisions, for example, about invasive medical treatment. When this happened information about the choices was presented in ways that people could understand. Staff had received training on the MCA. Staff understood and had a good working knowledge of the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager was aware of the judicial review in March 2014 which made it clear that if a person lacked capacity to consent to arrangements for their care, were subject to continuous supervision and control and were not free to leave the service, they were likely to be deprived of their liberty. Some people were constantly supervised by staff to keep them safe. Because of this the registered manager had made applications to the supervisory body in line with the guidance. The applications had been considered and authorised by the

Is the service effective?

local authority ensuring that constant supervision was lawful. The registered manager was aware that applications needed to be renewed and was continuing to assess people's restriction or deprivation of liberty under the MCA and Mental Health Act.

Health care and support plans had been written with people and their relatives and, when possible, had been signed by people to show they agreed with them. The plans had photographs and pictures with large coloured print to make them more meaningful for people. People's capacity to make decisions was regularly reviewed so that the required support could be put in place if needed. If people did not have the capacity to make decisions then meetings with people's loved ones and health professionals were held to ensure that the decisions were made in people's best interest. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People's health was monitored and care was provided to meet any changing needs. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People were offered choices of snacks, and hot and cold drinks throughout the day. People were involved in planning menus, buying the food and preparing the meals, snacks and drinks. Menus were displayed, with pictures, on boards in the dining room

for breakfast, lunch and dinner. Meal times were social occasions when everyone came together in the dining room. Staff chatted with people in a cheerful manner and communicated in a way that was suited to people's needs, and allowed time for people to respond. The atmosphere was relaxed, friendly and lively. Throughout lunch staff were observant, attentive and supported people in a way that did not compromise their independence or dignity. The food looked appetising and fresh ingredients were used. People ate well and took all the time they wanted to eat their meal.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. People's bedrooms were had been decorated as the person wished and were well maintained. There were signs and pictures in some people's rooms to help them remember where things were kept and where they should put their things. Regular audits of people's rooms were completed to ensure they were kept clean. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Foot operated bins were lined so that they could be emptied easily. Outside clinical waste bins were stored in an appropriate place so that unauthorised personnel could not access them easily. The building was adequately maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

Is the service caring?

Our findings

People told us they were happy living at the service and their comments about the staff were positive. There was a strong and visible person centred culture at the service. Care was planned around the individual and centred on the person. People received care and support from staff who knew them well. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. One member of staff said, "We are very much one family, just with professional boundaries". The registered manager said that they wanted to ensure that people met their aspirations and told us, "People can achieve their aspirations. It just takes time management, organised planning, risk assessing, good communication and teamwork".

Staff understood people and responded to each person to meet their needs in a caring and compassionate way. People's individual communication skills and abilities were known by the staff and there were a range of ways that staff made sure people were able to say how they felt about their care and support. Staff communicated effectively with each person, no matter how complex their needs. Staff were patient and gave people time to respond. During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included checking whether they needed any support. Staff displayed caring, friendly, compassionate and considerate attitudes towards people.

Staff ensured that people were involved with the day to day running of the service and, as far as possible, in the planning of their care and support. Staff made sure that kindness, respect, compassion, dignity and empowerment were a priority.

Our observations of staff interacting with people were positive. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Privacy was a regular topic for discussion at house meetings. Staff understood, respected and promoted people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff knew when people wanted their own space and respected this.

People were encouraged to stay as independent as possible. Individual support plans gave staff guidance of what people could do for themselves, what assistance was needed and how many staff should provide the support. One member of staff told us, "It's not about doing things for people, it's about doing things with people to support them". Canvas pictures displayed around the service were focused on people's aspirations with things like, 'follow your dreams' and 'life is a journey'. People were supported to learn daily living skills, such as cooking and laundry. One person had been supported to move on from the service into their own flat. They regularly visited Springfield House to keep in touch with people and the staff. They told us, "I liked living here but I got to the point where I wanted my own space. Staff really helped me to become more independent. I sometimes cook my meals. I can do what I want when I want but I know that I can ring them (staff) if I need to". The registered manager told us that this had been, "A real achievement" and said how proud they were that they and the staff team had been involved in this person's progression.

People had their own 'life book' and some people liked to complete their own daily diaries independently. One person talked us through their life book and each of the photos with pride. Easy to read 'This is Me' care and support plans were in place. This is a tool which lets health and social care professionals know about people's interests, needs, preferences and likes and dislikes. People's care and support plans were regularly reviewed and updated to make sure staff had the latest guidance to follow. People were assigned a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. Information about people was updated as and when staff found out more about people.

People were provided with information in a way they could understand. Staff explained how they had supported people to vote if they chose to and that they had sat and talked with people individually and in groups with easy to read information to help them make a decision. People's sexual health and sexual orientation was discussed and people were supported to see the relevant health professionals. Staff used a story board to help people understand what they needed to know to make sure they were fully informed.

Is the service caring?

Staff recognised the importance of social contact and companionship. Staff supported people to develop and maintain friendships and relationships. People could choose whether to spend time in their room or in communal areas. People were clean and smartly dressed. People's personal hygiene and oral care needs were being met. This promoted people's personal dignity.

Most people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. One person was due to spend three days in hospital and the registered manager told us that they would make sure there was a member of staff with them all the time to ensure they were fully supported and reassured.

People's preferences and choices for their care including end of life care were clearly recorded and kept under review. Staff told us that they discussed death and dying with people's relatives and that it was a very difficult subject to approach. Some relatives had not wanted to discuss this with staff and would prefer to deal with it at the time.

Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them. People knew where their care and support plans were kept and had access to them whenever they wanted. Staff told us that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

Is the service responsive?

Our findings

People received the care they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health.

People received consistent, personalised care, treatment and support. When they were considering moving into the service people and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not. Before people decided if they wanted to live at Springfield House they had a number of 'transition sessions'. These were half days, full days and over-night stays as a 'trial run' to see if they were happy there. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

People were encouraged by staff to participate in and contribute to the planning of their care. Each person had a detailed, descriptive care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, how they communicated and any preferred routines. Plans included details about people's personal care needs, communication, mental health needs, physical health and mobility needs. Risk assessments were in place and applicable for the individual person. Changes in people's care and support needs were identified promptly and kept under regular review. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support, treatment and care. People's needs were met because staff were aware of the content of people's care and support plans and provided support in line with them. People were given choices about who provided their support.

During the inspection staff were responsive to people's individual needs, promoted their independence and

protected their dignity. There was a good team spirit amongst the staff and a friendly manner towards. The whole environment supported communication. There were boards around the service with large print, photos and widgeits which gave people information about a variety of subjects including how to give feedback. Not everyone was able to sign in and out of the building so, following a suggestion, a 'white board' had been put up on the wall in the hallway. This had magnets with people's photos on so they could move them to show when they had gone out and when they returned. Staff were very observant. During the inspection staff noticed that one person's demeanour had changed and monitored them more closely. They knew that this was a sign that the person was likely to have an imminent seizure. When this happened staff responded quickly and calmly to ensure the person was kept safe. They reassured the person and talked to them throughout.

Fortnightly 'house meetings' gave people the opportunity to raise any issues or concerns. Any concerns raised were taken seriously, recorded and acted on to make sure people were happy with the quality of service they received. During these meetings people were able to discuss and comment on the day to day running of the service. People were asked their views on any new members of staff to make sure they were comfortable with the new staff. At a recent meeting people had talked about getting a bigger dining table and had looked at a number of pictures to decide which one to buy. People talked about what goals they had achieved and what their next goal was. This varied from person to person and ranged from sorting out their books or photos to planning, booking tickets and travelling on their own to Scotland.

People told us that they would talk to the staff if they had any concerns and felt that they would be listened to and acted on. The provider had a policy in place which gave guidance on how to handle complaints. When complaints had been made these had been investigated and responded to in writing and within timescales. People were asked in each house meeting if they had any concerns they wanted to talk about.

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. An activities co-ordinator was employed to assist with activities. Each person had their own weekly activities plan written in a format that they

Is the service responsive?

could understand. An outdoor summer house was used for arts and crafts and people had painted the inside of it. People were involved in planning meals, cooking, cleaning and gardening. People were supported into employment if they wished. Two people told us how much they enjoyed going to work. People were supported by staff to revamp the front area of the service. Trees had been removed and raised beds put in. People told us how much they enjoyed this and that they thought it looked lovely.

People had talked about having a party and set up a committee of three people and three staff. The plans for the party had escalated following the input of all the people living at Springfield House and resulted in them hosting a 'Dress to Impress' charity ball which raised £440 for the National Autistic Society and Cancer Awareness. People were very enthusiastic when they told us about the ball and showed us the photographs. They had hired a venue and invited people from three other local services. Families had been involved in the planning and decoration of the venue. There was live music, a photographer and a three course meal which people chose. People were given prizes for the best dressed and staff also received prizes – including the worst dressed! People showed us letters of thanks that they had received and told us how much they had enjoyed the ball.

People and staff told us about a camping holiday and showed us DVDs of the trip, under canvas, in Wales. Three people were supported by staff to put up tents, cook meals on a stove and enjoy the fresh air and views. Places and things of interest, such as steam trains, a pirate festival and a boat trip, were planned and incorporated. Staff told us, "It was better than we could ever have imagined" and, "We tried to do something special for each of them". Copies of

the DVDs had been sent to people's relatives and pictures of the holiday were displayed on the wall. The trip had been a huge achievement for both people and staff and plans were already in place for another trip. Other people had been on holiday to Clacton, taken trips to Howletts zoo, Chessington World of Adventure and Thorpe Park. People and staff had taken part in a 'Get dirty for Autism' event where they all got rather wet and muddy completing a military assault course and raising money for the National Autistic Society. There were plenty of photos showing smiling, but muddy, faces in the service.

People had been involved in putting together 21 World War II reminiscence boxes containing uniforms, personal care items and things that would have been needed in the trenches. These were for educational purposes and displayed at a local war exhibition. After the event the boxes were distributed to local primary and secondary schools to support them with their education.

The service had two giant African land snails and was planning to get a rabbit following a discussion at a house meeting. People would be involved in making the run and hutch and looking after it.

The registered manager had noted on the Provider information Return, sent to us before the inspection, that 'Throughout the year Springfield House gather and display photographs of activities, skills. Charity events, holidays and anything people are proud of. This method allows everyone, including those with communication difficulties, to see the achievements and progression that has been made. This becomes an incentive for the following year – Bigger, Better, Louder!'

Is the service well-led?

Our findings

People knew the staff and management team by name. People told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. The registered manager and deputy manager welcomed open and honest feedback from people and their relatives. Staff were encouraged to question practice and suggest ideas to improve the quality of the service delivered.

Staff understood the culture and values of the service. Staff completed training about values and attitudes in care. Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely and helped one another. Our observations showed that staff worked well together and were friendly and helpful, nothing was too much trouble. Staff told us that they were happy and content in their work and that the management team was very supportive. Staff commented, "Nothing happens in this house without the people's knowledge. It is their home before it is my workplace". The registered manager said, "Our person centred attitude promotes a positive culture and this enables people to freely communicate their individual needs".

The service had strong links with the community. People were supported to work in the local community. For example, one person chose to work at a local cinema and liked to walk to work. Staff at the cinema sent a text message to the registered manager each day they worked to let them know the person had arrived safely or were leaving the cinema so that they knew when to expect the person home. Another person worked in a local nail bar and also in a local café.

Springfield House had received an 'Outstanding Employer Contribution' award from East Kent College – this was in recognition of the excellent support in assisting East Kent College Health and Social Care students through their work placements.

People, their relatives and staff were actively involved in developing the service. People, their relatives and staff had taken part in questionnaires about the quality of the service delivered. Comments were all positive. A letter from

a relative noted, "I must comment on what I saw at the Christmas party. One of the clients became unwell. The response from the staff was amazing. It was dealt with in the most discreet way in that the other clients and parents were not aware of what was happening. This show great skills from the staff demonstrating discretion and calmness – well done". A health and social care professional noted, "Thank you for a lovely job your service is doing to support X".

Staff were clear what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

We asked staff for their views on the management and leadership of the service. All of the staff we spoke with felt the service was well led. Staff told us that they felt supported by the management team. One member of staff commented, "We have an excellent manager who will praise and offer lots of encouragement to staff. They are very approachable and understanding". Another member of staff commented, "I enjoy working with the team. I feel I can talk to senior staff if I have any issues".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a clear management structure for decision making. The registered manager and deputy manager worked alongside staff to provide guidance. The registered manager and deputy manager kept an overview of the service and were constantly observing and monitoring staff. There were boards in the service which named each member of staff on duty that day so that people knew who they could speak to and who was going to be supporting them. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. When lessons could be learned from concerns, complaints, accidents or incidents these were discussed.

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The management team worked alongside organisations that promoted best practice and guidance. They kept themselves up to date with new research, guidance and developments, making improvements as a result. Springfield House was nominated for the 'Community Impact' award at the National Epilepsy awards. This nomination was for companies who had made a positive difference to the lives of people with epilepsy. The registered manager had received an award from the Kent Disability Partnership 'nominated for supporting people with learning disabilities'. The registered manager told us, "I have told the staff that it may have my name on the certificate but it is the whole staff team that should be there. I am proud of the staff and the difference we can make to people's lives each day".

The registered manager had introduced team building days to thank staff for their hard work. This had included a recent bowling trip. The registered manager had spent a period of time away from the service and commented,

"They kept the home going so well. There were some real obstacles while I was away but they were just a great team". There was also a 'Pride at Work' scheme in place which rewarded staff who went above and beyond their duties. The registered manager commented that, "This promotes our positive culture".

There was a system in place to monitor the quality of service people received. The registered manager carried out observations of staff and, when necessary, staff were supported with extra coaching and mentoring. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.