

Green Light PBS Limited

Springfield

Inspection report

Springfield House
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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

The inspection was carried out on 20 and 22 June 2017 and was announced 24 hours in advance of the inspection because the service is small and the people who live there are often out. We needed to be sure that they would be in.

Springfield House provides accommodation for up to three people with a learning disability and complex needs. The service uses three individual flats with a shared garden and patio. There were two people living at the service at the time of our inspection.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who lived at Springfield House had very limited communication skills, meaning we were unable to gain people's verbal views on the service. We observed staff interactions and spoke with one person who lived there. We observed that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service. We also spoke with people's relatives and staff to understand their experiences.

There was a positive atmosphere within the service and it was noticeable that staff and management put people at the centre of the service. People and their relatives were encouraged to be involved in the planning of care. Senior management, staff and relatives regularly discussed how to best support people living at the service. There were regular feedback opportunities for people to give their thoughts on how the service was working. This enabled people and their relatives to comment on the service independently. We saw evidence that this was mainly done through email.

Comprehensive quality assurance processes were regularly undertaken to ensure management were aware of how the service was operating, and were able to implement changes to keep the quality of the service high.

People had regular routine access to visiting health and social care professionals where necessary. People attended an annual health check with a GP and had access to specialist medical services to ensure their health needs were met. Professionals told us there was appropriate communication between the service and medical services. We saw clear guidance for staff about how they were to meet people's needs so that they worked in collaboration. Staff responded to people's changing health needs and sought the appropriate guidance or care from healthcare professionals when required.

Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

Staff had a positive approach to keeping people safe and there was commitment to managing the changing risks in the service. Staff had developed their skills and understanding to appropriately support people when they became stressed or anxious. There were enough staff to keep people safe and properly supported to do the things they enjoyed, such as running and coastal walks.

People's safety risks were identified, managed and reviewed and staff understood how to keep people safe.

Staff identified and reported any concerns relating to a person's safety and welfare. The registered manager had a system to respond to all concerns or complaints appropriately.

Rigorous recruitment procedures were used to make sure new staff were safe and competent to work with people at the service. Staff were trained to provide the support individuals needed. A comprehensive system of induction and training was in place. Staff said the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people.

People were treated with kindness, compassion and respect. Staff demonstrated they had an excellent knowledge of the people they supported and were able to appropriately support people without limiting their independence. Staff consistently spent time speaking with the people they were supporting. We saw many positive interactions and people enjoyed talking to and interacting with staff. One staff member said, "I very much enjoy working here. I think it is a great staff group who are very committed to helping people live meaningful adult lives."

Relatives of people who used the service had mixed views about how the service was managed. One relative told us, "I've been very impressed with the current manager, though I have been less impressed with a previous manager because of the way a complaint was dealt with."

Professionals told us the service were open to ideas, communicated effectively and provided a safe and caring environment for the people who lived there. Comments included, "Even when I have raised a potential issue with management I have found them very professional and open to our suggestions and ideas. It's an excellent service" and "The team always demonstrate an open minded approach to supporting individuals whose behaviours can be challenging to support, and are open to sharing creative ideas within the multi-disciplinary team."

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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

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. Professionals who had contact with the service all commented very positively about the strengths of the service and how safe and supportive they felt it was for the people who lived there.

The management of the service understood the importance of ensuring that people were supported by staff they felt comfortable with, and who understood their needs including when they felt unsafe. Staff were confident they could keep people safe whilst supporting them to take assessed risks.

Systems for the administration and recording of medicines helped to protect people from risk.

Is the service effective?

Good ●

The service was effective. The service ensured that people's needs were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to provide support in meeting people's needs effectively.

There was a proactive support system in place for staff that developed their knowledge and skills and motivated them to provide a quality service.

Visiting health care professionals told us that they had positive relationships with staff and their recommendations and guidance are acted on in people's best interests.

The service met the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

Is the service caring?

Good ●

The service was caring. We observed that people appeared to be happy and had good relationships with the staff who supported them.

People who lived at the service had comprehensive care and

support plans which were up to date and reflected the daily lives of the people they were about. This ensured staff were aware of the needs of the people they supported and were better placed to meet them.

Is the service responsive?

Good ●

The service was responsive. Concerns and complaints were consistently recorded and there were audits in place to monitor outcomes for people and trends.

People were supported to receive prompt and appropriate healthcare when required.

The service provided a range of personalised activities chosen by people to participate in.

Is the service well-led?

Good ●

The service was well led. There was an open and relaxed atmosphere at the service. The culture of the service was transparent, clear and positive about supporting people to achieve their goals.

The staff team were positive about how they were supported by the registered manager and the organisation generally.

There was a robust system of quality assurance checks in place.

Springfield

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 20 and 22 June 2017; 24 hours notice was given because the service is small and the people who live there are often out. We needed to be sure that they would be in. The inspection was undertaken by a single adult social care inspector, with learning disabilities experience.

Before the inspection we reviewed the information we held about the service. This included statutory notifications. A notification is information about important events which the service is required to send us by law. Before the inspection we reviewed information held about the service and notifications of incidents we had received.

We spent time with two people who lived at Springfield House. People were unable to tell us their views about the service due to their complex health needs. However we observed how staff interacted with the people who were supported and reviewed the communication tools used to assist people to share their feelings about their service.

We spoke with two relatives of people who received a service and three external professionals who were familiar with the service. We also received feedback via email from another two external professionals with experience of the service. We looked around the premises and observed care practices.

We spoke with four support staff, a registered manager who had managed the service and the new manager who had recently taken over this role. We also spoke with the nominated individual for Green Light.

We looked at records relating to the care of individuals, staff recruitment files for 14 staff, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People were provided with care and support that kept them safe. Relatives of people who used the service told us they felt the service was safe. Professionals who worked with the service commented, "I do feel the service is safe. The level of knowledge about the person I was involved with was comprehensive from the transition period onwards and the support plan was developed with their safety as a priority" and "Springfield is a relatively new service but I have been impressed with the high level of support offered to people who are supported there".

Staff demonstrated they had a good understanding about how to keep people safe and were familiar with the service whistleblowing and safeguarding policies in the event they had any concerns. The service had a clear procedure for making appropriate alerts to the local authority regarding people's safety. Records showed that all staff had completed safeguarding training.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. For example, one person who had sustained injuries from hurting their hands during period of self-injurious behaviour had padded door protectors fitted to help protect them during incidents of this type.

We looked at the arrangements for the management of people's medicines. People had their own personal medication file and lockable storage facility in their flats. Staff supported people to take their medicines at appropriate times throughout the day as indicated by their prescription. Medicine administration records (MARs) were clear and accurate.

Controlled Drugs (CD) systems were in place although there were no controlled drugs in use at the time of inspection.

Recording requirements demonstrated room and medicine storage temperatures were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for. Staff told us, and documentation evidenced, that staff had received updated medicines training. Staff demonstrated a sound knowledge of the service policy and procedure for managing medicines. The registered manager carried out medicine administration checks weekly and a comprehensive monthly medicines audit was in place to ensure safe practices were followed. Medication administration recording sheets were checked daily.

Medication records and risk assessments were reviewed monthly by key workers and there were regular medication review meetings held with the multi-disciplinary team. Yearly reviews of the medication system were planned to take place by the supplying pharmacy. As the service was under a year old this had not taken place to date. The service policy and processes helped to ensure the management of medicines was thorough, safe and effective.

We looked at how the service recruited new staff. We saw safe recruitment practices were followed including detailed records for interviews, references and Disclosure and Barring Service (DBS) checks. The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions.

Staffing levels at Springfield House met people's individual support plans and were flexible to meet people's changing needs.

Staff were competent and had the skills and time to develop positive and meaningful relationships with people they supported. The management of the service understood the importance of making sure that people were supported by staff they felt comfortable with and who understood their needs, including when they felt unsafe. We saw a number of examples of this during the inspection. For example, staff ensured the inspector understood that a person would be more comfortable asking them to come into their personal space rather than entering their space uninvited. Staff acted as advocates on behalf of people when they showed their discomfort or anxiety with the inspection process. During our visit, staff had the safety and comfort of people at the forefront of their minds at all times.

People's care records contained appropriate individualised risk assessments which were reviewed regularly and covered a wide range of areas. The risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. Risk assessments were detailed and gave staff clear direction about what action to take to minimise risks. Assessments documented where alternative options had been considered and the benefits and risks of actions were balanced against each other. This meant that wherever possible people could take informed risks. For example, one person exhibited behaviour which challenged when travelling in a vehicle. This posed a risk to the person and others. Staff had a behavioural support plan in place for the person when travelling. This supported the person's desire to be independent and access the local community safely; and was achieved through the staff's knowledge of the potential risks and triggers for the person's behaviour and the positive de-escalation methods to be used to support the person.

The service had environmental risk assessments in place for risks such as fire and electricity systems, and these were assessed on an individual basis.

People living at the service were supported with their personal finances by the staff team. Where money was held by the service this was checked daily and audited fully twice weekly and financial risk assessments were in place which sought to minimise the risk of financial abuse. In addition, where requested, people's finances could be managed by arrangement by an independent financial appointee group. This is a money management service for people who are unable to manage their own finances due to a physical or mental health incapacity. Where appropriate relevant capacity assessments and Best Interests meetings had been held about these issues.

Is the service effective?

Our findings

People's needs were consistently met and people lived their lives in the way they chose to and were as independent and active as they wanted and were able to be. This was because people's needs were met by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to provide support in meeting people's needs effectively.

Staff told us they were supported to develop as individuals and as a team to achieve the aims of the organisation. Support for staff was provided through effective training and the management had plans in place to continually develop staff so they could meet the needs and preferences of the people they provided care and support for. For example, one person had a complex condition which required a high degree of understanding about how the condition affected their behaviour. In order to ensure effective and appropriate support from staff the management of the service had arranged training in this condition. The person's key worker was scheduled to attend an educational conference to learn more about how to work effectively with the person.

Staff told us they felt well supported by management and had a clear development pathway that included supervision and planning for future training. This showed that the provider planned ahead to develop motivated staff to continue the succession of the management team. The registered manager told us how they had worked as a support worker and key worker for a person before moving into a management role. Staff said the level of training and support provided was 'excellent'.

New staff completed a thorough two week training induction process in a classroom setting. Training covered understanding of autism, safeguarding adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards, as well as other core training areas such as food safety and infection control.

Once new staff had started working at the service they had a full house induction and a period of shadowing experienced staff on shift to ensure they were competent in their role. One staff member commented, "I have personally learned so much since working for Green Light. I have recently had epilepsy training and I got a lot out of it." We saw this training had been particularly valuable as the staff member was supporting a person who experienced epilepsy. Staff had been able to support the person through a recent health and medication review. Another staff member told us, "I can suggest areas I feel would help me develop in my role and management are happy to support me to develop by doing more training".

External professionals who were familiar with the service also remarked on the high standard of staff training. Comments included, "I would say the staff are well trained and competent in working with complex conditions" and "I've never had cause for concern regarding the teams competencies and am aware of the model that Green Light implement. On discussions at a 1:1 level or at team meetings there is a conscientious mind set from all members of the team to ensure that their approach is safe and caring for the people that they are working alongside."

Employees who were new to working in a caring role were supported to undertake the Care Certificate within the first 12 weeks of employment. Once successfully completed staff were encouraged and supported to enrol at a local college to undertake further Diploma level qualifications in Health and Social Care. One staff member said, "I have recently enrolled in a Level five diploma in leadership and management in health and social care for adult residential sector. I am really looking forward to this."

Regular supervision between employees and management as well as annual appraisals were used to develop and motivate staff and where required, to review practice and behaviours. Supervision meetings took place every six to eight weeks where discussions included how the service provided support to help ensure people's needs were met. It also provided an opportunity to review aims, objectives and any professional development plans. Annual appraisals gave an opportunity to review staff work performance over the year.

People experienced positive outcomes with regard to their health. People's routine health needs and preferences were written down in their support plans; staff demonstrated they understood people's health needs and these were kept under review.

People and their relatives were told us they were invited to be involved in their healthcare decisions. People accessed healthcare services as required and received ongoing healthcare support and reviews. For example, we saw records of annual health reviews with GP services and people had regular appointments with Learning Disability services. People saw their GP and other necessary appointments, such as the dentist, when they needed to and this was documented in records.

Specialist services were used when required. For example one person had recently visited a specialist in treating epilepsy to review their treatment. Health professionals who worked alongside the service commented, "As a health professional I feel that they communicate in a timely way and have never experienced any difficulties with this matter."

The service assessed each person's needs before they came to live at Springfield House to ensure the placement would suit their needs and keep them safe. We looked at these assessments and saw they were detailed and provided a comprehensive report of the needs of the person they were about. Management told us they worked closely with each person, their family and other professionals to ensure individualised services which were specific to the person.

The service placed emphasis on being familiar in all aspects of the lives of people who were supported. Staff accessed support plans and other relevant documentation via a computerised portal which was only accessed after appropriate permissions had been given by senior management. Staff were able to describe how different individuals liked to spend their time and we saw people had their wishes respected.

Professionals we spoke with such as social workers commented the staff at Springfield House were competent and well trained. One professional told us, "The team always demonstrate an open minded approach to supporting individuals whose behaviours can be challenging to support, and are open to sharing creative ideas. Creativity can be a fundamental method of implementing a specific aspect of a person's care plan, to ensure that the persons needs can be met, and my experience of the team is that they are not rigid in the way that they work but are able to 'think out of the box'."

During the inspection we saw one person was supported to go for a walk and another person went for a picnic on the coast. These were activities which had been identified with people as something they enjoyed.

People were supported to eat and drink enough and maintain a balanced diet. Daily logs were kept of individual's food and drink intake to enable the service to monitor that each person was receiving a healthy, balanced diet. People who required it were supported to prepare specialist meals such as gluten free alternatives. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLs) with the management team. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLs provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Mental capacity assessments and 'best interest' meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves. We saw appropriate applications for Deprivation of Liberty Safeguards authorisations had been made. Management were familiar and competent with the processes required and were able to carry out their responsibilities under the Mental Capacity Act 2005 legislation.

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.

We saw that staff consistently asked people for their consent to decisions and made sure people were happy before undertaking a support action. For example, staff reassured a person about upcoming activities on their schedule before sitting down with them to talk about their preferences and like and dislikes about their activity choices.

The design and layout of the individual living units met people's individual needs. For example, the flats were spacious and provided ample room for people to be able to live comfortably. We saw that people's living areas lacked personalisation to a large degree. For example, there were no pictures or many personal effects on show. We discussed this with management who told us staff were working with one person to create some internal decoration which they could enjoy and would be safe when the person's behaviour caused them to use their environment as a way to potentially hurt themselves. We saw one person's internal doors had had a protective barrier put onto them because of the risk of self-injury.

Is the service caring?

Our findings

People were unable to tell us whether they believed the service was caring. However we observed that people were relaxed and comfortable in their homes and had positive relationships with the staff who supported them. It was clear by observing how staff interacted with the people they supported how much they valued them as individuals and respected their boundaries.

Staff relationships with people who used the service were strong, caring and supportive. Professionals familiar with the service commented, "In my experience it is a really caring service for [person's name] to be. It is very good"; "The staff are lovely. I'd say very caring and professional in their approach" and "From the beginning of the placement staff have been open, transparent and everything is about what is best for [person's name]. Very caring."

The atmosphere at the service was relaxed and friendly. People were free to move around their living accommodation unimpeded and to have quiet time by themselves when they wanted it. When people wanted to access outside space at Springfield they were supported by staff to do so. We saw people moved around their homes at ease. There was lots of coming and going throughout the day as people went about their daily lives supported by staff.

Staff were seen to be motivated to provide the best and most suitable support to people they worked with. People were shown patience and respect; staff were not rushed, were focused and spent time on an individual basis with each person. People who lived at Springfield were treated with care and dignity. For example, when supporting people with personal care, staff were mindful of people's privacy and gave them safe support while enabling them to be as independent as possible.

People lived as independently as possible with the support of a focused, well trained staff team. We saw many positive interactions between staff and people which were respectful, warm and encouraging of people's autonomy. For example, encouraging people to increase their exposure to certain events like getting out of the car to go for walks when this was something the person had previously resisted.

Throughout the inspection staff gave people the time they needed to communicate their wishes. For example, staff ensured people were comfortable in making their own decision about whether to interact with the inspector. Staff understood that one person would feel uncomfortable with a stranger coming uninvited into their home and impressed upon the inspector the importance of waiting to be invited into the person's home.

People's support plans were clear, detailed and written from the perspective of the person they were about.

The service supported people to express their views and be actively involved in making decisions about their daily care and support. For example, key workers used different communication tools to support people to make choices about their daily food choices and activities they would like to take part in. If a person struggled to make choices, staff were trained to support them by offering different suitable options in a suitable format, for example, by using pictures or symbols if necessary. Support plans clearly recognised

potential challenges to communication and provided clear guidance for staff about how best to support people. For example, for one person it was recorded that it was unclear whether they understood very simple requests for consent such as yes or no. Because the lack of understanding about this was potentially a cause of anxiety and challenging behaviour for the person, the service were working with a Green Light behavioural analyst to help to gain a better understanding of this.

Support plans were updated and kept current. People had an opportunity to complete, with support, a quality feedback form each month to check they were happy with different aspects of service provision, such as activities and food choices. We saw those that needed it could use symbol sequencing strips to communicate their needs to staff. Staff were trained and supported to understand the communication patterns for each person and to use these.

People were supported to have access to advocacy services that are able to support and speak on behalf of people if required. Both people living at Springfield House had a current application in process to request an independent advocate to work with them.

The service had put together comprehensive, picture led support plans and information for people about their lives at Springfield House. Each plan was full of personalised photographs, making the plan very clearly about the person it was written about. These plans were adapted and laminated and made available to people so they could be familiar with and use it. These were reviewed monthly with the person. Staff told us one person said they wanted to put that they liked chips onto their plan when they last looked at it with their key worker and this was done.

Is the service responsive?

Our findings

People who lived at Springfield House received care, treatment and support that was personalised, putting them at the centre of identifying their needs, choices and preferences. Care and support was planned in a proactive way with people's involvement. External professionals visiting the service fed-back that the service was consistently focused on providing a person centred service. We found the service was flexible and responsive to people's individual needs and preferences and was consistently finding creative ways to enable people to live as full a life as possible. For example, one person was supported to go for runs, which was something they had demonstrated by their behaviour that they wanted to do. The service had worked with the person's family to make sure appropriately supportive footwear was available to allow them to do this safely.

People who used the service were encouraged and supported to engage with services and events outside of the home. For example, people took advantage of the rural aspect of the service, particularly walking on the local coastal paths and beaches. One person enjoyed trips to see and travel on trains and we saw from their activity log that they had opportunities to do this.

We saw records which evidenced that people and their relatives were asked for their views of the service on a regular basis through quality feedback surveys and by communicating with key workers to discuss their ideas. Each month people who lived at Springfield would sit down with their key worker to share their feelings about the service. This was a time to suggest changes to menus and/or activities and provided a way to assess people's satisfaction with the service and demonstrate the service was able to implement changes for people's benefit when required.

Staff told us that when specific feedback on proposed changes to care and support from people or family members was received, they always tried to accommodate this if it was in the best interests of the person to do so. For example, relatives requested that appropriate footwear be purchased which would be more supportive if a person was going to enjoy going on walks or runs. Staff showed records that evidenced that specialist and supportive footwear was purchased for this purpose. Activity records demonstrated that the person had begun to extend their walking and began to enjoy going on short runs with staff.

Support plans were regularly shared with relatives and records evidenced on-going communication between the service and families about support plans. Care records contained comprehensive information about people's health and social care needs. Plans were individualised and relevant to each person. A relative told us, "I do receive regular updates about (person's name) as well as emails and photographs".

We saw from looking at records that requests for information or clarification were always met openly and encouraged because the service was keen to ensure relatives were involved and felt part of the service at Springfield House.

The service had a policy and procedure in place for dealing with complaints. The service had put together a simplified complaints document, which consisted of symbols such as thumbs up and thumbs down to assist

people to share their feelings about their service and keyworkers worked closely with people to have a good awareness of any issues people might have.

Relatives told us they were aware of how to make a complaint and would feel comfortable doing so. Professionals told us they had raised complaints on behalf of family members in the past and felt these had been handled transparently and with co-operation and willingness to find agreeable solutions for family members to issues they raised.

We found people were assured of consistent, co-ordinated and person-centred care when they moved between services. For example, comprehensive transitions plans and arrangements had been put in place to support people to move into Springfield House from previous placements. Staff had spent time with people and their previous staff groups learning about the needs of each person and transitions were carried out in a planned, structured way with family involvement.

Is the service well-led?

Our findings

There was a clear management structure at the service. Green Light, the organisation which runs Springfield House, has a small number of management layers which support the delivery of the service. As well as a Registered Manager, who had day to day management responsibility for the service, there was also an Operations Manager. This role provides background support and acts as a link between the service manager and administrative staff supporting the service. In addition, each Green Light service is strategically managed by the Managing Director who is trained in Operational Leadership and Management as well as Positive Behavioural Support. Both additional layers of management make regular visits to each Green Light service to ensure services have appropriate support.

Documentation relating to the management of the service was clear and regularly updated. For example, people's care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met their individual needs.

The service benefited from the clear lines of accountability and quick effective decision making of the locally based management structure. It was apparent during the inspection that people both knew, and were comfortable with, managers from the organisation. The current manager of the service had previously worked as a key worker for one person living at Springfield and had an excellent relationship with them and a comprehensive knowledge of both people's needs.

Staff told us management were supportive and helpful. Comments included, "We have a good team here; everyone is very supportive of each other. Management are always on hand to offer support when we need it."

External professionals we spoke with remarked that Springfield House had a strong management base and was well led. Comments included, "I believe it is a well led service. The communication is very good and they make appropriate referrals without delay."

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these and were committed to them. We observed staff interacting regularly with people they supported and we saw these qualities demonstrated consistently.

Relatives told us they had mixed feelings about the management of the service. One person commented, "I've been very impressed with the current manager, though I have been less impressed with a previous manager because of the way a complaint was dealt with."

Supervision and appraisal processes were in place to enable management to account for the actions, behaviours and performance of the staff. Staff remarked that feedback was "supportive" and "constructive and helpful in developing me in my role". The service had a strong emphasis on continually striving to improve and management recognised, promoted and regularly implemented systems to achieve provision

of a high quality service. For example, the supervision used peer review as part of the supervision system. Staff told us they valued this process because it provided direct feedback from colleagues they worked with about strengths and weaknesses in their job performance which was used as a development tool.

Staff told us the service had a culture of fairness and openness and an approach, which encouraged people and staff to question practice. The service was transparent and open in the way it was run and this was clear from every aspect of the inspection evidence. An external professional told us, "They are certainly transparent and excellent at keeping records to be able to evidence something if there is any query."

The service regularly shared and discussed events that took place as a staff group informally and in monthly staff meetings. The registered manager told us, "It is a very important aspect of our work that we are open about our vision for the service and involve people as much as possible in every aspect of their service because at the end of the day it is their lives."

Management and staff were professional and friendly. We saw that people appeared happy living at the service and were comfortable with the staff who supported them. We heard many interactions between people and staff as they went about their day and these were relaxed with lots of laughter and fun evident.

Management and staff told us there was a culture of learning from mistakes. Prompt attention was given to the management of incidents, and accidents, and where required, investigations were thorough. There was a proactive approach to investigations and matters were dealt with in an open, transparent and objective way. For example, the service reacted positively to re-planning walking activity routes for a person which were tailored to be on circular routes because it was felt turning around was an issue and led to challenging behaviour episodes.

The service had a positive culture that was person centred, inclusive and empowering. The provider kept abreast of current practices in the specialist areas of Autism, Aspergers syndrome, Epilepsy management and support for people with Learning Disabilities through close partnership working with specialist agencies. Specialist training was delivered to staff in these areas. An external specialist told us, "I am involved in providing epilepsy training to a new staff induction group at the moment. They provide this training for all staff not only for staff who work with someone affected by epilepsy."

The organisation also provided on-going training and support in the technique of positive behavioural support (PBS). This is an approach that primarily aims to enhance people's quality of life using a range of person centred behavioural techniques. Staff were trained in Positive Behaviour Support (PBS) which is delivered by a Board Certified Behaviour Analyst.

Management and staff have a well-developed understanding of equality, diversity and human rights and put these into practice. Professionals who spent time at the service told us, "It is a positive place to be. I have been impressed with every aspect of the service"; "I have found them co-operative and professional to work with. When I've asked for something it has been provided promptly" and "Each person is treated as an individual. I wouldn't hesitate to recommend this service".

Management recognised the importance of investment into having a competent skilled staff group. New staff were provided with a range of training, much of it classroom based as well as e-learning. The service had embraced the requirements of the Care Certificate and encouraged staff to professionally develop themselves in their career. Staff commented, "I was really impressed with the initial two week induction training which covered so many areas and gave me a level of knowledge that gave me confidence when I started actually working with people" and "Training is one area we receive a lot of encouragement with. I've

just enrolled on further training with an advanced diploma that I want to do. It's all good."

Staff told us they would have the confidence to report any concerns about the care offered by colleagues, carers and other professionals, and were encouraged to be open and discuss any concerns with colleagues and management as they arose.

Staff told us they were motivated and supported by the way the service was managed and led and that they were happy in their job. One staff member told us, "I absolutely love working at Springfield. I like seeing people develop their independence and become more confident."

The need to assure quality was understood and there were clear quality assurance systems including a monthly audit of the service's medicines system and monitoring of any concerns. These processes acted as an audit system and were used to drive continuous improvement. There were also use of regular quality assurance feedback opportunities and service meetings. Management were receptive to changing areas of the service whenever this would improve how it operated.

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. Minutes demonstrated the regular frequency of meetings which were scheduled at least every eight weeks. The staff team discussed issues pertinent to the running of the service and communicated well with each other. Minutes of staff meetings demonstrated that staff inputted their ideas and suggestions about the service and these were listened to and acted on if appropriate. For example, staff discussed supporting people to grow their own vegetables and fruit in the garden and this was done.

People were asked for their views about the service in resident surveys which were completed monthly. The service used a range of methods to gather people's feedback including adapted easy read formats. These formats included the use of pictures, photographs and symbols to provide a simple method of gathering people's views. Relatives and other professionals were asked to complete annual surveys to give their feedback about the service although there were no recent responses received because the service had been operating less than a year.

We were shown records which evidenced that families provided regular feedback of their views of the service via email and in response to monthly reviews they were provided with copies of. Where people had suggested areas which could be improved their suggestions had been listened to and acted on. For example, recommended changes to footwear and diet suggestions were implemented.

The service understood and complied with their legal obligations, from CQC or other external organisations, and these were consistently followed in a timely way. For example any notifications that we required were received promptly and contained appropriate information.