

## Key inspection report

### Care homes for adults (18-65 years)

<b>Name:</b>	Springfield House
<b>Address:</b>	255d Stroud Road Gloucester Gloucestershire GL1 5JZ
<b>The quality rating for this care home is:</b>	Three star excellent service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Lynne Bennett	1 6 0 9 2 0 0 9

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars – excellent
- 2 stars – good
- 1 star – adequate
- 0 star – poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area

<p><b>Outcome area (for example: Choice of home)</b></p> <p><b>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</b></p> <p>This box tells you the outcomes that we will always inspect against when we do a key inspection.</p> <p>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</p> <p><b>This is what people staying in this care home experience:</b></p> <p>Judgement:</p> <p>This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.</p> <p>Evidence:</p> <p>This box describes the information we used to come to our judgement</p>
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Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983

- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Springfield House
Address:	255d Stroud Road Gloucester Gloucestershire GL1 5JZ
Telephone number:	01452312385
Fax number:	
Email address:	
Provider web address:	www.orchardendltd.co.uk

Name of registered provider(s):	Orchard End Limited
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0
Additional conditions:		
The maximum number of service users who can be accommodated is 6		
The registered person may provide the following category of service only: Care home only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following category: Learning disability (Code LD)		

Date of last inspection	0	7	1	1	2	0	0	7
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### A bit about the care home

Springfield is a home for six people with a learning disability who may also have additional mental health needs. The home at the time of the



inspection accommodated five women. Springfield is located on a main road close to Gloucester city centre and close to local amenities and public transport routes. It is part of the Orchard End Group that is a subsidiary of C.H.O.I.C.E. Ltd. The house is pleasantly decorated and is furnished in a comfortable and stylish way. Individual en suite accommodation is provided with access to a range of communal rooms. There are gardens to the rear of the home. The Statement of Purpose and Service User Guide are displayed in the entrance hall and further copies are available from the registered manager. Fees for the home range from 1,486 to 2,040 pounds per week.

## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

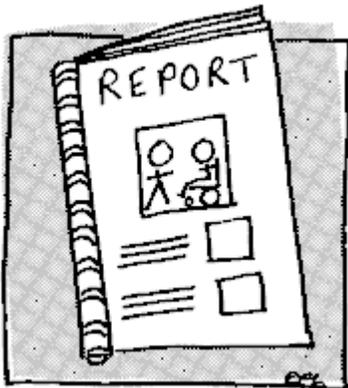
Three star excellent service

### Our judgement for each outcome:

Choice of home	Good	Good	Good	Good
Individual needs & Choices	Adequate	Adequate	Adequate	Adequate
Lifestyle	Excellent	Excellent	Excellent	Excellent
Personal and Healthcare Support	Adequate	Adequate	Adequate	Adequate
Concerns, Complaints and Protection	Good	Good	Good	Good
Environment	Excellent	Excellent	Excellent	Excellent
Staffing	Adequate	Adequate	Adequate	Adequate
Conduct and Management of the Home	Good	Good	Good	Good
	Poor	Adequate	Good	Excellent



## How we did our inspection:



### **This is what the inspector did when they were at the care home**

This inspection took place in September 2009 and included two visits to the home by one inspector on 15th and 16th September. The registered manager was present throughout. She completed an AQAA (Annual Quality Assurance Assessment) as part of the inspection, providing considerable information about the service and plans for further improvement. It also provided numerical information about the service (DataSet).

We talked to 3 people using the service, and asked staff about those people's needs. We also looked at the care plans, medical records and daily notes for these people. This is called case tracking. We also looked at a selection of other records including staff files, health and safety records and quality assurance systems. We observed the care people were receiving and were shown around the environment.



The judgements contained in this report have been made from evidence gathered during the inspection, which included a visit to the service and takes into account the views and experiences of people using the service.



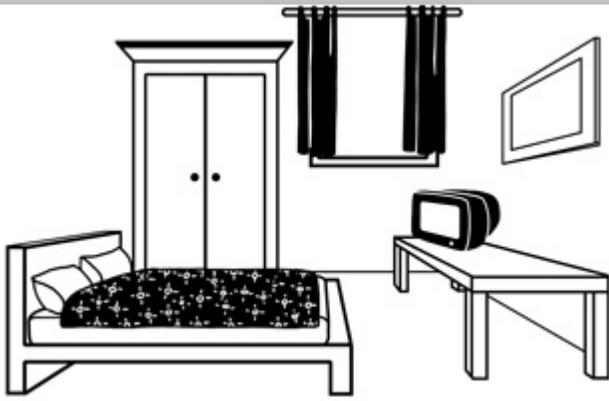
## What the care home does well



People are involved in putting together their care plans with input from other people connected with their care. These are regularly monitored and reviewed. Routines are flexible and the choices people make about their everyday lives are respected.



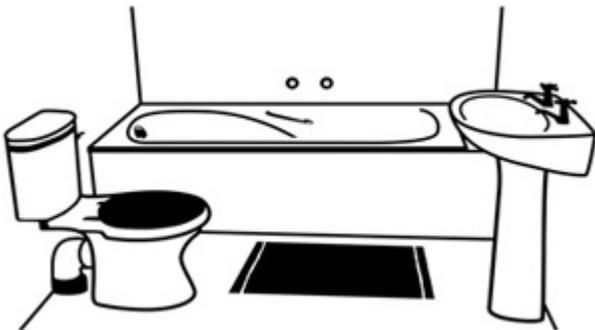
People have the opportunity to take part in a range of activities. One person said they enjoyed a pottery session and another said they were looking forward to a holiday.



Spacious and comfortable accommodation is provided. People said they are involved in shopping and helping to cook meals.



The diversity and culture of people living in the home is respected and celebrated.



Everyone has en suites attached to their rooms that include either a bath or shower and toilet.



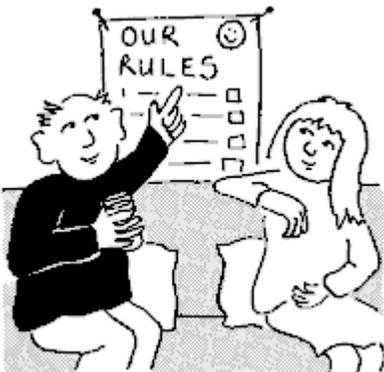
Staff have access to a robust training programme which includes courses in learning disability, epilepsy and mental health. A quality assurance system is in place which

involves people living at the home.

## What has got better from the last inspection

People have access to a wider range of activities both within the home and in their local community.

Any restrictions within the home are recorded with the reasons for these clearly explained. People were being involved in this process. These were in place to safeguard them from harm.





A fire risk assessment was reviewed and amended and new evacuation procedures were put in place, which staff and people living in the home fully understand.



## What the care home could do better

The registered manager had identified areas where improvements could be made such as developing care plans for death and dying, some environmental improvements and maintaining training for staff.



We have recommended that staff should have refresher training in the safeguarding of adults and continue to access training in the Mental Capacity Act and Deprivation of Liberty Safeguards.



**If you want to read the full report of our inspection please ask the person in charge of the care home.**



**If you want to speak to the inspector please contact**

Lynne Bennett  
CQC South West  
Citygate  
Gallowgate  
Newcastle upon Tyne NE1 4PA

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website <http://www.cqc.org.uk/>. You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line - 0870 240 7535.

## Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have access to a variety of accessible information enabling them to make a decision about whether they wish to live at the home. A comprehensive assessment of the person's wishes and needs are taken into consideration before offering them a place.

Evidence:

The Statement of Purpose and Service User Guide had been reviewed in 2009 and were available in the hallway and the quiet lounge. Each person also had a personal copy of the Service User Guide on their file with a copy of their terms and conditions and Individual Home Contract. One person showed us their personal copy of the Service User Guide which they kept in their room. These documents had been produced in accessible formats using text, pictures and photographs. They were also available in an audio version.

Since we last inspected there had been one new admission to the home and another person was visiting with a view to moving in soon. The person who had recently moved in showed us information they had been supplied with prior to the move. They had an individualised hand held book containing personal information about the house, the accommodation they would have, the activities they would do and their personal care needs. The registered manager confirmed that a similar book would be produced for the next person moving into the home. There was evidence that the referral manager had assessed people prior to moving into the home and that a copy of an assessment of need and current care plan had been obtained from the placing authority. An initial three month review had taken place for one person and a copy of the assessment of need and care plan from their placing authority had been provided confirming they would be staying at the home.

## Evidence:

There was evidence that the registered manager had considered the cultural needs of people moving into the home. The AQAA stated, " the admission of a new service user has led the staff team within the home to explore and familiarise themselves with her culture, practice and dietary requirements."

People said they were being involved in meeting and greeting people visiting the home. There was evidence that they had been asked for feedback about who they would like to live with. People had completed questionnaires which formed part of the admission process. Transition information was kept confirming how people had been introduced to the home. Where visits to the home were not possible staff had visited people at their former placements or with their relatives to obtain further information and to get to know them. After each meeting or visit records were being kept which were used to formulate care plans and risk assessments. People who had visited the home were also given a feedback sheet to provide the home with information about their visit.

## Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A person centred approach to care planning provides the opportunity for people to take control of their lives. People's needs are being assessed and they are being supported to make decisions about their lifestyles. Risks are being managed safeguarding them from possible harm.

Evidence:

Care plans and other associated records were examined for the three people being case tracked. Each person had been reviewed by their placing authority who had supplied an assessment of need and care plan. A Regulation 26 report indicated monitoring of these documents was in place and that a missing assessment had been requested from the placing authority. There was evidence that a schedule had been drawn up for annual reviews for this year. The AQAA confirmed that all care plans are person centred and had been continually reviewed over the past 12 months.

Each person had support guidelines which provided a holistic overview of their physical, intellectual, emotional and social needs. Support guidelines had been reviewed at least every six months. A read and sign list had been introduced to evidence that staff were reading these documents. Staff were observed supporting people in line with their identified needs. For instance one person may become obsessed with certain members of staff and care plans indicated that staff should provide information about when the member of staff was next on duty and then divert their attention. Staff appeared to be doing this effectively.

Support plans clearly pointed the reader to other documents which needed to be read in conjunction with the plans such as risk assessment plans, medication records and 'as

## Evidence:

necessary' protocols. Daily records indicated when additional documents had been completed such as Behaviour Observation charts. Cross referencing of all these documents was clearly done providing the reader with a full picture of the person's needs.

Each person had a communication profile in place providing information about their preferred form of communication, use of sign language or objects of reference and photographs to aid their comprehension. There was good use around the home of photographs, pictures and symbols. There were further plans to expand this. A Speech and Language Therapist had worked with staff and had completed assessments for people living in the home. The registered manager said she had looked into training for staff in the Total Communication Approach.

It was evident that people's changing needs were being monitored and care plans and risk assessments amended to reflect these. A risk management plan had been reviewed but was not on the person's file. In the interim a risk assessment had been put in place ensuring staff had up to date information about changes in the care plan and risk management plan. The latter document was due to be brought to the home during our second visit having been agreed by the psychology team.

Any restrictions which were in place were recorded (such as the use of a keypad on the front door) and the rationale for these noted (to prevent harm). Capacity of each person to consent in respect of these had been assessed and where necessary evidence was provided when it was being done in their 'best interests' with evidence of the people involved in the decision making process. Some people had signed their care plans and records on their files.

Risk management plans identified hazards and how these were to be minimised. They provided an at a glance analysis of the risks facing people backed up with individual strategies to minimise these. Staff discussed some of these with us confirming their understanding of the needs of the people they support. A missing person's procedure was in place and each person had a pen picture in place with a current photograph.

## Lifestyle

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live at the home make choices about their lifestyle, and are supported to develop life skills. They have the opportunity to take part in social, educational and recreational activities and keep in touch with family and friends. People have a nutritional diet and their diverse needs are catered for.

Evidence:

Each person had an activity schedule which had been produced using photographs of their activities. A notice board in the hallway was also used to display the days activities using photographs of people and photographs of activities. People were observed referring to this during our visits. Quality assurance audits for the home had identified that people needed to be more involved in the choice of activities and supported to achieve this. Staff were observed giving people choice about their day to day responsibilities around the home and activities. Records confirmed that on occasions people chose not to participate in activities and this was respected. Alternative activities were offered. Daily records confirmed how people spent their day. We sampled records for two weeks in August for the people being case tracked and observed people during our visits.

People were being supported to attend a local church each Sunday. One person had recently decided to start going to church having said they had no interest in following their religious beliefs previously. They were supported to do this. Staff had explored the spirituality with another person who had chosen to follow their cultural beliefs in the way in which they lived but not to follow this through with religious observance in a formal way.

## Evidence:

People were observed going out to use local facilities such as the shop or to access local transport systems. People had bus passes and vouchers to use local taxis. They could also use the home's vehicle when they had access to drivers. People were enrolled for colleges starting in the autumn term and one person had done some voluntary work. Work opportunities were also being explored for a person wishing to move into the home. People had not participated in any training in the home although the manager had involved them in fire drills and evacuation procedures and was going to look at involving them in other training opportunities with staff.

Activities reflected people's personal wishes and lifestyle choices. They said they had enjoyed going on day trips and were planning holidays later this year. They said they liked going shopping, out for a meal and to the cinema. They had also been supported to go ten pin bowling, to social clubs, to the park, walks and visits to local towns. When at home they were able to have pampering sessions, had regular therapy sessions with an external provider and do arts and crafts. During our visits an external provider held a pottery class which people appeared to enjoy. At our last visit to the home people were reticent to go out and about or be involved in activities in the home. This is a significant improvement.

People were observed helping out around their home, doing their laundry, cleaning and helping to plan and prepare meals. They were observed helping themselves to snacks and drinks. People's responsibilities for household tasks were displayed on the notice board in the hall. Not all people have keys to their rooms but one person said they could have one if they wished.

People said they liked to keep in touch with friends and family either over the telephone or by visits to the home. One person was heard arranging to visit their family with staff support. People were supported to go to social clubs to meet up with friends.

Menus had been prepared in advance from choices made by people living in the home. House meeting minutes indicated that people had discussed what they would like on the menu. People purchased snacks which were kept in individual containers in the kitchen. They were observed choosing and being encouraged to make their own breakfast. They also have the opportunity to help prepare the evening meal. One person was observed going out shopping having chosen to cook curry for that night's evening meal. Some people have diabetes and care was taken by staff to support them to manage their diet and eat healthily. A nutritional diet was provided for all. People's cultural diversity was respected and one person purchased meat from a Halal butcher. Evenings were arranged to celebrate the culture of different countries around the world sampling their cuisine.

## Personal and healthcare support

These are the outcomes that people staying in care homes should experience.

They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Personal care support is offered in a way that responds to people's needs and preferences, promoting people's dignity. Medication processes promote independence where appropriate and systems should protect people from possible harm.

Evidence:

The way in which people liked to be supported with their personal and health care needs were clearly and succinctly recorded in their support guidelines. The preferred gender of staff helping people with their personal care needs was highlighted in plans. The staff team reflected the cultural diversity of people living at the home and provided a balanced gender mix of staff. Staff were observed treating people with dignity, respect and sensitivity. The AQAA stated that, "support and care provided is person-led, flexible, consistent and able to meet the changing needs of individuals." People said they had good relationships with their key workers and other staff. Some people needed access to specialist equipment to aid them with their mobility and this had been provided after referral to health care professionals.

Excellent records were being kept providing evidence of regular appointments with a range of health care professionals. The outcome of each appointment was also recorded. An audit was being completed of all appointments indicating when future appointments were needed for instance for the Dentist or Optician. People were being referred to the local Community Learning Disability Team or other health professionals where appropriate. Comments from health professionals included, "The home meets the needs of service users in relation to particular conditions and diverse experiences. They work collaboratively with all other professionals and agencies."

Each person had a Health Action Plan in place which had been reviewed this year. A summary sheet confirmed where any amendments or changes had been made. People were having access to annual health care checks.

## Evidence:

We observed staff administering medication to people and satisfactory procedures were followed. Staff said they had recently introduced a system for a second member of staff to witness medication administration. The pharmacy had supplied them with additional copies of the medication administration records. Robust procedures were in place for the administration of medication, including monitoring the temperature of the fridge and medication cabinet, counter signing hand written entries, maintaining stock control records, labeling creams and liquids with the date of opening and keeping external and internal medication in separate sealed containers. Protocols were in place for the administration of 'as necessary' medication and homely remedies which had been authorised by the General Practitioner. Protocols were in place should people refuse medication. Staff were observed contacting the General Practitioner for advice when one person was ill shortly after having their medication. Staff confirmed they completed training in the safe handling of medication and also had regular competency audits. People had been assessed to see if they could administer their own medication. One person had been supported to achieve this before they left the home. There were comprehensive records in place evidencing how they were supported with this starting with prompting staff when their medication was due, to administering the medication themselves. They were given a certificate as they completed each stage. This is excellent practice.

Although not assessed during this inspection the AQAA indicated that plans for Death and Dying were being looked into. Copies of proforma's were in people's files.

## Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience.

They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are confident in the knowledge that any concerns they may express will be listened to and acted upon. Systems are in place that safeguard people from possible harm or abuse.

Evidence:

The complaints procedure had been produced in a variety of formats appropriate to people's needs using text, symbol and pictures. It was displayed around the home. People said if they had concerns they would talk to the manager or staff. They were observed talking with the manager and she confirmed they would approach her with any concerns. The complaints file indicated that the last complaint on record was 2008. There was a record of this and copies of the investigation and outcome of the complaint. The DataSet confirmed that no complaints had been received this year.

The AQAA stated that most of the staff team had attended training in the safeguarding of adults with the local adult protection team. When we examined the training matrix it appeared that a number of people had completed this training some time ago. The registered manager confirmed that staff had the opportunity to join workshops organised by CHOICE in 2008 to explore safeguarding adults and the organisation's whistle blowing procedure. It is important that staff knowledge about safeguarding is kept up to date and refresher training provided. The registered manager confirmed that a copy of the local adult protection procedures were available in the home and the 'alerters guide' was displayed in the quiet lounge. Staff said that they had just discussed the safeguarding policy and procedure during their last supervision sessions and that the policy and procedure was displayed in the office. Staff spoken with were confident that the management team would listen to any concerns they may have and act upon them. They said the registered manager had an open door policy and staff felt free to talk over any issues as they arose.

People did not have advocates at the time of our visit although one person had previously been supported by an advocate. Information about accessing local advocacy support was not seen during our visits.

## Evidence:

Staff had completed training in SCIP (Strategies for Crisis Intervention and Prevention) which promotes a low arousal approach to managing challenging behaviour. There had been a significant reduction in the use of physical intervention in the home. Incident records verified statistics provided in the AQAA that physical intervention had been used 7 times this year in comparison to 140 times last year. Reactive Management Plans provided staff with guidance about how to support people to effectively manage their anxieties and fears. It was evident that the home were responsive to changes in people's needs and involved the psychology team in a review of their management plans when appropriate. Staff spoken with had a good understanding of how to support people when anxious or upset.

Any restrictions which were in place were recorded with the rationale for these such as use of a keypad on the front door and access to a kitchen cupboard containing people's personal food items. Some restrictions in place at the time of the last inspection had been removed. The use of the kitchen kettle had been highlighted as a concern and so had been replaced with a water boiler minimising the risks of incidents and so removing further restrictions of access to the kitchen. Although the registered manager had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards a number of staff needed to complete this training. This was scheduled for 3 staff during our visit. Information about this legislation was available in the home for staff and people living there.

Financial records were examined confirming systems were in place to monitor and regularly audit these. Receipts were obtained for expenditure and could be cross referenced with debits. People were supported to be as independent as possible with their money and had lockable facilities in which to store them. Inventories were not examined during this visit.

## Environment

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The physical design and layout of the home enables people to live in a well-maintained and comfortable home that suits the lifestyles of the people living there.

Evidence:

Springfield House is situated on a busy main road in Gloucester similar to other properties in the area. During our visits the home was clean and tidy. Each person had a room with en suite facilities. Some people showed us their rooms which reflected their personalities and lifestyles. A day to day maintenance log evidenced that staff were promptly reporting any issues as they arose. The registered manager said that there had been some problems with the response of contractors to deal with these but that hopefully this had now been resolved. During our second visit some of the maintenance issues were being dealt with. Carpets in the hallway had been replaced with washable flooring and there were plans to replace the kitchen units next year. The quiet lounge had been fitted out with some sensory equipment and reclining chairs.

There had been a fire in the home during the summer. The damaged room and communal hallway had been redecorated and refurbished quickly minimising disruptions to people living in the home. Carpets on the first landing were due to be replaced.

Where needed specialist adaptations or equipment had been provided for people. There was evidence that an Occupational Therapist and a Physiotherapist assessment had been completed.

The laundry was clean and tidy with evidence of good infection control measures. Each person had an individual sealed container for their laundry. Red bags were being used for soiled laundry. Arrangements were in place for the disposal of clinical waste. Staff had completed infection control training.

## Staffing

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Peoples' needs are met by a competent staff team, who have access to a comprehensive training programme that provides staff with knowledge about the diverse needs of people living at the home. People are involved in the recruitment and selection procedures which are robust and should protect people from possible harm.

Evidence:

There had been a stable staff team since our last inspection. Staff commented in their surveys, "we work well as a team and we know each person's needs." Health care professionals said "staff are professional, supportive and friendly at all times. They work with us to provide seamless care." Observations of staff during our visits confirmed this. People said they liked staff and were happy with their key workers.

We had been supplied with a copy of the home's National Minimum DataSet for Social Care (NMDS-SC) which confirmed that over 78 per cent of staff had a NVQ in Health and Social Care and that all staff were involved in the NVQ programme. This is excellent. Staff files contained copies of their induction programme which was equivalent to Skills for Care Common Induction Standards. The registered manager confirmed that new staff completed SCIP and mandatory training during their induction period. Staff commented that there might not always be enough staff who were able to drive on duty. The management team had already identified this and described the strategies they had in place to address this.

Recruitment and selection files were examined for two new members of staff and found to be satisfactory. A summary sheet on each file had evidence of when references, Criminal Records Bureau checks (CRB) and pova first checks had been received. Documents on their files confirmed that both members of staff had been appointed upon the receipt of two satisfactory references and a CRB check. The home has a risk assessment proforma to use should staff start work before the CRB check had been returned. Each person had provided an application form and where there were gaps in

## Evidence:

employment history these had been investigated. An occupational health questionnaire had been completed. The reason for leaving former employment in care had also been investigated. The registered manager said that people living in the home were involved in interviews for new staff. Staff confirmed that people had been asked to compile a list of questions they would like to ask new staff. There was evidence that these questions were being used as part of the interview process.

A training matrix was in place which indicated that the registered manager was monitoring staff training needs and arranging refresher training as needed. Staff had access to training specific to people's needs such as epilepsy, mental health and autism. They had also completed equality and diversity training, learning disability and old age, sexuality and loss and bereavement. Staff confirmed that the training programme was excellent providing a mix of taught learning by internal and external providers and open learning packs. They said that supervision sessions were also used to discuss policies and procedures and revisit their knowledge on such subjects as safeguarding and the admissions process.

## Conduct and management of the home

These are the outcomes that people staying in care homes should experience.

They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management and administration of the home is person centred and is based on openness and respect. An effective quality assurance programme is in place involving people who live at the home. Systems are in place to maintain and monitor the health, safety and welfare of people, which should safeguard them from possible harm.

Evidence:

The registered manager has the Registered Managers Award and Level 4 NVQ in Care. She has considerable experience and knowledge with people who have a learning disability. Staff commented that she is "inspiring", "continually improving standards" and that she keeps abreast of changes in legislation and guidance. This is also our experience of the registered manager. Comments in a survey included, "I have experience of working with many different people and different settings. Springfield House is the best care home I have had the pleasure to work with."

The registered manager supplied a copy of the AQAA and NMDS-SC well in advance of the deadline. These documents supplied us with substantial information about the service and plans for future developments.

The registered manager and some staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. As mentioned there was evidence where appropriate the necessary assessments and records were being completed by the home in relation to this legislation. No one in the home was subject to a Deprivation of Liberty Safeguard at the time of the inspection but the registered manager was considering making an application to the placing authority in relation to one person. This was due to the person's changing circumstances. The registered manager confirmed that she had

## Evidence:

contacted the local team for advice.

CHOICE have a robust system in place for monitoring the quality of service being provided in the home. Each year people were being involved in the quality assurance process responding to a questionnaire from the organisation from which a summary report would be produced with a development action plan for the home. This plan is monitored quarterly and these reports indicated when each action had been completed. One comment in 2008 had been, "I do not feel that they take residents out as much as I feel they should." The corresponding actions resulted in consultation with people about what they would like to do and implementing these. This had clearly been done.

Regulation 26 visits as required by us were taking place each month by the Area Director and reports were examined for this year. It was evident that all systems within the home were being monitored and action taken to address any issues highlighted. There was also evidence of discussion about maintaining and improving standards of service provision within the home. People living in the home were involved in this process and their feedback was recorded in these reports.

CHOICE had also implemented an inspection based on the National Minimum Standards by an Area Director from another area. A copy of this report was seen which indicated that the home was providing an excellent service. CHOICE have also received the Investors in People Award.

Robust systems were in place for the monitoring of health and safety around the home. Staff said that they had delegated responsibility for these tasks and had received the necessary training. A fire risk assessment had been put in place with a new evacuation procedure which involved all people leaving the home. This was put into action recently during a fire in the home and all people were quickly and safely evacuated. Records confirmed that fire equipment was being serviced and tested at the appropriate intervals. Staff confirmed that they completed fire training regularly and also had access to an open learning DVD. Good food hygiene systems were in place with fridges, freezers, water and hot food temperatures being tested and recorded. The home used the Safer food, better business pack and completed daily checks in the kitchen. Food in fridges was labeled with the date of preparation or opening. A recent Regulation 26 visit had reminded staff to ensure this was being done. The DataSet indicated servicing of equipment and utilities was taking place.

Are there any outstanding requirements from the last inspection?

Yes

No

### Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No	Standard	Regulation	Description	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set

No	Standard	Regulation	Description	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	22	Provide information for people about local advocacy services.
2	23	Staff knowledge about the safeguarding of adults should be kept up to date, this includes the Mental Capacity Act and Deprivation of Liberty Safeguards.

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