Orchard End Limited

Springfield House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 7 March 2016 and was unannounced. Springfield House provides care for up to seven people with a learning disability and mental health needs. Orchard End Limited, the provider, is part of Choice Care Group. People and staff at Springfield House have access to management support and resources from Choice Care.

Seven people were living in the home at the time of our inspection. People had their own rooms, some with en suite facilities and shared a living room, dining room and kitchen. The house was detached and set in its own grounds.

There was a registered manager in post, although they had been absent for over 28 days. An acting manager had been appointed in their absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were not always being safeguarded from the possibility of abuse or harm. Safeguarding policies and procedures had not been followed after concerns were raised which meant the appropriate action was not taken immediately. Recruitment and selection procedures were not rubust. Staff had been appointed without checking why they had left former employment in adult social care.

People's needs had been assessed and they were involved in developing their care and support. They were integral in deciding how they would like to be supported and making choices about their day to day lives. Their care records reflected their past history, personal preferences and routines important to them. People were encouraged to be independent and talked through their goals and wishes for the future. Staff supported them to achieve this through taking small steps and developing their confidence. Any risks people faced had been assessed and hazards had been minimised, promoting positive risk taking. As a result people had successfully tryed new things such as going on holiday for the first time or getting back in touch with family. People had access to a wide range of activities both at home and in their local community including volunteering and training opportunities and meeting friends socially. People's diverse needs were considered and staff understood how to promote their human rights with respect to age, disability, culture and religious beliefs.

People's health and well-being was promoted. People were supported to stay well, to eat a healthy diet and to have their medicines administered safely. They had access to a range of health care professionals to help them maintain their physical and mental health. Staff understood people really well and knew how to support them when they felt anxious or upset. People were reassured and helped to manage their emotions. Any restrictions in place had been discussed and agreed with people to keep them safe. People deprived of their liberty had the appropriate authorisations in place.

People were supported by staff who had access to a robust training programme to equip them with the skills and knowledge to meet their needs. Staff felt supported in their roles and were positive about the opportunities for development. Staff were positive about their relationship with the registered manager, who was open, accessible and "hands on". They understood people's needs really well, treating people with respect, sensitivity and kindness.

Quality assurance systems ensured feedback was obtained from people, their relatives and staff. Their views were considered and action plans identified improvements made as a result. A person told us, "It's really good here, I get all the help and support I need". People had the opportunity to audit other services owned by the provider and to send a representative from their home to meetings with the provider. Complaints systems were in place and people said they would talk to staff, the registered manager or "head office" if they had any issues. Staff confirmed they would raise any concerns with the registered manager who would take the appropriate action.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People were put at risk because safeguarding policies and procedures had not been consistently followed.

All of the recruitment and selection checks required for new staff had not been completed. This potentially put people at risk of receiving unsafe care and support.

People were supported by enough staff reflecting their changing needs. People were supported to live full lives and to take risks as safely as possible. People's medicines were safely managed.

Is the service effective?

Good

The service was effective. People were supported by knowledgeable and skilled staff who understood their needs well. People also had access to training.
People's consent to their care and support was considered in line with the Mental Capacity Act 2005. Deprivation of liberty safeguards were sought when needed.

People were supported to stay healthy and well; their dietary needs were considered and they had access to health care professionals.

Is the service caring?

Good

The service was very caring. People were treated with sensitivity, kindness and respect. Care was taken to make sure their diverse needs were met.

People were listened to and their views shaped the care and support they received. People's privacy and dignity was respected. They were encouraged to be independent and to make contact with people important to them.

Is the service responsive?

Good

The service was responsive. People's care was individualised, reflecting their personal preferences, wishes and routines important to them. Their independence was encouraged and

promoted.

People led full and busy lifestyles, taking part in activities they enjoyed and having the opportunity to try new experiences.

People were confident talking to staff about any concerns or issues they had and knew they would be listened and responded to.

Is the service well-led?

Good

The service was well-led. People were confident expressing their views and opinions whether individually face to face, in meetings or in response to surveys. The provider and registered manager encouraged people to feedback their experience of the service.

People and staff felt supported by the registered manager who was open and accessible.

A range of internal and external quality assurance audits monitored the quality of service provided. Action, if needed, was made to make improvements.

Springfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 8 March 2016 and was unannounced. One inspector carried out this inspection. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with seven people living in the home, a representative of the provider, the registered manager and four care staff. We reviewed the care records for three people including their medicines records. We looked at the recruitment and selection records for three new members of staff and also staff training records. We checked quality assurance systems including health and safety records. We observed the care and support being provided to people and a person showed us around their home. We contacted four health and social care professionals and asked them for their feedback about this service.

Requires Improvement

Is the service safe?

Our findings

People's rights were being upheld. However, safeguarding procedures had not been consistently applied to make sure people continued to remain safe from harm at all times. There were clear safeguarding procedures in place which provided staff with guidance about what they should do if they suspected abuse had taken place. Safeguarding policies and procedures were accessible to all staff and a summary was displayed in the staff office of actions to be taken in the case of allegations of abuse or harm. However, these had not been followed after a suspected incidence of abuse, such as contacting the out of hours management cover, which meant the registered manager was not informed about the incident until 48 hours later. The registered manager then followed their safeguarding procedures and took the appropriate action. A record of the incident had been completed but other safeguarding protocols had not been immediately implemented and so the appropriate actions had not been taken at the time. This could potentially have put people at risk of further harm.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had at times been placed at risk of harm or abuse and records had been kept detailing what had happened and what the registered manager had done in response. She had informed the local safeguarding team and the Care Quality Commission of these incidents and the action they had taken to keep people safe. Staff had completed training in the safeguarding of adults. Staff spoken with were clear about safeguarding procedures.

People told us they were occasionally bullied by other people living with them. People's care records referred to their personalities and responses to others. Guidance was provided in behaviour support plans about how this should be managed. Staff were aware of this and how to support people to treat each other with dignity and respect. Staff were observed using distraction techniques when people were unhappy in each other's company and prompting people to give each other space. People were able to participate in "Keeping me Safe" training to increase their awareness of how to stay safe.

People's finances were robustly managed to prevent the risk of financial abuse. Each person had a financial risk assessment detailing the level of support they needed. Staff followed guidance when supporting people with their finances, keeping receipts and a record of all expenditure and income. The registered manager monitored this, cross referencing income with people's bank accounts.

People were not always protected against the risk of unsuitable staff supporting them because robust recruitment and selection processes were not in place. Two newly appointed staff had previously worked in adult social care. There was no evidence that the reasons why they had left former employment in all of the adult social care services they had listed had been obtained. Discussions with the human resources department confirmed checks for new staff had not been carried out with respect to this. This meant the character and competency of new staff to carry out their work had not been thoroughly checked.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in the recruitment and selection of new staff either informally by meeting and greeting them or by taking part in the interview process. Prior to this an application form had been completed and where there were gaps in the employment history these had been verified to provide a full employment history. References had been obtained from the last employer, wherever possible. Disclosure and barring service (DBS) checks had been obtained before staff started working. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. In addition, for one applicant for whom references could not be obtained, finger print screening was requested. This confirmed their identity.

New staff said they were supported through their induction programme, completing the care certificate and working alongside existing staff. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. Probationary meetings evidenced the support to new staff and the monitoring of their performance. There was evidence disciplinary procedures had been followed when needed with respect to staff performance.

People were supported by sufficient staff to meet their individual needs. When people's needs changed the registered manager had been able to provide additional cover to keep people safe and to make sure all people's needs were met. For example one to one support was provided if needed when people were unwell. The staff team covered for annual leave and sickness and said team leaders and the registered manager were "on hand to help out". If needed staff could be supplied from other homes owned by the provider.

People discussed with staff hazards in their home and local community and how risks could be managed. Assessments identified how risks were minimised, in the least restrictive way, promoting people's independence and safety. One person had said they preferred to have the company of staff when going out into their local community. Another person was supported by staff to manage a health condition and staff described the emergency pack which accompanied them out and about in case they had a problem. The registered manager described how they encouraged people to reflect on their lifestyle choices and to try new things safely whilst promoting positive risk taking. This had been successful with one person's mobility significantly improving and other people engaging in activities in their local community.

People had individual evacuation plans in place should they need to leave their home in an emergency. A person said they took part in fire drills and showed us the fire procedures. These had been produced in an easy to read format using pictures and symbols. Fire risk assessments were in place and fire systems and equipment checks/servicing had been completed at the appropriate intervals. Other checks had been completed to monitor health and safety systems such as legionella, water temperatures and food hygiene processes. A safe environment was promoted with any day to day issues being reported promptly and action taken to rectify them. Longer term projects such as replacing wet room floors had been commissioned.

When people had accidents and incidents, these were recorded and monitored by the registered manager. Records analysed the cause of the accident, any injury sustained and the response by staff. For example, after a fall a person was referred to their GP to check on their physical health and a referral was made to an occupational therapist. In addition, reports were sent to the provider who audited these to make sure the appropriate action had been taken.

People's medicines were managed safely. Staff had completed training in the safe management of medicines and were observed dispensing medicines as well as completing theory tests before being allowed to give out medicines. Medicine administration records (MAR) included pictures of the medicines people received. This helped make sure they were given the correct medicines. A member of staff countersigned the MAR as an additional security check. Medicines were kept securely and at the correct temperature. There were protocols in place for when people needed medicines to be taken as necessary which had been authorised by their GP.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a robust training programme to equip them with the skills and knowledge they needed to meet people's needs. People told us staff were "alright" and "good". Staff said they had "lots of training", "we teach each other" and "Choice is the best company for training staff". Staff were observed at a handover sharing tips about how to support a person with moving and positioning. Staff said they had training specific to people's needs such as diabetes awareness and the use of mobility equipment. The registered manager maintained a training record which evidenced training in courses considered mandatory by the provider such as first aid, fire and infection control. All staff completed training in positive behaviour support and physical intervention. The provider audited the training of staff to make sure they had access to refresher courses when needed. Staff spoke positively about career opportunities and the support they received to develop professionally. Some staff were completing the diploma in health and social care at level three and also leadership awards. Choice Care Group Academy had been set up with the aim of "nurturing talent of staff so that they can provide the best possible service".

People living in the home were encouraged to take part in training and to become involved as trainers if they wished. People had completed training in first aid and recruitment. People proudly showed us their certificates displayed in their rooms.

People benefitted from staff who felt "really supported" in their roles. They had individual meetings with senior staff to discuss their roles, training needs and the support they provided to people. Annual appraisals had been carried out in 2015 and were planned for 2016 giving staff the opportunity to explore their professional development. Handovers each day provided another learning environment and were used to exchange ideas and views. Staff meetings also offered the chance to reflect about the service provided and to review people's changing needs.

People's capacity to consent to their care and support had been considered and their care records evidenced assessments of their capacity to make decisions for themselves. People made decisions about their day to day lives such as what to eat, drink, wear and what activities to do. They were observed chatting to staff and informing them about how they wished to spend their time and staff followed their lead. People were given explanations if there was likely to be a delay or if their choices could not be complied with.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Records confirmed when decisions had been made in people's best interests for example for the administration of medicines or finances and who had been involved in making this decision.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles

of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Standard authorisations had been approved for three people living in the home to restrict their liberty to keep them safe from possible harm. These had been reviewed after 12 months and further approval given. People had some restrictions around their home which had been discussed with them. For example, a key pad to the kitchen door to prevent possible harm to some people living there. We observed one person using the key pad to access the kitchen and the kitchen door being open at times, when risks were reduced, enabling other people to spend time in the kitchen with staff. Any restrictions were recorded in people's care records and if able they had signed to say these had been discussed with them.

People occasionally became upset or anxious. Staff understood how to support them and to help them to gain their composure. They said they did not use physical intervention and rarely used medicines to calm people. Records had been kept for any incidents noting the triggers, the response of people and staff. These were monitored by health care professionals and a psychologist employed by the provider. Analysis of incidents evidenced when there had been a reduction or increase in incidents and the possible reasons for these. Behaviour support plansdescribed how to help people when distressed. Staff clearly understood these and were observed supporting people effectively.

People were involved in choosing their meals and snacks. The menus reflected their choices, likes and dislikes. Alternatives were offered to the main meal if people preferred something different. People's cultural requirements were catered for with ingredients being sourced, stored and cooked appropriately. Staff understood the importance of this and were observed cooking food separately. People's specific dietary needs were considered. For example, people living with diabetes were offered sugar free deserts and ice creams and people wishing to have a low cholesterol diet were provided with food items which promoted this lifestyle choice. People were observed helping themselves or asking for drinks and snacks when they wished. They decided where to have their meals and with whom. People's weight was monitored and support was provided to help them either maintain or reduce their weight. In line with recent national legislation people had access to information about any allergens in their food.

People had access to a range of health care professionals including their GP, optician and dentist. Each person had a health action plan which kept an up to date record of any appointments, health issues and allergies they may have. People living with diabetes had the appropriate health care checks to ensure their diabetes was being managed. For example, blood tests, eye tests and visits to the chiropodist. A hospital assessment provided information to be shared with emergency services should it be needed. Information about people's specific health care needs was provided for example, diabetes or epilepsy. It was evident any changes in people's physical and mental health needs were responded to quickly. Support from mental health and learning disability services was also provided when needed.

Good

Is the service caring?

Our findings

People had positive relationships with staff, chatting amiably with them, choosing to spend time in their company and sharing light hearted moments. Staff were kind and caring, reassuring people when needed and patiently responding to their queries or requests. People told us, "It's really good here, I get all the help and support I need" and "Staff are really good and supportive". Staff were passionate about their work and told us, "Love them all, especially when they are happy, I feel like I am doing my job" and "I feel I am doing something worthwhile".

People's diversity was acknowledged in their care records which included their religious, spiritual or cultural beliefs and their needs in respect of age, disability or gender. Some people preferred to have female staff supporting them with their personal care and this was respected. People were engaged in age appropriate activities both within their home and in their community. People's dietary requirements and personal care reflected their religious and cultural needs. One person who was bilingual confirmed "My Dad talks to me" (in their second language). Although no staff could speak their second language they said they were able to talk with local business people. People's preferences for support at the end of their life had been discussed with them. If they had chosen to have a religious service they had provided details about what they wished to be included.

People were supported by staff who had completed training in equality and diversity as well as dignity, values and attitudes training. They demonstrated an understanding of people's diverse needs and how they ensured people's support reflected their needs relating to age, disability, gender, ethnicity and faith.

People were listened to and time was given to them individually when needed. The provider information return stated, "Staff always take time to talk and listen to service users in a professional and caring way." This was observed during our visit. The registered manager commented, "We respect dignity and choices, they have a say in everything they do, are listened to and more importantly they are heard." A person described how they had felt anxious when away from the home and so had telephoned and "spoke with the night staff who reassured me, so I could get to sleep".

People's personal histories and preferences had been discussed with them and those important to them. Their care records clearly detailed how their past had influenced their lives but also their wishes for the future. Assumptions were not made about the way people had chosen to live or that they would continue with this lifestyle choice. One person had not engaged in activities or with other people for a long period of time. The registered manager described how staff had encouraged, prompted and reassured them to take those first steps to try new things and they had experienced their first holiday since moving into the home and chosen which activities they would like to take part in. The registered manager commented, "[Name] had achieved so much, we are really pleased".

People occasionally became distressed and staff responded quickly and professionally, reassuring them and offering them individual support if needed. Staff knew people well and how to interpret their emotions and responses. Staff were observed reassuring people when anxious or upset and also being mindful of

others close by. If needed health care professionals were contacted for their support and advice. A person said, "Staff help me to cope with my problems". They explained how with staff support their mental health had continued to improve and they had been supported to grow in confidence helping them to manage their feelings and to talk through them with staff.

People had access to information which had been provided in easy to read formats using pictures and photographs to make them easier to understand. Staff were also prompted to talk through information with people and to check they had understood the content. People were able to express their views at individual meetings with staff allocated to them, at their annual reviews and at house meetings. It was evident if people needed information they had open access to staff and the registered manager and were used to getting a response straight away. For example, a person wished to go to the shops whilst waiting to go out for the afternoon. This was arranged.

People had information about local advocacy services although no one was presently seeing an advocate. Advocates are people who provide a service to support people to get their views and wishes heard.

People's privacy and dignity was promoted. Staff recognised peoples' need for physical contact and were prompted not to hug but to link arms, pat the shoulder or offer a "high five". People who chose to spend time in their rooms were checked on by staff who knocked on the door before entering. Staff sat with people chatting or helping them with meals ensuring they had individual attention if they wished. People were encouraged to spend time in communal areas such as the quiet lounge or dining room. The registered manager told us, "This is people's home, we respect this."

People's human rights were respected. Personal information was stored securely. People were supported to maintain relationships with their family and friends. The registered manager described how they had supported people to initiate contact with family they had not been in touch with for a long time. A person told us with great excitement about visits to their family which had just resulted in a weekend with them. People also met up with friends who lived in other residential homes owned by their provider and also owned by another provider.

People were supported to be independent and to learn new skills. They each had a "Living the Life" document which described what they would like to achieve in the future. For some people this was learning to cook, for others it was going to a day centre or going out to lunch. These were reviewed with people and changed if people no longer wished to continue with these goals. People were proud of their achievements and the opportunities to try new things. A person said they enjoyed going to the day centre and another person liked to have their meals out. People's care plans described what they could do for themselves and what they needed help or prompting with.

Good

Is the service responsive?

Our findings

People received care which reflected their history, their likes and dislikes, routines important to them and their wishes for the future. Each person's needs had been assessed to make sure Springfield House continued to be the right place to provide their care and support. People were involved in monitoring and reviewing their care records with named members of staff and again annually with representatives from their funding authorities. They talked through their wishes and signed their records, if able, to confirm their involvement. One person's care records confirmed they had worked alongside staff to put them together. Records had been produced in easy to read formats using photographs and pictures, making them more accessible for some people. Annual reviews, known as Essential Lifestyle reviews, described people's achievements, reviewed their goals and confirmed what was important to them and what support they needed. This document brought together people's care and support over the past year and provided the opportunity to look forward. People confirmed they were involved with staff talking about their care needs. One person said, "I know what's in my care plan".

People talked about the choices and decisions they made about their care and support. They wanted to be "busy", "happy" and "having fun". They decided their routines and how their personal care was provided. Staff were observed taking the lead from them. They confirmed, "Service users' needs are most important". People's care plans provided an individualised record of what they could do for themselves, what they needed help with and how they wanted this support to be given. For example, a person had specific cultural preferences about their appearance and dress. Another person liked to get up late, help themselves to breakfast and eat their main meal at a time to suit them.

People's "Living the Life" plans identified goals people wished to accomplish, such as learning to cook. Small steps were agreed which worked towards achieving these aims. Each week these were monitored to assess whether people were continuing to develop and move forward. If not, changes were made or alternative goals were discussed. Staff confirmed, "If they want to do something else, this is fine." Staff were directed to encourage and reassure people to boost their self confidence. The registered manager reflected how encouraging one person to maintain their mobility had resulted in positive health benefits as well as an increase in the activities they could take part in.

People's changing needs were responded to quickly and care records were kept up to date to make sure staff provided consistent care. At a staff handover, discussions focussed on how to support a person who at times was unwell. Advice had been sought from external health care professionals and a review of their medicines was taking place. People who needed help with their mobility had been provided with equipment which could be used when extra support was needed. For example, slide sheets on their bed or a standing frame to help them to transfer from their chair to the bed.

People led busy and full lifestyles which reflected their personal choices and interests. They had access to meaningful activities which encouraged participation in their local community. People attended day centres and colleges on a regular basis as well as social clubs. They liked to go to the cinema, bowling and the theatre. People said they enjoyed holidays and visiting family and friends. Each person had an activity

schedule which was reviewed with them to make sure they still wished to do these activities. People's cultural needs were met by supporting them to access the local community where they could talk with people in their second language. They also had access to films and music reflecting their culture on their personal electronic device. A person proudly told us they had a pet rabbit which they cared for and they also did voluntary work locally.

People had taken part in competitions organised by the provider such as designing the provider's Christmas card and a gardening competition. The registered manager said they had won the gardening competition one year. A person living in the home had been appointed as an expert auditor for the provider completing inspections at their other homes. People also had the opportunity to attend training and to train as trainers (for example Autism) if they wished. The provider had set up a directory advertising the skills of people supported by the organisation which people could access, for example help with gardening or running a disco.

People knew how to raise concerns. They told us they would talk with staff or the registered manager if they had any issues or complaints. One person commented, "I would talk with head office, if I couldn't get hold of the manager". Easy to read complaints information had been provided for people and they could also access the provider's website to submit complaints if they wished. The registered manager confirmed they had not received any complaints. The provider information return stated there were plans to develop "an audio version" of the complaints policy.

Good

Is the service well-led?

Our findings

People told us, "I love it here" and "it's alright". They had many opportunities to express how they felt about their home and the service they received. At house meetings they discussed their menu choices and what activities they would like to do. Menus had been changed in response to feedback from people to include salads. The registered manager provided written feedback to people in response to house meetings summarising any action taken. For example one person had raised some personal issues and the registered manager said they would talk with them privately about these. A representative from Springfield House also met with a representative of the provider and other people representing their services enabling them to give feedback directly to the provider. Minutes of these meetings were available in the home. Springfield House had been visited by an expert auditor who had similar experiences to the people living at Springfield House and who had reported back to the provider. The registered manager said the comments had been complimentary.

People, their families and staff were also asked for their views as part of the provider's quality assurance process which asked for feedback on what they did well and what could be done better. As a result, the quality assurance process was improved by providing access to a website where feedback could be given. Staff also felt their views and opinions were valued. In response to feedback about training the Choice Care Group Academy had been established and staff spoke positively about their professional development and career opportunities. National staff awards also recognised the contribution of staff individually and as a group.

Staff were confident if they raised concerns under the provider's whistle blowing policy and procedure, these would be listened to and the appropriate action taken. Whistleblowing is a way in which staff can report any concerns they may have anonymously. Staff confirmed, "I would certainly use the whistle blowing procedure" and "I have my whistle blowing card which gives me information about what to do." Staff said they felt supported, worked "well as a team" and "we do everything well".

Staff echoed the values of the registered manager to respect Springfield House as "people's home" and to help them "achieve the best possible outcomes". These also reflected the provider's values of integrity, excellence and respect. The registered manager, recognising the challenges of meeting everyone's needs, especially when some of those needs were changing, said "Developing people and staff is important and maintaining appropriate staff levels so other's don't miss out."

The registered manager was open and accessible to both people living in the home and staff. People told us, "[Name] has done really fantastically" and "She looks after me". Staff reflected the manager is "really good, I admire her, she is really encouraging" and "brilliant, you can just walk in anytime; she has an open door and helps out with personal care or covering us if needed". Other staff confirmed this, "She is hands on, I love working here" and "She is really easy to talk to and I would talk to her about any concerns I had". The registered manager was aware of her responsibilities to submit notifications to the Care Quality Commission (CQC). CQC monitors events affecting the welfare, health and safety of people using a service through the notifications sent to us by providers. She was supported by area directors and had access to training to

develop further in her role.

A range of quality assurance processes audited the quality of the service experienced by people. Monthly provider audits, carried out by area directors, were aligned to CQC's five key questions and provided an action plan and overall score which indicated the quality of service provided. A number of environmental improvements had been identified and were being carried out. Any new actions would be followed up, although the last audit had not identified any. The provider also monitored accidents and incidents to make sure appropriate action had been taken to prevent any further accidents occurring. The way in which staff dealt with incidents was also closely monitored. In addition the registered manager had checks in place; for example, to ensure health and safety systems, medicines administration and finances were being operated effectively.

The quality of the service had also been monitored by external organisations visiting Springfield House. The Food Standards Agency had awarded the home five stars for the operation of its food services. A local organisation led by people with a learning disability had visited the home and provided a report for the local authority. The registered manager confirmed this had been positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding systems and processes had not been operated effectively to investigate and to take the necessary action immediately, upon becoming aware of any allegation of abuse; to prevent the potential of further abuse to service users. Regulation 13(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not obtained satisfactory evidence, where a person had previously been employed with children or adults, about the reason why their employment in that position ended. Regulation 19(1)(a)