

Review of compliance

Orchard End Limited Springfield House	
Region:	South West
Location address:	255d Stroud Road Gloucester Gloucestershire GL1 5JZ
Type of service:	Care home service without nursing
Date of Publication:	September 2011
Overview of the service:	Springfield House is a home for six people with a learning disability who may also have additional mental health needs. It is located close to Gloucester city centre and is part of the Orchard End group which is a subsidiary of CHOICE Ltd. The provider recently requested an increase in occupancy levels from six to seven. This was agreed by registration on 2011-07-19

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Springfield House was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 July 2011, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

One person told us that it was "really nice living here." She said that she had just returned from her second holiday this year, both of which she said were "brilliant". She confirmed that she often goes shopping, and that she had just been out to lunch. She said that the staff were really good, really nice. She said that she trusted the staff and that if she had any concerns she would talk to them. When we asked about her involvement in creating her care plan, she said that she thought she was asked about it but she couldn't remember. She said the food is her choice and that she is able to buy food that she likes from the shop down the road. She said she really enjoys going out by herself.

We spoke to a second person about her care. She very much led her own care planning process and was clear about what to do if she was unhappy about her care. She told us that she is currently planning some further activities outside the home with the assistance of staff and that she meets regularly with her key worker to deal with issues about her care as they arise. She also said that she felt safe at Springfield House. When asked if there was anything further she would like to do, or any issue that she wanted to raise, she said "no. I'm good".

What we found about the standards we reviewed and how well Springfield House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who live at Springfield House can express their views, so far as they are able to do so, and are involved in making decisions about their care. They are respected as individuals and their views are taken into account in the way the service is delivered. Overall, we found that Springfield House was meeting this essential standard

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experience effective safe and appropriate care and support at Springfield House that meets needs and protects rights. Care plans and reviews need to be signed, and dated.

Overall, we found that Springfield House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Springfield House has safeguarding procedures in place. People living there understand what to do if they have concerns. To minimise potential risks, safeguarding training for staff must be updated. Planned financial safeguards must be implemented fully.

Overall, we found that Springfield House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff are supported, trained and supervised and are enabled to acquire further skills that are relevant to their work.

Overall, we found that Springfield House was meeting this essential standard

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People at Springfield house benefit from good quality care and support. Risks to health welfare and safety are managed effectively. Financial systems must be put in place to ensure that financial safeguards are robust

Overall, we found that Springfield House was meeting this essential standard but, to maintain this, we suggested that some improvements were made

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The manager and her team have created an information area in the home for the people who live there. This area had a notice board with useful information in both easy read and symbol formats. There were contact details and a picture of the local advocate. There were audio versions of the home's statement of purpose, a service users' guide and a copy of the complaints procedure. Around this area there was art work created by people who live in the home and photos of a recent party that had taken place. There was also a computer solely for the use of people living in the home. This had previously been in the office but had been moved to make it more accessible to people living in the home.

The home has been through a period of refurbishment and all of the rooms have recently been redecorated. The manager stated that the colours were chosen by the people in the home and this was supported by two people. The manager explained that they have created a quiet lounge with a TV and comfortable chairs so people can sit quietly if they wish or meet friends and family in private. To the rear of the property was a good sized two level garden. On the ground level each person has their own garden area where they are growing fruit and vegetables. There is also an ongoing sunflower growing competition within the home. The manager explained that whilst everyone in the home can access the garden area, currently not everyone can access the garden via the rear doors. This is being addressed with a ramp being built. The person building

the ramp arrived whilst we were on site.

The main lounge also acts as a dining room for people if they wish to use it. People can choose where they wish to eat. The kitchen is newly re-fitted. The manager said that people had been asked what colour they wanted and had chosen red. Unfortunately this had not been practical and another colour had to be chosen. As a result of this people had been asked to decide the colour of the tiles.

The manager spoke to us about how people choose what to eat. She explained that they have tried a number of different methods to achieve this including people choosing weekly at the residents' meeting but people were unhappy with this. The manager stated that the menu was more of a guide and that in fact people tended to choose what they wanted to eat on the day. The menus were on the wall and included pictures of the meals on offer. She said that some people cook their own food and other people are encouraged to participate. Staff also support people to bake cakes, etc. This was confirmed by one person who said that she chooses her own food and that she is able to buy the food she likes from the shop down the road. People in the home are encouraged to help put together the shopping list and go food shopping with staff. Culturally specific food is purchased and prepared as needed.

People are supported to do their own washing and cleaning where possible. We observed a staff member offering to work with one person on cleaning up their room. We were able to see one bedroom. This was nicely decorated and the colours had been chosen by the person living there. The room reflected her interests and tastes.

The manager supports an open door policy and this was observed throughout our visit. People were very comfortable about approaching the office to ask questions.

People are involved in creating their care plans. One person devised their own care plan entirely. She did not like the format available and created her own on a computer. Another person had signed to say that she had worked with and been supported by staff in putting her profile together. A third said that the staff wrote her care plan. When asked, she said she thinks she was consulted about her care plan but couldn't really remember.

We observed interactions between staff and people living in the home which were respectful and sensitive to peoples' choices. Before I interviewed one person in the home who had particular communication needs, a member of staff checked with the person if she would like to meet with me alone or not. The person chose to be assisted by the staff member who went on to help the communication process in a way that suited the individual. People have the option to choose their own key worker and likewise can choose not to work with particular staff members.

We also learned that one person living in the home is hoping to put together a newsletter and also an updated guide to the home for service users.

Other evidence

Prior to the visit, the provider forwarded the following information to evidence compliance:

People at Springfield have an appointed key worker who will support them in ensuring their needs and opinions are listened to and met. A nominated service user from Springfield attends the organisation's quarterly committee meetings. Springfield encourages all service users to participate in the recruitment and selection of new staff. Springfield holds residents' meetings, where people are encouraged to air their views and concerns with the running of the home. People at Springfield are offered the opportunity to fill out the Annual Quality Assurance questionnaire. We saw examples of these. Each individual is able to give their opinion on the service that is provided, and a development plan is then put together to address the issues that are raised. monthly

management monitoring visits are conducted and during this time people have the opportunity to raise any issue. We saw examples of these.

Springfield staff ensure that they respect the rights, choices and decisions made by the individual. Equality and Diversity is considered in each person's plan of care with provision made for cultural and religious observations, where required. The home works closely with Gloucester Rethink Advocacy service who visit the home every 2 weeks. This contact has provided people with the opportunity to talk to the advocate if they so wish. Family members are encouraged to be actively involved in each individual's care. All individuals are given information to ensure they are able to make informed choices.

Our judgement

People who live at Springfield House can express their views, so far as they are able to do so, and are involved in making decisions about their care. They are respected as individuals and their views are taken into account in the way the service is delivered. Overall, we found that Springfield House was meeting this essential standard

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We looked at files for three of the people living at Springfield House.

One person'S file included an initial assessment completed by staff prior to admission with a full medical history; a contract of terms and conditions to live in the home (dated and signed); examples of review meetings with the funding authority each with positive outcomes; risk assessments completed by the authority with clear instructions about how to deal with identified risks; and a very comprehensive behaviour support plan which was reviewed in Sept 2010 and then again updated in Jan 2011 detailing potential behaviours and the steps staff should take if they witness that behaviour. We saw this person'S "My health book" explaining her needs and wishes. It also included a section named "when I die", all thoroughly completed and dated. There were a number of risk assessments in place regarding access via the front door, fire, and access to the kitchen, each providing a good level of detail as to why the given restriction was in place. These were all dated and signed, created in the past 6 months and not in need of review.

We found a consent capacity assessment in place. A review was completed on 26/08/10. A wide range of other professionals were involved in the process. The file stated that this should be reviewed 26/4/11 but we were unable to find evidence of this review being completed. We found a community access agreement in place. This provided a good example of how this person was supported to access the community independently. However it was not signed and it was not clear if it was still in operation. Also there was evidence in the file of staff supporting this person with her finances and there was a service user financial profile in place but the review date was the same as the date the profile was completed. We found that some information was duplicated

and in need of archiving to avoid confusion.

The care plan file included a sheet signed by the person to say she had worked alongside staff in creating her care plan. All staff are expected to read care plans and to sign confirming they have understood them but not all staff had done this. The profile was reviewed on 14/06/2001 but not signed by the person. Support guidelines were in place providing a good range of information about this person'S needs but these were not dated. This was also the case with the activity chart.

The daily notes gave examples of this person helping staff prepare meals, going shopping, and attending day services in the community.

We spoke to this person and she said that it was "really nice living here." She said that she had just returned from her second holiday this year, both of which she said were "brilliant". She confirmed that she often goes shopping, and that she had just been out to lunch. She said that the staff were really good, really supportive and nice. When we asked her about her involvement in creating her care plan, she said that she thought she was asked about it but she couldn't remember. She said the food is her choice and that she is able to buy food that she likes from the shop down the road. She said she really enjoys going out by herself.

We looked at two further files which followed a similar pattern to the first one in that there were examples of reviews and care plans not signed or dated. The activities charts were in the process of being updated and did not fully reflect the range of activities people were involved with or planning.

We saw examples of appropriate and completed DOL reports for one person which involved a range of relevant other parties. There was evidence also of actively working with other agencies in seeking additional support for people living in the home.

We spoke to a second person about their care. She very much led her own care planning process and was clear about what to do if she was unhappy about her care. She told us that she is currently planning some further activities outside the home with the assistance of staff and that she met regularly with her key worker to deal with issues about her care as they arise. This was evidenced in the file. When asked if there was anything further she would like to do or any issue that she wanted to raise, she said "no. I'm good".

Other evidence

Prior to the visit, the provider forwarded the following information:

Referrals have been made to further assess risks from eating and drinking, choking hazards, diabetes and use of physical interventions wherever required.

All accidents, incidents and near misses are reported to the Company's Health and Safety committee who investigate the situation further in order to support the home and to help prevent certain situations re-occurring

There is a business continuity plan in place within the home. It ensures the home is able to provide a continual standard of care in the event of Springfield House losing its electricity, water or gas supply, which would affect the safe running of the home. They also have in place a contingency plan for pandemic flu.

Service Users are given a copy of the Service User Guide which has contact details of the Director, the CEO for Choice Care Group, CQC, local Safeguarding Adults Authority and Gloucestershire Advocacy Services. People can contact these other professionals if they feel their needs are not being met. They also have a Service User Policy file which includes a complaints procedure.

Equality and Diversity is considered in each person's plan of care with provision made for cultural and religious observations, where required. This was discussed and confirmed on the visit.

Our judgement

People experience effective safe and appropriate care and support at Springfield House that meets needs and protects rights. Care plans and reviews need to be signed, and dated.

Overall, we found that Springfield House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

One person we spoke to in the home reported that she felt safe at Springfield House. She said that she trusted the staff and that if she had any concerns she would talk to them. Another person indicated that she knew what to do if she had any concerns and was confident about raising them. Information about how to complain and contact details for safeguarding were seen to be available in the residents' information area in a range of formats. Information about the local advocacy service and contact details were also available alongside a picture of the local advocacy person.

Staff confirmed that they had completed safeguarding training.

We observed staff sensitively dealing with individuals in the home, responding to early signs of distress and clearly alert to behaviour escalating.

We saw an example in a person'S file of a Deprivation of Liberty issue where the person concerned had clearly signed to consent to the restriction implemented.

We discussed with the registered manager arrangements which have been put into place in Springfield in the light of financial safeguarding issues earlier this year. She reported a range of actions the home has now implemented. The company as a whole is still in the process of implementing changes. (see below)

Other evidence

Springfield has safeguarding policies in place and all necessary guidance is available about dealing with and reporting abuse.

The last inspection report commented positively on safeguarding issues but recommended that staff knowledge about safeguarding should be kept up to date. This

included knowledge about the Mental Capacity Act and Deprivation of Liberty. Currently records show that 92% of staff at the home have been externally trained in safeguarding meaning that 8% either need training or an update, and 69% have been trained in the Mental capacity Act and Deprivation of liberty. Funding for refresher training in safeguarding is recorded as not currently available at the moment.

Discussion with the training manager confirmed that plans are currently being put in place to ensure all staff are trained in the Mental Capacity Act and Deprivation of liberty in late September and that the updating of safeguarding training will be addressed.

As a result of the incidents in relation to safeguarding of people'S finances earlier this year, the company CEO has recently been visiting all homes to complete inspections.

As part of these inspections she has been implementing individually with each manager a new recording format with regard to recording service user bank account movements.

These new procedures will be in place in all homes over the coming weeks. Financial inspections will now take place more regularly, completed by area directors and on separate occasions by members of the Head Office financial team. A point by point or "how to" guide is currently being written by the operations team and will be implemented in due course.

People who live at Springfield house are offered choice, control and personalised care.

This is demonstrated in care plans, the choices people exercise over how they arrange their rooms, the activities they undertake and the food they eat.

Our judgement

Springfield House has safeguarding procedures in place. People living there understand what to do if they have concerns. To minimise potential risks, safeguarding training for staff must be updated. Planned financial safeguards must be implemented fully.

Overall, we found that Springfield House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We interviewed two members of staff during the visit.

One person said that she has worked for Orchard End for the past 18 months but is new to Springfield House. She confirmed that she completed a period of induction. When asked about specialist training she said that she had completed training in self-injurious behaviour which she found useful when working with one person living in the home. She said that she enjoys working for the organisation and that there is lots of training available. Her view is that "people who live at Springfield House have a good quality of life and are always busy going out on different activities".

A second member of staff said that he had worked for the company for about 3 years. He said that he really enjoyed working at the home. He explained that he had worked in two of the company'S other homes but preferred this one. He said that the company provide really good training for their staff. Since he has been in post he has completed level 2 and 3 NVQ's in care plus training in epilepsy, moving and handling, first aid, supervision, positive behaviour management, safeguarding and others. These courses are updated as required. He is presently a team leader but the registered manager is helping him access additional training to enable him to develop further. He is really happy about this and finds the manager supportive of his development. When asked about safeguarding he said that if he witnessed any poor practice he would step in to stop it. In his role as team leader he would take that person aside and address the issues with them. If something was reported to him he would follow the procedures and report it to his manager.

One person living in the home said that the staff were really good, really supportive and nice. She said she really enjoyed living in the home. Another said that staff didn'T like her and she in turn doesn'T like two members of staff. The registered manager

explained in her presence that plans had been put in place to ensure that these two members of staff did not work directly with this person.

The registered manager said "We (the staff) are only visitors at Springfield House. This is their home".

We overheard a number of staff referring to people living in the home as "love". We brought this to the attention of the manager. She said she had also heard this and had spoken to the staff about it.

We observed some very positive interactions between staff and the people who live at Springfield. For example one person asked the registered manager if she could have a mirror hung up in her room and some hooks for pictures. She clearly felt comfortable making that request and was treated in a friendly and respectful manner.

We saw the training matrix for all staff which is produced monthly by central office. The training manager identifies gaps and prompts a schedule of training. The matrix included training completed for each member of staff and planned training in the month ahead.

We also looked at Staff files for three people. Each recorded a signed supervision agreement and evidence of regular supervision sessions, an induction checklist, and a training record. Annual appraisals are due to be reviewed in the autumn. Previous appraisals were documented in a very minimal fashion. We spoke with the registered manager about this and she assured us that they would be addressed more fully on renewal.

Other evidence

The provider sent the following information prior to the visit:

The organisation has a comprehensive induction format and the process is completed within six weeks. The staff member has an allocated member of staff who is responsible for completing their induction. New staff members are supervised and closely supported during this time. The registered manager ensures that the homes induction runs concurrently with the chosen Skills for Care Induction and Foundation Programme. New staff have weekly supervision for their first six weeks of employment. They are made aware of how the home and organisation can support them including day to day contact, informal chats, de briefs, formal meetings and counselling support if necessary. Every member of staff at Springfield has an appointed supervisor who provides them with regular and documented supervision.

Support is also provided to staff members in the form of staff meetings. Staff meetings happen at least six times a year and are fully documented. Night staff meetings are held quarterly and team leader meetings monthly or more frequently as required.

Difficult incident analyses are available as part of a support structure for all staff. This is important for staff to analyse and reflect on their own practice and performance and to develop competence when they have had to deal with a very difficult or potentially threatening situation.

Our judgement

Staff are supported, trained and supervised and are enabled to acquire further skills that are relevant to their work.

Overall, we found that Springfield House was meeting this essential standard

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Springfield House completed an annual quality assurance review last year. The opinions of staff, service users, families and external agencies were all obtained and from this feedback a development plan implemented and monitored through inclusion on management monitoring reports and inspections.

We saw the last development plan produced in December 2010 and the area managers' monthly quality monitoring recording. This comprehensively covered actions completed since the previous visit, issues in relation to service users, staffing, learning from incidents, complaints and concerns.

Other evidence

In the light of recent concerns about safeguarding the finances of people living in the home, the chief executive has been visiting all homes to complete internal inspections. She has been implementing individually with each manager a new recording format with regard to recording service user bank account movements. These new procedures will be in place in all homes in the coming weeks. Financial inspections will now take place more regularly, completed by the area directors and, on separate occasions, by members of the head office financial team. A point by point guide is currently being written by the operations team and will be implemented shortly.

The Investors in People award has been achieved each year.

Spot checks are carried out by the management team including night team visits, which are carried out a minimum of four times a year. A fire safety training pack is used in-house in addition to annual external training. Extensive work has been carried out to produce a fire zone panel, detailed training programme and realistic simulated fire drills

within the home. Fire safety training and manual handling training is mandatory for all staff. Fire drill information and dates carried out is included in the home's monthly reports to ensure all staff participate in the minimum number of drills per year. Logs are held centrally of all accidents, incidents, errors and near misses, in addition to safeguarding referrals, swallowing/choking hazards and referrals, epilepsy and seizure monitoring, disciplinary outcomes and concerns, comments and complaints. Information is gathered about risks to people's health, welfare and safety. A register is kept of anyone with allergies, particularly those at risk of anaphylaxis or severe allergic reaction. Swallowing / choking hazards are assessed by suitably trained professionals to ascertain the level of risk and implement procedures to reduce that risk. Epilepsy and Seizure risks are identified and reduced wherever possible in conjunction with general practitioners, consultants, and safe practice and procedures. All accidents, incidents and near misses are investigated by the Home Manager and are entered onto a log which is collated by the Company's Health & Safety Committee. These statistics are monitored, reviewed and analysed to develop solutions and reduce risk. Should staff have concerns regarding the risks to individuals, poor practice or adverse events, a whistle blowing policy is in place to ensure all staff are confident to raise concerns without fear of unfair treatment as a result. All staff are familiar with the grievance procedure, complaints procedure, safeguarding policy and whistle blowing policy. Views of those using the service, the staff, family and care managers are sought through the annual quality assurance questionnaires and through collation of comments, complaints and investigations, in addition to regular staff and residents' meetings, review meetings and supervisions, annual appraisals and exit interviews for staff. This information is used to understand where improvements are needed and devise an action plan to ensure these needs are met.

Our judgement

People at Springfield house benefit from good quality care and support. Risks to health welfare and safety are managed effectively. Financial systems must be put in place to ensure that financial safeguards are robust

Overall, we found that Springfield House was meeting this essential standard but, to maintain this, we suggested that some improvements were made

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People experience effective, safe and appropriate care and support at Springfield House that meets needs and protects rights. Care plans and reviews need to be signed, and dated.</p> <p>Overall, we found that Springfield House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>Springfield House has safeguarding procedures in place. People living there understand what to do if they have concerns. To minimise potential risks, safeguarding training for staff must be updated. Planned financial safeguards must be implemented fully.</p> <p>Overall, we found that Springfield House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision

	<p>Why we have concerns:</p> <p>People at Springfield house benefit from good quality care and support. Risks to health welfare and safety are managed effectively. Financial systems must be put in place to ensure that financial safeguards are robust</p> <p>Overall, we found that Springfield House was meeting this essential standard but, to maintain this, we suggested that some improvements were made</p>
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The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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Audience	The general public
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Care Quality Commission

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