

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Springfield House

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Tel: 01452312385

Date of Inspection: 22 November 2012

Date of Publication:  
December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Orchard End Limited
Registered Manager	Ms. Lesley Frances Wicks
Overview of the service	Springfield House is a detached home in residential area of Gloucester that provides care for seven people with learning disabilities and mental health problems.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We reviewed all the information we have gathered about Springfield House, looked at the personal care or treatment records of people who use the service, carried out a visit on 22 November 2012 and observed how people were being cared for. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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This was an unannounced inspection as part of the providers planned schedule. We checked the care files for two people who used the service. We spoke to people who used the service and to staff. And we observed care being provided throughout the home and inspected other documents.

We found the atmosphere to be very homely. The staff knew each person very well and communicated with them in a very friendly but appropriate way. We saw evidence that peoples cultural needs were looked after and that dignity was maintained for all people using the service. Each person had the choice of what to do and staff were there to support people whenever they needed it. During our inspection, we did not find anything that gave us cause for concern.

We spoke to two people who used the service. One person told us "I like it here, there are lots of things to do, but I like to stay in. There is nothing I don't like because I get to choose what I want to do". Another person told us "The staff are really supportive and helpful, they are there for me when I am low and help me maintain my independence".

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment. People were supported in promoting their independence and community involvement. People's diversity, values and human rights were respected.

During our inspection we saw good evidence that people were involved in all aspects of the running of the home and their personal lives. We observed staff asking people what they would like for breakfast and whether they wanted support to make it. Cereals and toast were available every morning, but people could choose alternatives if they wanted to. People were involved in planning the menus for the home each week. However, people had the choice to change their mind at any stage if they wanted too.

Each person who used the service was involved in planning their activities with some choosing to remain in the home and watch TV or complete puzzle books. Others would choose to go out on their own and spend the day doing what they wanted to do. We observed staff actively encouraging people to participate in activities but respecting their individual choice where they really did not want to take part.

One area of good practice we were informed about was the involvement of people who used the service in the interviewing of new staff. Those people who were able, interviewed potential new staff with the manager. For other people who used the service they were able to meet potential new staff. The manager would then observe interactions between them to help deciding on the right staff.

We noted that people were involved in developing their care plans where they wanted too. One person told us "I could get see my care plans if I wanted too, but to be honest I don't".

Several people had specific religious needs that needed to be provided for. We observed that the staff made sure people were able to follow these needs when they wanted too. For example, one person required halal food, and this was provided specifically for them.

During our inspection we observed that staff knew people who used the service very well. The communication between them was very friendly and kind, but also respectful of their individual needs and feelings.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke to two people who used the service and reviewed their care files.

The care files contained all the information we would have expected to see and did not give us any cause for concern. Details of the activities each person wanted to do were documented. One person had a comprehensive care plan for a specific medical condition and this also showed very good liaison with community nursing and medical staff. Daily notes had been completed on each shift with appropriate information on each person's needs that day. Each person had a daily living skills assessment which showed what they were able to do for themselves and where they needed support from staff.

Health action plans were present together with pre-completed hospital admission assessments should anyone need to be admitted to hospital. We saw the care files were person centred where appropriate and all care plans and risk assessment had been reviewed regularly. Positive behaviour plans were in place with guidance for staff on how to support each person with their sometimes complex behaviour patterns.

Monthly reviews took place with each person and their key worker and we saw evidence that this took place as planned.

One person told us "I have not been here long, but I like it. There is a lot to do, but I like to stay in. There is nothing I don't really like here". Another person said that "the staff are really supportive and helpful, they are there when I am low and they help me keep my independence".

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider responded appropriately to any allegation of abuse. People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

The provider had both safeguarding and whistle blowing policies and procedures in place. The two staff that we spoke to were both aware of where to find these policies. Both staff also gave good accounts of their responsibilities to safeguarding scenarios that they were given.

Body charts were in place for certain people who used the service and these were completed appropriately. We also saw evidence that when a safeguarding incident had taken place, the staff had acted appropriately and the necessary referrals had been made.

We saw the training plan for staff and this showed all but three staff had attended adult safeguarding training. The three that had not attended, had their dates booked. The manager was also booked on the enhanced adult safeguarding training. We also observed that the majority of staff had also attended training for the Mental Capacity Act and the Deprivation of Liberty standards.

The provider kept a safeguarding file. This contained tracking sheets and a checklist and record of all communications. The provider also documented the outcome of any safeguarding referral.

We also checked how the provider managed people's money. We checked the finances for all seven people who used the service. Overall we did not find anything that gave us cause for concern. However, the provider might like to note the importance of accurate documentation and highlight this to all staff. We identified some small errors in documentation for two people's money. All the balances were correct and the small errors were brought to the attention of the manager who resolved the errors during our visit and confirmed that the weekly audits would have picked up the errors and addressed them.

We spoke to two people who used the service and both told us that they felt safe and if they had any concerns they would know who to raise them with.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to obtaining medicine. Appropriate arrangements were in place in relation to the recording of medicine. Medicines were kept safely. Medicines were safely administered.

We saw that medication audits had been done weekly and all checks had been accurate. We checked the medication sheets for two people who used the service and these did not give us any cause for concern.

Medicines are obtained from a local pharmacy and we saw staff giving these medicines with care and respect to each person. A medicines policy was in place. Specific sheets were also present detailing how each person wanted to take their medicines. We saw that all additional protocols for medicines such as paracetamol had all been signed by a General Practitioner (GP).

We observed the provider kept two separate medicine files, one for medicines to be given and one for the staff who witnessed it to sign. The provider might like to know that this could increase the chances of error in giving people medicines.

Our checks during the inspection were all correct and we noted all staff had received medication assessments and all staff were being reassessed during November 2012. One error was noted in the carry forward total of one medicine, but following discussion with the manager and staff concerned it was noted this was a transcription error. We did not see any other similar errors that gave us cause for concern.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Springfield House is a large detached house in a residential area of Gloucester. The majority of bedrooms have on-suite facilities and one has been specially adapted to be a wet room. Down stairs there was a main lounge and dining area, a separate smaller lounge and a modern fitted kitchen. The atmosphere was very homely with art around the home that had been made by the people who live there. Everywhere was clean and tidy.

We reviewed the environmental policies and procedures together with the weekly and monthly audits. All the risk assessments were up to date and the daily and weekly checks had been completed. For example fire checks were done every week and a fire evacuation drill took place every month.

Food temperatures were recorded at each meal time and the fridge and freezer temperatures checked daily. The home had been given a 4 star rating (good) for food hygiene in May 2011 by the food standards agency.

Each person who used the service helped with general household chores and every month a deep clean was performed and we saw evidence that this was consistency completed.

The home was in a good state of repair and any maintenance issues were forwarded to the providers head office for action.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We noted that the staff use a communication book that is signed by each member of staff on duty each day to say they have read it. Each night the staff complete a night monitoring form and this had been consistently completed.

Each month a management monitoring report was produced detailing an update on each person using the service and any issues that affect the home. We reviewed the report for October and saw the manager had identified an increase in the number of times the staff had to intervene with a particular person's behaviour. Whilst this had been reported, it also documented the reason for the increase. This showed us that incidents were monitored and regularly reviewed to see if any changes could be made to prevent reoccurrence. We checked the incident forms and found these to be completed appropriately and each had been reviewed by the manager.

Every quarter, a development plan is updated which includes actions plans. These were signed off when completed. A business continuity plan was also in place. Infection control audits took place each month and we reviewed these for the past three months and found them to be consistently completed.

Each month the manager attended the managers meeting and there was evidence that learning is shared across all the providers' homes. Meetings also took place for people using the service and this showed people making their requests for activities etc. For example, one person wanted a henna tattoo and this was ticked when completed. The provider might like to note that these actions were only ticked when completed rather than documented more formally in the minutes.

The manager confirmed the last complaint was in June 2012. The 2012 satisfaction surveys had been sent out but none had been returned by the time of our inspection. We did however; see the surveys from 2011 and these showed mainly positive comments.

We spoke to two people who used the service. One told us "There is nothing I don't like here because I get to choose what I want to do". Another person told us "I am not made to do stuff I don't want too, I like to help cook and wash up and I have a job for two days a week which is really good. The staff are really good".

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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