

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

Springfield House

255d Stroud Road, Gloucester, GL1 5JZ

Tel: 01452312385

Date of Inspection: 24 June 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ 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 a 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

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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

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We observed staff asking people who used the service their permission before care was provided. We also noted in people's care files that consent had been obtained for a variety of issues. These included medicines and the sharing of information. Where appropriate the consent forms were in an easy read format. We saw that staff obtained consent in a way that was appropriate for each individual person who used the service.

We looked at the care files for four of the people who used the service. We saw that each person had person centred care plans in place. These were up to date and had been reviewed regularly. Each person also had up to date, comprehensive and individual risk assessments in place. We observed that people were cared for by experienced and skilled staff who had been trained appropriately. Records were kept securely. The provider also had an appropriate complaints process in place. We spoke to two people who used the service. One person told us "the staff know me so well. They know if I am feeling low without me having to say anything and they are always there for me". Another person told us "I have lots to do here, I can cook and go to college and I like my swimming". We also saw comments from four social care professionals including. "My client was a really unhappy person, moving to Springfield House has changed their outlook on life. It's lovely to see them so happy". "It's nice to know people who use the service are being cared for so well".

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

More information about the provider

Please see our website 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We observed staff asking people who used the service their permission before care was provided. We also noted in people's care files that consent had been obtained for a variety of issues. These included medicines and the sharing of information. Where appropriate the consent forms were in an easy read format. We saw that staff obtained consent in a way that was appropriate for each individual person who used the service.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We saw evidence that each person who used the service had a Deprivation of Liberty screening assessment. We also noted that where appropriate people had received capacity assessments and best interest meetings had taken place. As an example one person had made a decision about their medicines but did not understand the consequences. A capacity assessment was completed and a best interests meeting held for the administration of medicines.

The staff we spoke to had knowledge of both the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs). The provider had further information for staff to refer too. The staff we spoke to knew how to access this information.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care files for four of the people who used the service. We saw that each person had person centred care plans in place. These were up to date and had been reviewed regularly. Each person also had up to date, comprehensive and individual risk assessments in place. As an example one person required special measures to be put in place for eating. Special notes were available for staff detailing how food should be prepared and how the person needed support to eat.

One person had a comprehensive mental health recovery plan in place. This detailed how staff could support the person achieve specific goals. The person who used the service had been involved in producing this plan and had signed it when they were happy with it. We also noted that other people who used the service had also been involved in developing their care plans

People who used the service were able to take part in a variety of activities. These included cooking, swimming, bingo, arts and crafts, trips to the city farm and shopping. Activities, behaviour, eating, family and appointments were all discussed and reviewed each month with the person's key worker.

Health action plans were in place for each person who used the service. These had been completed by the people themselves with support from staff. Daily notes were completed for each shift and included appropriate information on how the person had been supported during that day.

We spoke to two people who used the service. One person told us "the staff know me so well. They know if I am feeling low without me having to say anything and they are always there for me". Another person told us "I have lots to do here, I can cook and go to college and I like my swimming".

We also saw comments from four social care professionals including. "My client was a really unhappy person, moving to Springfield House has changed their outlook on life. It's lovely to see them so happy". "It's nice to know people who use the service are being

cared for so well".

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People's food and drink met their religious or cultural needs. Each person who used the service had been involved in preparing the menus for each week. We saw that the menus were in pictorial form. One person needed Halal meat. This person made special trips to an appropriate butcher. Staff had a good understanding of Halal requirements. The meat had been kept separately from other food and cooked separately.

People were supported to be able to eat and drink sufficient amounts to meet their needs. All but one person in the home were independent with their eating and drinking. One person needed additional support. We saw detailed support plans in place for this person. Instructions had been provided for staff by the Speech and Language Therapy teams. We saw that this person had one to one support from staff during meal times. Another person was being supported by staff to lose weight.

People were provided with a choice of suitable and nutritious food and drink. The provider made sure information was available for people who used the service on healthy eating. People choose what they wanted to eat each week with the support from staff. The staff also supported people to buy the food and cook it.

Staff checked the temperature of food to make sure it had been cooked properly. We also noted that the temperature probe had been calibrated appropriately. Fridge and freezer temperatures were checked on a regular basis and had been documented. Where appropriate people who used the service had their weights checked on a weekly basis.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. 18 staff worked at the home. When new staff attended for interview, people who used the service were involved in this process. We saw evidence of this in the recruitment files and saw questions raised by people who used the service but were unable to take part in the interview. We looked at the recruitment files for four members of staff. This showed us that checks had been made on each member of staff's identity. Each member of staff had also been checked with the Disclosure and Barring Service (DBS) before they started employment.

There were effective recruitment and selection processes in place and we found evidence to support this in each recruitment file we looked at. Applications forms were in place and no gaps were found in employment. References had been taken up with previous employers. Risk assessments had been put in place where appropriate for expectant mothers.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications. We looked at the staff training records. This showed us that the majority of staff had received core training in health and safety, moving and handling, fire, infection control and safeguarding. We also saw that staff had the opportunity to get additional training depending on the needs of the people who used the service. This additional training included first aid, mental health training, autistic spectrum disorder and diabetes.

We noted that the provider's policy on supervisions stated they should be provided every two months. We saw evidence in the supervision records that these had taken place on a regular basis. Staff also received yearly appraisals.

We spoke to two staff. They told us "I love working here. I find the company very supportive and I have just started an advanced management development programme". Another member of staff told us "I have worked here for 16 months and we all work well together, it's a nice atmosphere. If we identify additional training, we are supported in doing this".

We also saw comments from a social care professional who said "my client has complex health care needs and in the relatively short time they had been living at Springfield House the staff had gained a full understanding of their needs".

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. The provider had a complaints policy in place that was fit for purpose. We saw evidence that posters and leaflets were available in an easy read format for people who used the service. Each person also had a copy of the complaints procedure in their room. We saw evidence at each meeting with people who used the service that the complaints process was explained each time. We spoke to two people who used the service and both were very clear about who they would raise complaints with should they had any.

People were given support by the provider to make a comment or complaint where they needed assistance. We looked at one complaint from January 2013. A person who used the service had raised a concern with a member of staff. This member of staff then transcribed the concerns and supported the person using the service to make their complaint.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We saw that when people had concerns, these were listened to by the staff and provider. Where appropriate these comments were acted upon. The two people who used the service we spoke to both confirmed that the staff always listened to what they had to say.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We looked at how a complaint had been investigated and found that this investigation followed the provider's policy. The registered manager had investigated the complaint fully and responded back to the person who used the service.

We asked for and received a summary of complaints people had made and the provider's response. This confirmed the last complaint was made in January 2013.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at the care files for four people who used the service. We found the care plans, risk assessments and other monitoring documents to be all up to date. We also found they had been reviewed regularly.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We looked at the personnel files for four members of staff. The files were comprehensive and up to date. We saw the provider had policies and procedures in place which were fit for purpose. The provider also confirmed that a new set of policies had been developed and would be distributed to each home.

Records were kept securely and could be located promptly when needed. We saw that records were kept securely and were promptly provided when we asked for them.

Records were kept for the appropriate period of time and then destroyed securely. Records were archived and stored securely. The provider told us that a policy for retention of records was being considered by the senior management team. Once this had been developed it would be issued to all homes. The current archive arrangements the provider had in place were satisfactory and appropriate.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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