



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Springfield House**

**81 Epple Bay Road  
Birchington  
Kent  
CT7 9EW**

*Lead Inspector*  
Paul Stibbons

*Key Unannounced Inspection*  
25th October 2007      11:15

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

<b>Reader Information</b>	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Springfield House
<b>Address</b>	81 Epple Bay Road Birchington Kent CT7 9EW
<b>Telephone number</b>	01843 842 574
<b>Fax number</b>	01843 847 134
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.achuk.com">www.achuk.com</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Aitch Care Home's (London) Limited
<b>Name of registered manager (if applicable)</b>	Mr Ben Young
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	10
<b>Category(ies) of registration, with number of places</b>	Learning disability (0)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category/ies of service only:  
  
Care home only - (PC) to service users of the following gender:  
  
Either  
  
Whose primary care needs on admission to the home are within the following categories:  
  
Learning disability (LD).
2. The maximum number of service users to be accommodated is 10.

## Date of last inspection

## Brief Description of the Service:

Springfield House is located in a quiet residential area of Birchington in Thanet Kent, and is well suited for the purpose of young adults having ready access to a shopping centre, mainline services and community facilities.

The home is registered for up to 10 adults with a learning disability. All of the 10 bedrooms at Springfield House are single and have en-suite baths, showers or wet room facilities.

The house has been newly refurbished to a very high standard, with a large spacious lounge, separate dining area, visitors room and kitchen that is easily accessible to residents with or without support.

The garden is very spacious and includes a centrally heated summerhouse that is used as a sensory room.

The home has its own people carrier which is able to carry seven passengers. The fees for this service range between £1380 and £2000 per week.

# **SUMMARY**

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

This unannounced inspection was carried out over a period of 3.5 hours and the manager was present. An Annual Quality Assurance Assessment (AQAA) had been completed and returned to the Commission prior to the visit. A tour of the building was conducted and a variety of records and documents were examined. Information from the South East Registration Team (SERT) also informs aspects of the report. Discussions were held with the home's manager and two members of staff and two residents were spoken with. Two care managers and relatives were contacted after the visit to further inform the report.

## **What the service does well:**

This is a new service and the environment has been refurbished to a very high standard providing a comfortable, safe and homely environment for residents.

Comprehensive assessments have been conducted prior to admission and the home is proactive in consulting with residents to identify their aspirations and personal goals.

The home provides access to a range of activities that meet the social, leisure and educational needs of people using the service.

A competent staff team supports people living in the home.

A qualified and experienced manager provides leadership on a day-to-day basis.

## **What has improved since the last inspection?**

N/A

## **What they could do better:**

There are no requirements or recommendations arising from this inspection.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csi.gsi.gov.uk](mailto:enquiries@csi.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

## The Commission consider Standard 2 the key standard to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

1,2,3,4,5

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People considering living in the home have sufficient information on which to make an informed decision as to whether the home will meet their needs.

Comprehensive pre-admission assessments ensure individual aspirations and needs are taken into account when determining the suitability of the placement.

People living in the home have the security of an individual written contract detailing fees and terms and conditions with the home.

### EVIDENCE:

A 'Welcome to Springfield House' brochure was viewed that clearly illustrates the home and its facilities and the range of opportunities for leisure and education in the surrounding area.

The home had submitted a Statement of Purpose and Service user guide prior to this visit that clearly details the aims and objectives of the home and the services to be offered.

Comprehensive pre-admission assessments in addition to care management assessments, are carried out by the company's own referral team, and when a suitable home is identified a further assessment is conducted by the home's management.

Following a referral a transition period based on the needs of individuals takes place to ensure the suitability of the placement.

Three care plans were examined that evidenced documentation in support of the aforementioned procedures.

People living in the home with a permanent placement have an individual written contract detailing fees and terms and conditions with the home.

## Individual Needs and Choices

### The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

**The Commission considers Standards 6, 7 and 9 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

6,7,8,9,10

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People living in the home are supported in making decisions about their lives and their assessed and changing needs and personal goals are reflected in their individual care plans.

People living in the home are supported to take risks as part of an independent lifestyle.

People living in the home know that information about them is appropriately handled.

## **EVIDENCE:**

Three individual care plans viewed were very detailed about assessed needs and the support that is required. Individual consultation with residents around their personal goals takes place and this is recorded in the daily records. The home's manager explained that care plans were continually being updated as the home is proactive in highlighting needs and supporting people to achieve their goals. A relative spoken with comments that "there is encouragement from the manager about the potential of their loved one" and "he is a different person since moving to this home".

The manager produced documents showing how behaviours and responses to given activities is recorded and analysed monthly to inform the care plans.

Appropriate risk assessments were viewed that promoted an independent lifestyle but safeguard people against unnecessary risks.

Records of a confidential nature are securely stored in the manager's office. It was noted that confidential information about people was discussed in private and not in front of others.

# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

**The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

11,12,13,14,15,16,17

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People who live in the home are offered a range of activities that meet their social, leisure and educational needs both within the home and the local community.

The rights of people living in the home are respected and responsibilities recognised in their daily lives.

People living in the home are supported in maintaining appropriate personal and family relationships.

People living in the home enjoy a varied and balanced diet that is of their own choosing.

## **EVIDENCE:**

Care plans viewed evidenced participation in a wide range of activities that meet the needs of people living in the home. Leisure activities include Ten-pin bowling, disco, swimming, trampoline, and personal shopping. Three residents attend college where subjects include life skills training, drama, music, and work skills. Another resident is in full-time education on the national curriculum. People living in the home participate in domestic chores with the support of staff. Residents accompany staff on shopping trips to purchase food and make daily choices as to the meals they want and participate in the preparation and cooking.

People living in the home have organised a Halloween party and made and sent out invites to family and friends. One resident observed was demonstrably happy about the forthcoming party.

The home has a private room to meet visitors and contact with family and friends is encouraged and promoted. Residents are able to keep contact by telephone and two people use email.

Relatives spoken with state that they are kept fully informed about their loved ones by the home. One relative spoken with comments that their loved one goes home every other weekend but looks forward to returning to Springfield house which they refer to as "my home".

Menus viewed were varied and balanced and residents spoken with confirmed they like the food at the home.

## Personal and Healthcare Support

### The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

18,19,20,21

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People living in the home have their physical and emotional health needs met and receive personal support in the way they prefer.

People living in the home are protected by the home's policies and procedures for dealing with medication.

People living in the home know that in the event of serious illness or death their wishes will be respected.

### EVIDENCE:

Three care plans were examined and each evidenced being registered with a GP and other relevant health care professionals. The individual care plans identified the way people preferred to receive personal support by completion

of a "Gender personal care support form". Individuals or their representatives have completed a form in respect of serious illness or death to ensure their wishes are carried out.

The home's manager has a qualification in counselling and a care manager comments " the manager has a good understanding of residents emotional needs".

Medication is appropriately stored in a drugs cabinet within a locked medication room. Records viewed of administered drugs were legible and complete. Two training records viewed confirm that staff members responsible for administering medication have received training in the safe handling of medication to ensure their competence.

One of the people living in the home manages their own medication and this has been appropriately risk assessed.

## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

22,23

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People living in the home know their views will be listened to and acted on.

People living in the home are protected from abuse.

### **EVIDENCE:**

The home has a clear complaints policy and procedures and staff members spoken to are clear about reporting procedures. There have been no complaints received by the home and none have been received about the home.

Three training records viewed show that the staff members have received training around safeguarding adults and the manager confirms that all staff members have received this training. There have been no incidents reported prior to this visit to the Commission.

# Environment

## The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

## The Commission considers Standards 24, and 30 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

24,25,26,27,28,30

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

People live in a homely, comfortable and safe environment with ample personal and communal space to meet their needs.

### EVIDENCE:

The premises have been fitted and furnished to a high standard with input from the company's own interior designers. Residents have their own keys to private rooms that are fitted, furnished and decorated to a high standard; all of these having en-suite wet rooms, three included assisted baths.

Personal possessions individualise rooms and one resident spoken with was happy with his room. There are communal toilets and bathrooms on the ground floor, suitable for wheelchair users. Hot water temperature controls,

radiator guards and window restrictors have been fitted throughout the building, together with all the required fire safety systems and equipment.

Communal areas include a large lounge, a small visitors lounge/meeting room, and a separate dining room. Separate facilities have been provided for staff and there is a spacious manager's office. There is a newly fitted kitchen that is domestic in type and ideal for this home. There is a separate laundry room that houses industrial type machines and a sluice facility. The home has a secure well-planned private rear garden with a summerhouse that is set up as a sensory room. There is level access throughout the ground floor with ramps on patio areas and out into the garden. The home was spotlessly clean and hygienic at the time of the visit.

## Staffing

**The intended outcomes for Standards 31 – 36 are:**

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

**The Commission considers Standards 32, 34 and 35 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

32,33,34,35,36

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People living in the home have their individual and joint needs met by a competent and qualified staff team who are appropriately supervised.

People living in the home are protected by the home's robust recruitment policies and practices.

### **EVIDENCE:**

Three staff training records viewed evidenced an induction week and mandatory training courses that included health and safety, food hygiene and First aid. The AQAA states that 63% of staff members have NVQ Level 2 or above in care. All staff members are required to undergo LADAF induction and foundation training and the home's manager is an assessor for the award. Staff members attend "Securicare behaviour management training" and are supported by a manager who has experience in this field.

Supervision records viewed confirm that formal supervision takes place on a 4 to 6 week timescale, and staff responsible for giving supervision, have received training in conducting supervision/appraisal.

Three Personnel files viewed indicate that pre-employment checks include three satisfactory references and CRB/POVA checks.

Staff members on duty spoken with felt that all of their training needs were being met. Adequate staffing levels were on duty at the time of the visit and they were observed to be effectively working with residents.

## Conduct and Management of the Home

**The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

**The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

37,38,39,41,42

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People benefit from living in a well run home where their views underpin all self-monitoring, reviews and development by the home.

People living in the home benefit from the ethos, leadership and management approach of the home.

The health, safety and welfare of people living in the home is promoted and protected and their rights and best interests are safeguarded by the home's policies and procedures.

## **EVIDENCE:**

The home's manager has over five years relevant management experience working in senior positions in care homes. The manager has achieved the NVQ Level 4 in care and due to complete the Registered Managers Award during the current year. He also holds a Certificate in Advanced Counselling and is an approved LDAF assessor. The SERT "Fit person interview" notes stated that, "He displayed a sound knowledge and understanding of care principles, staff management, recent legislation and adult protection procedures". As stated previously in the report a care manager states, "A very good understanding of residents' needs". A relative states they are "encouraged by the manager's recognition of potential in individuals".

As previously stated in this report people living in the home are consulted on an individual basis to seek their views on personal goals and lifestyles within the home.

Staff members spoken with state that the manager is approachable and that positive suggestions are listened to. Observation indicated a good leadership and management approach existed in the home.

A good standard of record keeping evidenced throughout the report evidences that people's rights and best interests are safeguarded. Provider visits are conducted monthly to judge the quality of care being given in the home and a written report was available for inspection at the home.

Monthly health and safety audits are conducted and evidence was viewed in the Health and Safety file in the home. The SERT confirm that a Fire safety certificate is in place for the home and the manager states that fire drills are scheduled for eight times yearly.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

**4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	3
<b>4</b>	3
<b>5</b>	3

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	3
<b>7</b>	3
<b>8</b>	3
<b>9</b>	3
<b>10</b>	3

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	4
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3
<b>16</b>	3
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	3
<b>19</b>	3
<b>20</b>	3
<b>21</b>	3

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	3
<b>23</b>	3

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	4
<b>25</b>	4
<b>26</b>	3
<b>27</b>	4
<b>28</b>	4
<b>29</b>	X
<b>30</b>	4

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	3
<b>33</b>	3
<b>34</b>	3
<b>35</b>	3
<b>36</b>	3

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	3
<b>38</b>	3
<b>39</b>	3
<b>40</b>	X
<b>41</b>	3
<b>42</b>	3
<b>43</b>	X

N/A

Are there any outstanding requirements from the last inspection?

### **STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Home's Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

### **RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

## **Commission for Social Care Inspection**

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