

Springfield Court Limited

# Springfield Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This comprehensive inspection was unannounced, which meant the provider did not know we were coming. It was conducted on 29 February 2016.

Springfield Court is located in the picturesque village of Aughton, Ormskirk. Accommodation is provided on one level for up to 56 adults who require help with personal or nursing care needs. Single occupancy and shared rooms are available with en-suite facilities. Pleasant lounges and dining areas are provided. There is a well designed 'Theatre of Dreams', which encompasses a recently developed modern café and which opens up into a comfortable, well appointed conservatory. A variety of amenities are close by including pubs, a restaurant, shops, a post office and churches. There is a car park to the front of the premises.

We last inspected this location on 16 September 2014. At that time all areas we assessed were compliant with the Health and Social Care Act Regulations 2008.

The registered manager of Springfield Court had been in post for eleven years. She was responsible for the day to day operation of the home, supported by the registered providers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found that everyone who lived at Springfield Court to be clean and well presented. The home was safe, well maintained and good quality fixtures and furnishings were provided. There were no odours evident and the environment was clean and tidy throughout. Staff were well trained and were seen to interact well with those who lived at the home, responding to their needs in a professional and yet compassionate manner.

Assessments of needs were conducted before a placement at the home was arranged. Plans of care were in place. However, these could have been more person centred and could have provided staff with better guidance about how people's assessed needs could be best met.

During the morning a range of beverages and crumpets were served, which people seemed to really enjoy. The lunch service was well managed and we saw staff encouraging those with a poor appetite to eat, without being forceful. This was done in a gentle and supportive manner and by offering a variety of choices. Staff were very patient and responsive to people's needs.

The well established theatre provided regular entertainment by a host of well know celebrities, such as Ken Dodd, Jimmy Cricket and some popular 60's musicians. A number of well-known speakers have also given presentations at the home. For example, Martin Bell and M.P Alan Johnson are amongst those who have made appearances.

The home has three very pleasant, well furnished conservatories, which provide light, airy and comfortable spaces for people to entertain their visitors, or for people to just sit and relax. There is also a summer house in the grounds for people to use during the better weather.

The registered manager and the registered providers were seen to be very visible around the home, spending time chatting with those who lived at Springfield Court, staff members and visitors alike. Springfield Court provided a warm and friendly atmosphere for all the people who lived there and those we spoke with, as well as their families provided us with consistently positive feedback about the service provided, the staff team and the management structure of the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

This service was safe.

People felt safe living at the home. At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Springfield Court. Necessary checks had been conducted before people were employed to work at the home. Therefore, recruitment practices were thorough enough to ensure only suitable staff were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Springfield Court and medications were being well managed.

The premises were safe, clean and hygienic. They were maintained to a good standard. Assessments were conducted to identify areas of risk. Infection control protocols were being followed, so that a safe environment was provided for those who lived at Springfield Court.

### Is the service effective?

Good ●

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules. Staff were supervised regularly and appraisals were conducted annually.

We established that formal consent had been obtained prior to care and treatment being delivered and systems were in place for the management of DoLS applications. Good explanations were provided to people about any procedures which were needed. We observed some good positive interactions between staff and those who lived at the home.

People were satisfied with the food served and they were offered a choice of meals. Their nutritional requirements were being met.

The environment was well designed and suitable for everyone who lived at Springfield Court.

### **Is the service caring?**

**Good** ●

This service was caring.

Staff interacted well with those who lived at the home. People's privacy and dignity was consistently promoted and they were supported to maintain their religious beliefs.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions. People were treated in a respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated well with those they supported and were mindful of their needs.

### **Is the service responsive?**

**Good** ●

This service was responsive.

An assessment of needs was done before a placement was arranged. Written plans of care were not always particularly person centred. However, we were confident that those who lived at Springfield Court were receiving person centred care.

A full activity programme was available and staff were seen to anticipate people's needs well. The management of risks helped to ensure that strategies were implemented and followed, in order to protect people from harm.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

### **Is the service well-led?**

**Good** ●

This service was well-led.

The service had a quality assurance system in place and records showed that identified problems and opportunities to change things for the better were addressed promptly. As a result, the quality of service provided was continuously monitored.

Staff spoken with had a good understanding of their roles. They were confident in reporting any concerns and they felt well

supported by the managers of the service. People who lived at Springfield Court and their relatives completed annual satisfaction surveys. This allowed people the opportunity to periodically comment about the service provided. Responses seen were very positive.

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# Springfield Court Nursing Home

## **Detailed findings**

### Background to this inspection

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

This unannounced inspection was carried out on 29 February 2016 by two Adult Social Care inspectors from the Care Quality Commission (CQC), who were accompanied by an expert by experience. An expert by experience is a person who has experience of the type of service being inspected.

At the time of our inspection of this location there were 49 people who lived at Springfield Court. We were able to speak with nine of them. We also spoke with eight relatives and seven staff members, as well as the registered manager of the home.

We toured the premises, viewing a selection of private accommodation and all communal areas. We observed people dining and we also looked at a wide range of records, including the care files of eight people who used the service and the personnel records of four staff members.

We 'pathway tracked' the care of five people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, medication records and quality monitoring systems. We conducted a Short Observational Framework Inspection (SOFI). This enabled us to look at how staff and others interacted with a small number of selected people who lived at the home and how people reacted to this approach.

The registered manager had completed and submitted a Provider Information Return (PIR), within the timeframe requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Some good information was recorded on this document.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection, such as serious incidents and deaths. We requested feedback from ten community professionals who had been involved in the care and treatment of those who lived at the home. We received five responses, which were all positive. Some of the comments we gathered are incorporated within this report.



## Is the service safe?

### Our findings

People we spoke with told us they felt safe living at Springfield Court and had not experienced any bullying or harassment from staff or others who lived at the home.

Family members also felt the home provided a safe place for their relatives to live and felt they could go home knowing their loved one was being well looked after.

Comments we received from those who lived at the home and their family members included: "There`s plenty of staff and they work hard and keep us safe and well"; "You don`t have to wait long if you need anything. If you ask, a carer is right over"; "I have no worries when I am not here. I know if there was a problem one of the staff would contact me" and "There`s plenty of carers always on duty. If I press the buzzer now someone will be straight in."

Staff members told us, "During our induction we do all the mandatory training to do with emergency procedures and safeguarding" and "Staffing levels are always good. We have two nurses on every shift and we have just employed an RMN (Registered Mental Nurse)." Records we saw confirmed this information to be accurate and staff we spoke with were fully aware of their responsibilities in relation to whistle-blowing procedures. They told us that they would have no hesitation in reporting any concerns about the health, safety and welfare of someone who lived at the home.

We established that the turn over of staff at Springfield Court was very low. We asked to see four weeks of duty rotas. We saw that on each shift there were two registered nurses and a good number of supporting staff. We saw plenty staff to be visible in the communal areas of the home and it was clear that people's needs were attended to promptly. Therefore, we felt that there were sufficient numbers of staff deployed, who were suitably experienced and qualified. Records showed that the registered manager conducted random night visits, followed by compilation of a written report. This helped to ensure that the home was appropriately managed during the night time.

During the course of our inspection we looked at the personnel records of four members of staff. We found that recruitment practices adopted by the home were robust. Application forms had been submitted and health questionnaires had been completed. This helped to assess the suitability of prospective employees. Documentation had been provided during the application process to verify identification and to confirm relevant qualifications. At least two written references had been obtained and a Disclosure and Barring Service (DBS) check had been conducted. This identified if the prospective employee had any criminal convictions or cautions and therefore the provider could make a judgement about their suitability to work with vulnerable people.

Everyone we spoke with confirmed that they were able to use their call bells to summon assistance, should they need to do so. We were told that the time staff took to respond to call bells varied, depending how many staff were on duty and how busy the staff were. However, everyone felt that there were sufficient numbers of staff on duty at any one time and we observed that call bells were answered in a timely fashion. On the day of our inspection there were sufficient staff on duty to meet the needs of those who lived at the

home. People told us they felt staff had the right training to keep those who lived at Springfield Court safe from harm. One person said, "They (the staff) know what they are doing. The girls are very good." We were told that the home had a designated clinical lead, so that any clinical issues could be dealt with in an appropriate manner.

Care records we saw showed that assessments had been conducted, within a risk management framework. These covered areas, such as falls, tissue viability, bed rails, nutrition and moving and handling. This helped to keep people who lived at the home safe. We looked at the records of one person, who had a pressure sore and we found that appropriate pressure relief was being delivered, suitable pressure relieving equipment was provided, a record of dietary and fluid intake was maintained and relevant community professionals were involved in this person's care and treatment. Records showed that the pressure wound had been monitored regularly, so that any changes were noted and reported accordingly. This helped to ensure that the individual's health, safety and welfare was being promoted. People's weights had been monitored in accordance with nutritional risk assessments and dietary and fluid intake was recorded as required, in order to monitor individual's nutritional status.

The internal and external environments were well maintained and people who used the service moved around freely and safely. There was easy access to the surrounding gardens, which provided very pleasant areas for people to sit during the better weather. We did not notice any unpleasant odours in any area of the home and the environment was clean and hygienic throughout. Staff members wore protective clothing when conducting domestic duties and whilst serving food. Three housekeeping staff were on duty on the day of our inspection. We looked at the toilet and bathroom areas and found that good infection control practices had been adopted by Springfield Court. We saw hand cleanser, paper towels and pedal bins were provided in each area of the home. The most recent inspection conducted by the Environmental Health Office awarded the home a level 5, which is the highest rating available. Clinical waste was being disposed of in accordance with associated regulations and good practice guidelines, which promoted good infection control practices.

We looked at a random selection of service certificates, which showed that systems and equipment had been appropriately checked so that the health and safety of people living at the home was promoted. Records showed that regular internal maintenance checks were also conducted. This helped to ensure people living and working at Springfield Court were protected from harm.

We noted that the fire procedure was prominently displayed within the home and that a number of fire Marshalls were identified on the staff team. This helped to ensure that people would know what action they needed to take in the event of a fire. Everyone who lived at the home had been assessed for Personal Emergency Evacuation Plans (PEEPS). These were included in each person's care file and were also contained within a separate file at a central location within the home, for easy access to the emergency services. This helped to ensure that if evacuation was needed it would be operated in the most efficient way.

During the course of our inspection we observed moving and handling techniques being used on three separate occasions. We found that manoeuvres with hoists were all conducted in a safe, competent and confident manner. This helped to ensure the safety of people during transfers. Accident records were maintained in line with data protection guidelines and associated audits were frequently conducted, such as falls, incidents and safeguarding.

We checked the medication room, which was locked at all times when not in use. The medication trolleys were also locked and secured by a chain to a solid wall. This helped to promote the safety of those who used

the service. Treatment room and drug fridge temperatures had been recorded daily and were within normal limits. This helped to ensure medications were retained at appropriate temperatures, so as to avoid reducing their effectiveness. We saw a clear record was kept of any destroyed or returned medications and two signatures had been recorded, to demonstrate robust checking practices had been implemented.

Controlled drugs were stored appropriately in a locked cabinet within a locked room. On the day of our inspection, we looked at the records for two people who were prescribed controlled drugs. We looked at the controlled drugs book and the balances of stock recorded. These amounts matched accurately, which showed that these medicines had been administered as prescribed and in a safe manner. Controlled drugs are substances governed by the misuse of drugs act 1971. There are stricter legal controls on the supply of controlled drugs to prevent them from being obtained illegally.

As and when required (PRN) medication protocols were available for staff. This helped to ensure that people received their prescribed medication when they needed it. Those who had capacity were asked if they required any pain relief. We were told that at the time of our inspection no-one was receiving covert medication. However, protocols were in place should this method of medication be required and the nurse we spoke with was fully aware of her responsibilities, should this be needed. Covert medication is a system of administering necessary prescribed medication in food or fluid, to ensure it is taken for the health and well being of the individual concerned.

Medication Administration Records (MARs) were seen. We did not notice any gaps, where a signature was missing. This demonstrated that medications were being administered as prescribed.

We were told that annual medication audits were completed by the supplying pharmacist, which we considered to be good practice. One was due to be conducted on the day of our visit to Springfield Court, but was cancelled by the provider due to our inspection. We observed the lunch time medicine round and noted that people were offered drinks to help with their medication and they were told what each medicine was for. The medicine trolleys were locked to a wall during administration, which helped to ensure the safety of everyone who lived at the home. However, at one point, the medicine trolley was briefly left open, but the nurse returned and locked it immediately. The nurse who was giving out medications remained with each person to observe their medication had been taken before moving on. People we spoke with said they received their medication regularly and on time, although not everyone knew what their medication was for, but felt that their relatives would have been told. This was confirmed during a conversation with a family member, who said that they had joint Power of Attorney and discussions about medication had taken place.

## Is the service effective?

### Our findings

Everyone we spoke with felt the staff team was appropriately skilled and trained to do the job expected of them. Comments we received from those who lived at the home and their family members included: "The staff seem very well trained. They care for everyone really well"; "If I needed a doctor or had an appointment, one of the carers would arrange it all for me and let me know"; "I am not sure if they use agency staff, but when I come in the same carers always seem to be here" and "They ring me all the time. I can't get in as much now, but the manager keeps in touch."

Everyone we spoke with confirmed that staff would always ask permission before starting to provide any care or treatment. We were also told that a good explanation of each procedure would be given and why it was necessary. This was observed during our visit to the home. Consent forms relating to the administration of medicines, care planning and the taking of photographs were seen in people's individual care records. These had been signed by the relevant people, showing they had been involved in the planning of their own care and treatment. Where this had not been possible a multi-disciplinary approach had been adopted by the home, to ensure that decisions were being made in the person's best interests. The registered manager told us that a new improved consent form was being developed, which would be integrated in to the care planning system in the near future. The records of one person showed that consent had been given by the individual concerned, in discussion with their GP for a DNAR (Do Not Attempt Resuscitation) order to be implemented because of a progressive illness. This showed that people were able to make decisions about their care and treatment, whilst living at the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation, which ensure that where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager told us that a DoLS application had been submitted for one person, whose care and treatment we 'pathway' tracked and we saw that appropriate forms had been completed. However, there seemed to be some misunderstanding in relation to the criteria for submitting DoLS applications. Although the doors at the front entrance of the home were both unlocked, the registered manager confirmed that people who used the service were not free to leave Springfield Court and were under continual supervision. We were also told that if anyone wished to leave the home unsupervised, they would be encouraged not to do so for their own safety. This was discussed with the registered manager at the time of our inspection and it was established that anyone who was assessed as lacking capacity to make decisions and would be prevented from leaving the premises, then a DoLS application would be submitted on their behalf. This would help to reduce the possibility of their liberty being unlawfully deprived.

During the course of our inspection we toured the premises and found that the layout and adaptation of the environment was most suitable for everyone who lived at the home. The bedrooms were extremely personalised and there were plenty of well-designed, tastefully decorated and well-maintained communal

areas for people to spend time in. The home was decorated and furnished to a very high standard throughout, with good quality furniture, which made surroundings exceptionally pleasant for people to live in.

The theatre of dreams boasted a beautifully designed thespian atmosphere, which encompassed a new modern style café, with pleasant piped background music, where people could spend time with friends or relatives. This area of the home opened up in to a very pleasant and comfortable conservatory, which in turn opened up through patio doors in to the well-maintained garden area.

The home had three very pleasant, well furnished and delicately decorated conservatories, which provided light, airy and comfortable spaces for people to entertain their visitors, or for people to just sit and relax. There was also a delightful summer house in the grounds for people to use during the better weather. The overall ambiance of the environment was exceptional.

We assessed the management of meals during our inspection and found that there was a calm atmosphere with appropriate music playing in the background. Staff were patient and interacted well with people at all times. People were given a good choice of food. We did not see any tablecloths or serviettes being used. Nor did we see any condiments available on the dining tables. This was discussed with the manager at the time of our inspection, who assured us that she would look in to the dining arrangements.

We conducted a Short Observational Framework Inspection (SOFI) during lunch time. This enabled us to look at how staff and others interacted with people and how they reacted to this approach. We noted that at all times, at least one member of staff was present in the dining area. Some people were independent and were able to eat their meals without support, but were given encouragement, as was needed. Several other people required support and we saw staff assisting them with their meals, in a pleasant and supportive manner, whilst chatting with them about every day topics.

We looked at the records of one person who had specific dietary requirements and found that nutritional assessments had been conducted and their plan of care accurately reflected their nutritional needs and how these needs were to be best met. This person had also been referred to the hospital for screening procedures relevant to their diagnosis and appointments already attended had been clearly recorded. Additional support provided by community professionals, such as dieticians and tissue viability nurses were recorded within the individual's care records. On the day of our inspection we were told that the Speech and Language Therapist (SALT) had been contacted for another person, due to a recently identified swallowing problem. This showed that people's nutritional needs were being appropriately met by the staff team.

Everyone we spoke with told us that the food was delicious and that there was a good choice of meals available. However, if someone did not like the menu of the day, then the cook would always make an alternative, such as poached egg on toast or jacket potatoes with a selection of fillings. This information was confirmed by the menu we saw and from our observations at meal times. We noted that family members visiting at meal times were also offered the opportunity to eat with their loved one, at no extra cost. Those visitors who were dining on the day of our inspection told us that the food served was very good. Two of the inspection team sampled the choice of meals available, which were found to be of a good standard with adequate portion sizes. Everyone said that they received sufficient hot and cold beverages throughout the day and drinks were seen to be offered on a regular basis during our Inspection. We did not observe any noticeable food waste, which showed that the meals served were enjoyed. When lunch was finished, some people relaxed in the adjoining lounge area where the television was on. A recent food hygiene inspection by the Environmental Health Department resulted in an overall rating of 5, which is 'very good', the highest level achievable.

Staff we spoke with had a good understanding of people's needs and were easily able to discuss the support people required. Care records we saw showed that a wide range of community professionals were involved in the care and treatment of those who lived at Springfield Court Nursing Home, such as GP's, opticians, dentists, chiropodists, community nurses and mental health teams. This helped to ensure that people's health and social care needs were being appropriately met.

Records we saw showed that an in-depth induction programme and a wide range of subsequent training modules were provided for the staff team, which covered topics, such as safeguarding vulnerable adults, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), infection control, management of medicines, fire safety, end of life care, food hygiene, health and safety, moving and handling, dementia awareness and nutrition.

One community professional wrote on their feedback, 'I have been involved with Springfield Court for over 2 years. The staff are always motivated and enjoy developing standards and are very proud to be working at Springfield Court. The owners and the manager are very proactive in providing training for all staff members. The Home employs a senior nurse manager to oversee and maintain high standards for end of life patient care. The home always appears to be well staffed, with consistently high numbers of registered nurses. The owners are always supportive, providing specialised equipment. Everyone is provided with a profile bed. They also provide excellent activities for patients, in conjunction with a very proactive programme developed with the Activity Coordinators. I have no reservations about the high standards of care provided for patients at Springfield Court.'

One staff member we spoke with told us, "All staff have either completed or are doing the new care certificate. I have finished mine." Evidence was available to support this information and it was clear that each new employee was assessed throughout an initial twelve week probationary period, during which time their suitability and work performance was monitored. We established that some supervision sessions and annual appraisals were conducted for staff, which covered specific training needs. However, the registered manager told us that plans were in place to implement a more structured routine for monitoring staff performance.

## Is the service caring?

### Our findings

People we spoke with provided us with consistently positive comments about the staff team and the managers of Springfield Court. One person commented, "I just tell one of the carers when I want to go to bed and in the morning I press my call bell, when I want to be helped up." Another told us, "All the carers are very kind and patient with me. They do take their time and are careful when they help me." And a third commented, "They (the staff) treat me with respect. They are very thoughtful and caring."

Those who lived at the home, who we spoke with felt their privacy and dignity was consistently promoted and during our inspection we observed people being treated respectfully by members of staff. We were told that staff would always knock on bedroom doors before entering and would also protect people's modesty by making sure they were protected when going to the bathroom for bathing or toileting purposes. Two people we spoke with expressed a preference for a carer of the same gender to help them with their personal care needs. These people told us their wishes were always respected. The plans of care we saw incorporated the importance of respecting people's privacy and dignity, particularly during the provision of personal care.

One family member we spoke with said, "Staff pop in when they can and have a chat, but we know they can be very busy and that's fine." When asked about the planning of their loved ones care another relative told us, "Yes I have been invited in the past to attend any care plan reviews, so I do feel listened to." We observed family members and friends visiting people who lived at the home, without restrictions. They were always offered drinks and if they visited at meal times were offered the opportunity to dine with their loved one. People who lived at the home and their relatives, who we spoke with all felt that they could talk with any staff member, if they had any worries, knowing that their concern would be dealt with quickly.

We noted a calm and relaxed atmosphere was evident within the home and we observed some good examples of positive interaction between staff members and those who lived at Springfield Court. Staff were described as 'kind', 'patient' and 'lovely' and people felt that nothing was too much trouble for the staff team. People said that staff would chat with them when they had time, but would always acknowledge them when passing. We saw one person being offered reassurance by a staff member when they were anxious and confused about their surroundings. The staff member comforted this individual in a calm and gentle manner.

The company had been accredited with the six steps to success for end of life care, which meant that an external professional organisation regularly assessed the home against relevant standards.

Care records we saw showed that people were supported to maintain their religious beliefs, whilst living at Springfield Court. We were told that local ministers visited the home on a regular basis and that multi-denominational services were frequently held, so that people were able to participate in spiritual services, should they wish to do so. The home had been accredited with the six steps to success end of life care

People were supported to access advocacy services, should they wish to do so and plenty of information

was available to direct people to the right person, should they want to use this service. People were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated well with those they supported and were mindful of their needs.

The registered manager told us, "All staff do the six steps training, so they are all trained in end of life care."



## Is the service responsive?

### Our findings

People we spoke with during the course of our inspection were fully aware of the home's complaints procedure. One person told us, "If I needed to complain I would speak to the manager (referred to by name) or one of the carers. I know it would be sorted out for me." And another commented, "I have never had to make a complaint, never, but I know I could if I needed to." And a member of staff told us, "None of the residents have made a complaint to me directly, but if anyone did the manager would look into it."

A family member said, "When (name removed) first came in, there were a few small issues, but they were soon sorted out and its been OK since." And when asked about the home requesting feedback about the service provided, another relative commented, "Yes. I do get asked how I feel about everything. Each time I come in the staff ask if everything is alright."

The care plans we saw had been generated from the information gathered during the pre-admission process. However, these could have been more person centred. For example, the records of one person, whose care and treatment we tracked showed that the individual suffered from short term memory loss, but there was no guidance for staff about how to manage this, such as implementing divisional techniques. In relation to this person's mental health status, the plan of care only records, 'To be monitored continually and any changes in behaviour to be reported to the GP'. There was no guidance for staff about how to manage the person's mental health. The care plan also told us that the individual had a cognitive deficit with 'average' communication. This was a vague statement and not specific to the person concerned. This statement was not expanded any further, except 'Uses methods of none verbal communication. To ensure all aspects of communication are optimised to maintain satisfactory communication'. This did not provide staff with clear guidance about how this person communicated non verbally or how staff needed to respond.

Other written statements in the care plans we saw, which were not person centred and did not provide staff with clear guidance about how to manage assessed needs included: 'To prevent skin breakdown', 'Requires regular pressure relief', 'To maintain a healthy weight/BMI status'. 'Ensure (name removed) is given the right meal type/size according to need', 'Ensure prescribed incontinence aids are worn if required. Incontinence aids are to be assessed within a month of admission.' However, this assessment was not recorded.

One plan of care we saw stated, 'Ensure wounds are dressed in accordance with the national wound formulary guidelines', but it was not explained what these guidelines were. Plans of care we saw had been reviewed each month, or more often, if required. Any changes in need had been recorded, but again this information was not particularly person centred and did not always reflect the action staff needed to take to meet people's assessed needs.

At the time of our inspection there were 49 people who lived at Springfield Court. We looked at the care files of eight people who lived at the home and found that needs assessments had been conducted before a placement at Springfield Court was arranged. This helped to ensure the staff team were confident they could provide the care and support needed by everyone who went to stay at the home. One person told us

that the home provided them with specific drinks to help alleviate a personal medical problem. People who lived at the home were unsure about their care plans or what they were, but relatives confirmed they had been involved in planning the care of their loved ones and were kept up to date with any important matters.

It was evident that people were receiving good person centred care. We observed people being assisted on an individual basis and in a person centred way. Their likes and dislikes were clearly recorded and medical histories were detailed. A map of life outlined significant events in people's lives and things that were important to them. Records showed which social activities people had participated in. This helped to ensure that no-one became isolated or bored. Daily diary sheets outlined the events of each shift, so that all care staff were kept up to date with any changes in people's needs or any relevant information, which they needed to know. Although the written plans of care were not particularly person centred in some areas, we did see some good examples of staff members offering people choices and anticipating people's needs well. Risks were being managed appropriately and we saw a lot of good practices, including moving and handling techniques, which promoted safety and highlighted the caring attitudes of staff. All staff appeared to be alert to the needs of those who lived at Springfield Court. We saw staff members responding well to people's requests in a well-mannered and patient way. We discussed person centred care planning with the registered manager, who confirmed that she would review the systems in place and would make adjustments, if needed. We were subsequently told of a range of supplementary records, which supported areas, such as tissue viability, nutrition and continence management and these were retained in separate files.

There were two enthusiastic activity coordinators on duty on the day of our inspection. Entertainment for those who lived at the home was evidently an important aspect of life at Springfield Court. A full and varied activity programme of events was prominently displayed within the home. Everyone we spoke with said they enjoyed taking part in various activities. Some liked painting, others enjoyed quizzes and some preferred games. On the day of our inspection a regular visiting keyboard player was very popular with some people, who were thoroughly enjoying participating in playing tambourines, whilst others danced. The activity coordinators were joining in the entertainment also, encouraging people to sing and dance. This was a lively affair and everyone in the vicinity appeared to enjoy this entertainment. One person told us, "Whatever is going on I like to join in" and another said, "I have been on an outing to Knowsley Safari Park." One of the people who lived at the home told us that they still attended their local Church with a family member. This was an important activity for them, as it helped to keep long standing friendships. Other people said that family members would take them home for visits or out for meals. We were told that several people went to the local pub and restaurant just across the road from Springfield Court.

Records showed that people were involved in a wide range of activities, such as bingo, films, keep fit, ball games, art and music. Evidence was also available to show that special occasions were celebrated, such as valentines day, burns night and Chinese New Year, as well as people's birthdays and national celebrations.

The well established, 'Theatre of dreams' provided regular entertainment by a host of well know celebrities, such as Ken Dodd, Jimmy Cricket and some popular 60's musicians. A number of well-known speakers have also given presentations at the home. For example, Martin Bell and M.P Alan Johnson are amongst those who have made appearances.

A complaints policy was prominently displayed within the home. This informed people of the procedure to follow, should they wish to make a complaint and advised them of the various stages and timescales to expect. A system was in place for the recording and monitoring of complaints received by the home.

## Is the service well-led?

### Our findings

Everyone we chatted with on the day of our inspection spoke very highly about the registered manager of the home. Comments we received included: "The manager is very approachable"; "The manager is everything you would want of a good manager"; "The manager is around all the time, so you can talk to her at anytime"; "I do talk to the manager every day. She is very nice and always listens"; "The manager is really approachable. She is easy to talk to. We speak a lot"; "She (the manager) has been in earlier on to see us. Sometimes she just asks if we need anything"; "The manager is very well liked here and you can talk to her about anything. Her door is open all the time"; "Not a problem. The manager is so approachable. I feel comfortable talking to her because she listens to what you say" and "The manager will always fight your corner."

The registered manager of Springfield Court was on duty on the day of our inspection. She had been in post for a period of eleven years, during which time she had established a well-managed service. The providers of the home were also on site when we visited, which we were told was a daily occurrence. We saw regular progress reports which had been completed by the provider following a full inspection of the premises, during which those who lived at the home and their relatives were spoken with, as well as staff members, so that their views about the quality of service provided could be gathered.

Everyone we spoke with was quite clear that the registered manager was very visible around the home on a daily basis, as were the providers and we saw this to be evident on the day of our inspection. We observed the manager interacting with those who lived at the home and their visitors in a warm friendly manner. People told us that the manager would always spend time walking around the home chatting to people, making sure they were alright and that their needs were being met. We were told that she made it known that if anyone had any concerns then they must speak with her. Everyone said the staff at Springfield were good and were very approachable. No-one we spoke with raised any concerns about the staff team or the management tier.

Staff we spoke with had a good understanding of their roles and responsibilities towards those who lived at Springfield Court. We established that there was a very good retention of staff, which meant the turn over of staff was low and therefore the continuity of care was consistent. Minutes of staff meetings were seen for various grades of the staff team. This helped to ensure that any relevant information was disseminated to all members of staff.

The registered manager told us that annual meetings were held for those who lived at the home and their relatives, but that an 'open door' policy had been established, so that anyone could go and speak with the manager at any time. This was observed during our visit to Springfield Court and it was evident that those who lived at the home were very comfortable in approaching the manager or any of the staff team.

A wide range of policies and procedures were in place at the home and these had been reviewed and updated periodically, or as new information came through. These encompassed areas such as, data protection, equal opportunities, ethnic awareness and diversity, duty of candour, safeguarding, complaints,

health and safety and fire awareness. The business continuity plan included the home's aims and objectives and outlined action which needed to be taken in the event of any disruption to the service. The company had been accredited with an external award, showing that the home was audited on a regular basis by an external professional body.

We saw a good amount of feedback had been received from people with an interest in Springfield Court, which included recent questionnaires circulated by the provider and thank you notes. Quotes from these responses included, 'It's (Springfield Court) as near as possible to home'; 'Friendly and obliging staff'; 'We have complete confidence in the care' and 'Springfield Court is very special in a lovely way and we are more than grateful for the effort and kind help from everyone involved.'

Self assessment audits had been developed in accordance with the Health and Social Care Act 2008. These covered areas, such as health and safety, service user care, quality improvements and business management. Any shortfalls were identified and action plans generated, so that areas for improvement could be addressed in a timely manner. The provider submitted a quarterly return to continuing health care, which was a quality performance management data collection system and provided key information and figures around clinical and health care incidents.

One community professional wrote on their feedback, 'It is my view that people who are accepted into Springfield Court are appropriately assessed and at all times staff endeavour to meet their individual care needs. When difficulties arise they do not hesitate to ask for help from the relevant health professionals. When the manager and the nurse assess clients they explain the care and philosophy of the home and make it clear that they will nurse clients through to the end of life, providing their needs don't change to require a higher level of care. At all times I have been made very welcome at Springfield Court by the manager and staff. As I visit the home regularly the senior nurse is allocated time to discuss and review any clients that I support there. She is always prepared for me when I arrive, as is the manager. The home always feels organised despite how busy it can be. The staff are friendly and obliging and appear to respect my role. I think the environment is very welcoming. The activities provided at Springfield Court are impressive and the Theatre of Dreams is just lovely. The activity organiser is a breath of fresh air and always positive. My suggestions have always been considered.'