

# Four Seasons Health Care (England) Limited Springfield Care Home

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



## Overall summary

This was an unannounced inspection which took place on 28 October 2015 and 2 November 2015. We had previously inspected this service in January 2015 when we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a lack of suitable equipment to meet people's needs, a lack of measures to protect people from the risk of cross infection and a lack of person-centred care.

Following the inspection in January 2015 the provider wrote to us to tell us the action they intended to take to ensure they met all the relevant regulations. This inspection was undertaken to check whether the required improvements had been made.

Springfield Care Home is a purpose built service which is registered to accommodate up to 69 people who have nursing or personal care needs. The service is split into four separate floors. Two floors provide specialist

# Summary of findings

rehabilitation services. The service also has a residential unit and a unit for people living with a dementia. On the day of our inspection there were a total of 62 people using the service.

The service did not have a registered manager in place. 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. A new manager had been in post since June 2015. They had submitted an application to register with CQC as manager for Springfield Care Home.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because there were not robust recruitment procedures in place and there was a lack of accurate records in relation to the care people who used the service required. You can see what action we have told the provider to take at the back of the full version of the report.

Recruitment processes were not robust enough to ensure that people were protected from the risk of unsuitable staff. This was because checks had not always been made regarding the conduct of staff in their previous employment. Procedures to ensure staff were competent to carry out their role were not always followed.

People's care records showed us that risks to people's health and well-being had been identified and plans were in place to reduce the risk. We saw that people's wishes and preferences were not always documented in their care records. Records we reviewed showed people who used the service or their relatives were not always involved in the reviewing of their care plans.

People who use the service told us they felt safe at Springfield Care Home. We saw sufficient staff on duty during the inspection. Staff had received training in safeguarding adults. They were able to tell us of the correct action to take if they witnessed or suspected any abuse. Staff also told us they would feel confident to use the whistleblowing policy and report any concerns they observed.

People we spoke to told us that the staff at Springfield Care Home were kind and caring. During the inspection we observed kind and respectful interactions between staff and people who used the service.

Medicines were mainly administered safely, although we found improvements could be made to the systems for ensuring people received 'thickeners' as prescribed for them. Thickeners are added to drinks, and sometimes to food, for people who have difficulty swallowing, and they may help prevent choking.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care such as utility failures. Personal evacuation plans had been developed and regular checks were in place to ensure staff were aware of the action they should take in the event of a fire at the service.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The manager was aware of the action to take to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

Staff told us that they completed an induction and mandatory training. They told us that they would benefit from additional training, including in the Mental Capacity Act (2005). This was confirmed by the training records we saw.

People told us that they enjoyed the food. We observed the food to be well presented and nutritionally balanced. Systems were in place to help ensure people's nutritional needs were met. We observed people being individually supported to eat their meals.

A programme of activities was in place, although some people told us that there was not enough stimulation provided for people who used the service. On the rehabilitation units people who used the service had access to kitchens to assess their independence skills.

Systems were in place to investigate and respond to any complaints received. However people we spoke with did not know who to speak to if they wished to make a complaint. Resident and relative meetings were not regularly held to obtain people's views of the service.

# Summary of findings

A number of quality audits were in place. We saw that action plans were formulated from the findings of the audits to help improve the quality of the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Recruitment processes were not sufficiently robust to protect people from the risk of being cared for by unsuitable staff.

People told us they felt safe in the service. Although our observations during the inspection showed there were enough staff available to meet people's needs, some people told us this was not always the case.

Staff had received training in safeguarding adults and were able to tell us of the correct action to take to report any abuse.

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection.

Requires improvement



### Is the service effective?

The service was not always effective.

Four of the staff we spoke with told us they would benefit from additional training. Not all staff had received training in the Mental Capacity Act (MCA) 2005; this legislation helps protect the rights of people who may be unable to make some of their own decisions.

People were able to access professionals and specialists to ensure their health needs were met.

People who used the service told us food was good. We saw systems were in place to monitor people's nutritional needs.

Requires improvement



### Is the service caring?

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff.

We observed staff interacted with people in a warm and caring manner and provided appropriate reassurance when necessary.

The staff showed they had a good understanding of the care and support that people required.

Good



### Is the service responsive?

The service was not always responsive to people's needs.

An accurate record was not always maintained of the care people wanted or needed.

Requires improvement



# Summary of findings

Improvements needed to be made to the way people who used the service or, where appropriate their relatives, were involved in reviewing the care and support provided in Springfield.

Although we found a system was in place to record any complaints received in the service, two relatives told us this system had not been effective in addressing their concerns.

## Is the service well-led?

The service was well led.

The service had a manager in place who was in the process of applying to register with the Care Quality commission.

Although we saw evidence that the manager was completing regular 'walkabouts' of the service, some relatives and staff told us the manager was not very visible in the service. However, staff told us leadership on the units was good.

There were a number of audits in place using the provider's 'Quality of Life' tool. These were used to create action plans to improve the quality of the service.

Good



# Springfield Care 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 October 2015 and was unannounced. We also returned to the service on 2 November 2015 to speak with the manager.

The inspection team consisted of three adult social care inspectors, a specialist advisor in dementia care and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding team, the local Healthwatch organisation and the local authority commissioning team to obtain their views about the service. We were made aware that the service was being closely monitored by both the local authority safeguarding and commissioning teams due to concerns regarding the care people received on the unit for people living with a dementia.

During the inspection we carried out observations on each of the four units in the service and undertook a Short Observation Framework for Inspection [SOFI] observation during the lunchtime period on the unit for people with a dementia. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The manager of the service was not present on the first day of the inspection due to annual leave. The area manager and a peripatetic home manager therefore made themselves available at the service to help us with any queries we had. We returned to the service to speak with the manager on the second day of the inspection.

During the inspection we spoke with 24 people who used the service, six visiting relatives and four visiting professionals including a social worker from the local authority safeguarding team. We also spoke with the deputy manager, two registered nurses, seven members of care staff, an occupational therapist and a physiotherapist who were both employed by the service, the chef, a domestic and the person responsible for the maintenance of the premises.

We looked at the care records for nine people who used the service and the records relating to the administration of medicines for all the people on Levels 2 and 4 of the service. We also looked at a range of records relating to how the service was managed; these included seven staff personnel files, staff training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

At our last inspection we found we found improvements needed to be made to ensure the service was safe. This was because people were not always protected from the risk of cross infection and there was a lack of suitable equipment to meet people's needs. We also found people who used the service were at risk of receiving care that was inappropriate or unsafe.

During this inspection we found all areas of the service and equipment were clean although a malodour remained on the unit for people living with a dementia. However, we saw that domestic staff were on duty throughout the day to ensure people's bedrooms and communal areas were kept clean. People we spoke with confirmed their bedrooms were cleaned regularly.

We noted one bathroom was under maintenance on the floor for people living with a dementia. We also saw that a shower room on this floor contained a mobile recliner chair and a bag of personal belongings. The storage of such items presented a risk of cross infection to people who used the shower room.

We saw infection prevention and control policies and procedures were in place. We saw that regular infection control audits were undertaken and infection prevention and control training was undertaken by all staff.

During this inspection staff confirmed that there was sufficient equipment available to ensure people who used the service received the support they required. We also saw that call bells were available for people to use in their bedrooms and in communal areas. Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw a business continuity plan was in place for dealing with any emergencies that could arise, such as utility failures. We also saw that, since our last inspection, personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good

working order. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency.

We looked at the way staff were recruited to work in the service. We found that a recruitment policy was in place but that this did not meet the requirements of the current regulations. This was because it did not specify that the provider should contact all previous employers where a person had worked with children or vulnerable adults to ascertain why the person's employment in that position had ended.

We looked at seven staff personnel files and noted references had not been obtained from a previous employer for two people. When we raised this with the provider we were told this had been an oversight on the part of the manager as neither staff member had included the details of their previous employer as a referee on the application form. We were told the manager had spoken with the previous manager for both people but noted that neither of these discussions had been reported on the personnel files.

We noted that one of the staff personnel files contained information about a registered nurse who had been referred to the Nursing and Midwifery Council (NMC) prior to commencing employment at Springfield Care Home. This was due to an allegation about poor practice during their employment at another service. We looked at a letter on the person's staff file which confirmed the provider had been aware of this referral when the person was employed to work at Springfield Care Home. We could not find any evidence that a risk assessment had been completed when the person commenced employment at the service to determine if any additional supervision or support should be provided to the person concerned. However, we were told that there had not been any concerns about the person's practice since they started work at the service.

We saw that information on one person's file stated their probationary period had been extended for a further three months in March 2015. We could not find any evidence on the person's staff file to indicate why the probation period had been extended although the provider told us this was because the person concerned had not completed their mandatory training at the end of the initial probationary

## Is the service safe?

period. When we returned to speak with the manager on the second day of the inspection they told us the member of staff concerned still needed to successfully complete two training courses.

The lack of robust recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People who used the service told us they felt safe in Springfield Care Home. Comments people made to us included, “I feel very safe here I have no complaints”, “I definitely feel safe; they [staff] are always checking that I am ok” and “I feel safe here because there is always someone around”.

We found that staff had access to safeguarding policies and procedures including that produced by the local authority. These provided information for staff about types and possible signs of abuse. Staff we spoke with told us they had received training in the safeguarding of adults. They were able to tell us of the correct action to take should they witness of suspect abuse. Staff told us they would feel confident to report poor practice to senior staff and considered they would be listened to. One staff member told us, “I would report any concerns to the manager and take things further if needed.”

The nine care records we looked at showed that risks to people’s health and well-being had been identified, such as the risks involved with reduced mobility, poor nutrition and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. We found that eight of these care plans had been regularly reviewed and updated where necessary to reflect any changes in people’s needs. However one person’s care records had not been reviewed since August 2015. This meant there was a risk the person might receive unsafe or inappropriate care.

When we asked people who used the service about staffing levels, 23 of the 24 people we spoke with told us staff were always available to meet their needs in a timely manner. Comments people made to us included, “When I press the buzzer the staff come very quickly”, “Staff come as soon as I press my buzzer” “Staff are very good; I think there’s enough of them”. One person on Level 3 told us “I feel there is not enough staff.”

Two relatives told us they did not feel there were always enough staff on Level 1 of the service. However, our

observations during the inspection showed there were sufficient numbers of staff available on all levels to provide the support people required. We observed that staff responded promptly to any requests for assistance and call bells were answered without delay.

Staff told us they had time to spend with people who used the service. During the inspection we observed staff were unhurried in their approach and took the time to sit with people and engage them in conversation.

We looked at the systems for managing medicines in the service. We saw there were policies and procedures in place to provide information to staff about the safe administration of medicines. We were told that only registered nurses or senior nurse care assistants were responsible for administering medicines. People we spoke with told us they always received their medicines when they needed them. One person told us, “I know what my tablets are for. They [staff] break them up for me and I take my aspirin in water.” Another person commented, “The staff give me my medication on time though they are not always present when I take it.”

We asked the nurse on one of the rehabilitation units how they supported people to maintain their independence as much as possible in relation to taking their prescribed medicines. They told us when a person was admitted to the unit they would spend time talking with them about their medicines to gauge their understanding of why they were prescribed for them to take. They told us they would observe the person for a period of five days to ensure they knew how to take their medicines correctly before they allowed the person to take responsibility for administering their own medicines. They told us people were provided with a locked drawer in their bedroom to ensure they could store their medicines safely.

We looked at the medication administration records (MAR) charts for all the people living on Levels 3 and 4 of the service. We found these were accurately completed to confirm people had received their medicines as prescribed.

We saw that six people on Level 2 of the service were prescribed ‘thickeners’. Thickeners are added to drinks, and sometimes to food, for people who have difficulty swallowing, and they may help prevent choking. During the inspection we observed staff provide people who used the service with drinks which had been thickened. However, we observed staff thicken the drinks for a number of people



## Is the service safe?

using the same tin of thickener; this is a medicine which is prescribed for a named individual and should be used only for that person. When we checked the tin of thickener used by staff we saw it had no name on it. We also found there were a number of tins prescribed for people in the treatment room but these were unopened. This meant we could not tell if people had received this medicine as prescribed.

Records we looked at showed staff were assessed as to their competency to safely administer medicines. We also saw medication audits were taking place on a regular basis to check people had received their medicines as prescribed.

# Is the service effective?

## Our findings

At our last inspection we found the service was not always effective. This was because people's health needs were not always met, including foot care. During this inspection we found evidence in people's care records that staff had made referrals to relevant health professionals to help ensure people received the care they required; this included referrals to GPs, dentists, speech and language therapists, podiatrists and dieticians. We also observed that people who used the service were provided with foot care from an external professional.

We asked staff about the induction, training and supervision they received in Springfield Care Home. All the staff we spoke with told us they had completed an induction period when they started work at the service and considered this had prepared them well for their role. Staff told us they were required to undertake e-learning training on mandatory subjects including safeguarding adults, infection control, food hygiene and fire safety. However, four of the staff we spoke with told us they felt they would benefit from more training; this included training in the Mental Capacity Act (MCA) 2005.

The need for staff to undertake additional training in the MCA was also raised with us by a local authority social worker who visited the service during our inspection. They told us that they had taken the decision to complete any required capacity assessments for people who were admitted to the service for rehabilitation as they were the social worker allocated to these parts of the service. They told us they had taken this decision because they considered staff did not have the necessary training or knowledge to be able to complete such assessments. When we returned to the service on the second day of the inspection the manager told us MCA training was arranged for 5th November 2015.

The training records we reviewed showed that 42% of the staff team had completed MCA training. Overall of 18 essential courses identified by Springfield Care Home, there were 10 courses where less than 70% of staff had completed them. The deputy manager told us that Springfield Care Home had changed their e-learning provider; they told us this had resulted in the percentage figures reducing as staff started to use the new system.

We were told that seven senior members of staff had been enrolled on a 12 week Care Home Assistant Practitioner (CHAP) course. This showed that staff were supported to continue their professional development in the service.

Although staff we spoke with told us they received regular supervision from senior staff, when we looked at the personnel files for seven staff we found only one of these contained a record of a supervision session in 2015. However, when we returned to the service on the second day of the inspection the manager showed us records which provided evidence that all staff had received regular supervision; these had not yet been transferred to the staff personnel files.

We saw that supervision records for two staff identified in July 2015 that they needed to complete their mandatory training as soon as possible. However, when we checked the training records for these two members of staff we saw that one person had still not completed all of the required training. This meant there was a risk staff might not have the skills and knowledge required for them to carry out their role effectively.

We looked for evidence that people who used the service had given consent before any care or support was provided. We noted that care records included information about people's ability to make specific decisions. Where people lacked the capacity to make their own decisions, we saw family members and independent professionals had been involved in ensuring any decisions made were in the best interests of the individual concerned.

People who used the service told us staff would always ask for their consent before any care was provided. Comments people made to us included, "We make our own choices I think it's a really good home", "I try to make my own decisions as much as I can", "You can make your own decisions. I tell them [staff] what I like and don't like" and "I can do whatever I want."

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked the manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people's rights were protected. The manager told us of the correct procedure to follow to ensure any restrictions placed on people were legally authorised. At the time of the

## Is the service effective?

inspection the manager had submitted applications for DoLS authorisations for a total of 27 people, most of whom were on the unit for people living with a dementia; this was because of the level of support and supervision people required on this unit. However we raised with the manager the fact that our review of people's care records had indicated that an individual was unable to consent to their care and treatment in Springfield Care Home, although an application for a DoLS authorisation had been not been submitted. The manager told us they were not aware that the care records stated the person could not consent to their care and would arrange for a DoLS application to be submitted to the local authority as a matter of urgency. This should help to ensure the person's rights were protected.

We looked at how the environment in the service supported people to remain as independent as possible. We saw that on the units where the focus of the service was rehabilitation, people had access to kitchen appliances to help staff assess whether people who used the service were able to complete domestic tasks. We also observed that on the unit for people living with a dementia there were clear signs on doors to help people identify their function. We also noted that some people had personalised information the outside of their bedroom door; this would help them identify their own personal space.

People spoken with during the inspection made positive comments about the meals served in Springfield Care Home including, "The food is good. They [staff] help me to eat if I need it as I have problems with my teeth", "The food is pretty good" and "There are really good meals."

During the inspection we observed the lunchtime experience on the unit for people living with a dementia. We saw that the food looked appealing and people were offered a choice of meal. We observed that one person

complained that they had not had any lunch but refused all suggestions made by staff. We heard them say that they would like fish and chips and observed a staff member go to a local takeaway restaurant to get the meal the person wanted. We saw that they ate all of this meal and when asked they told us they had thoroughly enjoyed it. This demonstrated good practice in helping to ensure people's nutritional needs were met.

We saw that drinks were served during the meal. We noted that people were also able to help themselves to drinks from dispensers located throughout the home. This helped to ensure people received the hydration they needed.

We looked at the kitchen and saw people's dietary requirements, likes and dislikes had been noted. However, during the inspection a relative told us that at lunchtime staff had brought their family member a choice of two meals, both of which they either did not like or could not eat due to an allergy. The relative told us they had had meeting with the kitchen staff in the past so they should be well aware of their family member's nutritional needs. They told us they were frustrated that this happened on a regular basis.

We noted the kitchen was clean and had received a 5 star rating from the national food hygiene rating scheme. We looked at the supplies of food and saw there was a good selection of fresh, frozen, dried and tinned foods available. We saw that appropriate arrangements were made to ensure that people's dietary requirements in relation to their culture or religion were met.

We saw that, where necessary, there were systems in place to monitor and record people's weight and nutritional intake. One person who used the service told us, "They [staff] weighed me the other day. I'm putting on weight slowly."

# Is the service caring?

## Our findings

All the people we spoke with during the inspection told us they considered staff were kind and caring. Comments people made to us included, “The staff are kind; sometimes if they have time we have a natter”, “Last night I had a couple of accidents in bed and the staff changed my bed three times; they were so kind and made me feel better”, “The staff are lovely people; they have patience and are dedicated”, “Staff are kind and keep an eye on you” and “They [staff] really care for us.”

During our inspection we observed warm and caring interactions between staff on all units and people who used the service. We saw that staff responded calmly when people became agitated or distressed and provided reassurance where necessary. We saw that one staff member provided a person who used the service with a doll to care for to avoid them becoming agitated; doll therapy is a recognised intervention which can sometimes help people living with a dementia.

All the staff we spoke with demonstrated they had a good knowledge about people’s needs, wishes and preferences. They told us they considered the service provided good care to people. One staff member told us, “I would be happy for my mum to live here.”

Staff we spoke with told us they understood the importance of person-centred care. One staff member told us, “It’s about the person’s individual needs and what’s best for them; I definitely feel we offer that”. Another staff member commented, “It’s addressing each resident as an individual. They have dementia but they are not all the same.”

Care records we looked at were personalised and included information about people’s social histories, families and interests. This information should help staff form meaningful and caring relationships with people who used the service. We noted that care records were held securely on all the units; this helped to ensure that the confidentiality of people who used the service was maintained.

People on the residential and rehabilitation units of the service told us staff would always promote their independence. One person told us, “The staff support me to be independent; they cannot do enough for you and they are very respectful.” Another person commented, “My equipment is fantastic; it really helps me to be more mobile”.

We looked at recent comments made about staff on the electronic system used to gather people’s opinions about the service. Comments we saw included. “It’s nice to be treated as an individual and not just like another resident and that you are identified by your first name and staff remember that even when you have just arrived” and “I was first embarrassed about going to the bathroom but all staff have been really polite and respected everything I said.”

We asked the manager about arrangements in place to help ensure people received the care and support they wanted at the end of their life. The manager told us that several staff were in the process of completing the Six Steps to Success programme. The Six Steps programme helps to ensure that every possible resource is made available to facilitate a private, comfortable, dignified and pain free death. The manager told us they had also developed links with the local hospice service.

# Is the service responsive?

## Our findings

We asked the managers in the service to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a detailed assessment of the support they required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by the staff.

People who used the service told us staff were responsive to their needs. One person commented, "If I want something staff will get it for me." Another person told us, "Staff always listen to me if I need them."

All the staff we spoke with told us they would always look at people's care records to find out what level of support people required. Staff also told us they received information about any changes in people's needs from the daily handover meetings which took place.

We found that people's needs were documented in all the care records we reviewed; these records provided detailed information for staff to follow in order to provide people with the support they wanted and needed.

We noted one person's care plan for skin integrity stated staff should support them to reposition every two hours. However, the records for this person showed there were twelve occasions between 26 October 2015 and 28 October 2015 when staff had not adhered to this timeframe. This meant there was a risk the person's skin integrity might be put at risk.

The care records we reviewed also showed staff were not always completing body maps or behavioural charts for a person who was at risk of sustaining bruises. This meant staff could not accurately determine the potential cause of any bruising noted on the person's body.

We looked at people's records to check their wishes and preferences were taken into consideration when planning their care; this included whether people preferred male or female carers to provide their support. However, a relative told us that they had informed staff that their relative would not wish male carers to provide their support but that this wish had not always been respected. The social worker from the safeguarding team told us that when they had checked the care plan for the person concerned on

15th October 2015 they had noted it stated that the person had no preference regarding the gender of the carers to support them. The social worker had requested that this care plan be amended to reflect the person's wishes. However, they had noted when they visited during our inspection that a review on the 17th October 2015 stated there were no changes required to the care plan. This meant there was a risk the service would not be responsive to people's expressed wishes and preferences.

The lack of accurate records in relation to the care people who used the service required was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received differing opinions from relatives regarding the communication they received from staff regarding any changes in their family member's needs. One relative told us, "Staff have kept me informed about [my relative's] needs throughout." In contrast comments made by two other relatives were, "I think the staff are fairly knowledgeable but they don't keep me informed unless I ask" and "The staff do not keep me informed about [my relative's] wellbeing and records are not being kept up to date."

Although eight of the nine care records we looked at had been reviewed and updated on a regular basis, we found no evidence that people who used the service or, where appropriate their family members, had been involved in reviewing the care plans. This was confirmed by our conversations with some relatives during the inspection. One relative told us their family member had been a resident at Springfield Care Home for five years but they had only signed the care plan on their behalf on one occasion. They told us they had a number of concerns about the care their family member received which could have been discussed at a care plan review meeting if one had been arranged.

We discussed the lack of involvement of people who used the service or their relatives in care plan reviews with the manager. They told us they had introduced a 'resident of the day' system since they joined the service in June, 2015; this meant the person concerned had a 'pamper day' and all aspects of their care were discussed with them and, where appropriate, their family members. They told us that in their opinion this process was working well and several families had already been involved in the process.

## Is the service responsive?

We looked at the opportunities available for people who used the service to participate in activities. We were told there was an activity coordinator in place and that, since our last inspection more activities were now taking place on the unit for people living with a dementia. The activity coordinator was not on shift on the day of our inspection but we noted staff on the unit for people living with a dementia organised a 'sing along' for people. However, one relative of a person on this unit told us, "There is absolutely no stimulation for people suffering with dementia."

A relative of a person on Level 1 of the service told us, "There are no activities whatsoever and no stimulation they just sit in a chair all day with the television on." However when we discussed this person's care with the occupational therapist they told us they had tried to encourage the person to get involved in the baking and cake decorating session which we had observed taking place on the unit earlier in the day. They told us the person had refused to participate. We noted that there was an outside entertainer visiting the service on the evening of our inspection.

We reviewed the systems for managing complaints received by Springfield Care Home. We saw that there was a complaints policy in place. However, none of the people we spoke with who used the service were certain about who they should speak to if they had any concerns about their care. One person told us, "I've no idea who I would

take to if I had a complaint but whatever I ask them [staff] to do they do it." Another person commented, "I'm not sure how to make a complaint but there is nothing I would change."

Two relatives we spoke with told us they were dissatisfied with the way complaints they had raised had been dealt with. One relative told us they had raised numerous complaints since their family member had been admitted to Springfield Care Home. However they considered that none of these complaints had resulted in an improvement in the care their family member received. They told us, "We are not asking for the moon; only for them to receive basic care." Another relative told us, "We had a meeting about a complaint and [the manager] said they would look into it but we are still waiting". We discussed this with the manager on the second day of our inspection. They checked their records and could find no evidence of a complaint having been raised by the family member concerned. They told us they would speak to the relative as soon as possible to discuss their concerns.

Relatives we spoke with told us they had not been invited to attend resident/relatives meetings. The manager told us one meeting had taken place since they joined the service and that this had been widely advertised throughout the home. From our review of records we saw that a meeting had been held in August 2015 for relatives of people on the unit for people living with a dementia. However only four relatives had attended. The manager confirmed the next meeting with relatives was due to take place later in the month.



# Is the service well-led?

## Our findings

At our last inspection we found that the service was not well led. This was because we found that the majority of the policies and procedures that we looked at were out of date. At this inspection we found that the required improvements had been made.

The service had a manager who was appointed in June 2015. The manager was in the process of registering with CQC.

We asked the managers what they considered the key achievements of the service had been since our last inspection. They told us that this had been the introduction of the Heads of Department meeting to improve communication, the resident of the day system, the renewing and awarding of contracts for the rehabilitation service as well as general improvements in standards throughout the service. They told us that their biggest challenge was to continue to raise standards and recruit qualified nursing staff.

Although the manager was able to show us evidence that they completed twice daily 'walkabouts' of every part of the service, we received conflicting information about their visibility in the home. Three staff members on Level 1 told us that they did not see the manager on a regular basis although they told us they had frequent contact with the deputy manager. In contrast comments made by two other staff members were, "We get a lot of support. They listen and act on our concerns" and "The manager is accessible if I need to talk to them." All the staff we spoke with told us leadership on the individual units was good.

One relative told us "The manager is new. We don't see her very much; she doesn't interact with the residents." Another relative commented, "We have had a few managers lately. We don't know where we are up to, plus there needs to be more team work."

We discussed the comments made by staff and people who used the service regarding the visibility of leadership in the service with the manager. They told us that since starting at

the service in June 2015 they had concentrated their efforts on improving the quality of service on the unit for people living with a dementia which could explain some of the comments people had made.

We asked about the systems in place to monitor and review the quality of the service. The provider had introduced a Quality of Life audit tool in May 2015, which is iPad based. We were told that there was a target of having seven surveys completed per week, including at least three from staff. The manager told us they allocated the iPad each day to different staff so that they could complete surveys with people who used the service, relatives and visiting professionals. There was also a 'portal' available in the reception area. Staff we spoke to confirmed that they had been asked to complete a survey using the new system.

A total of 118 surveys had been completed between May 2015 and November 2015, with 97% of responses being overall satisfactory. A paper based survey completed by people who had used the service on level 1 showed that people's experience was positive.

The manager showed us how the Quality of Life tool was used to track key areas including falls, incidents, accidents, weight monitoring and wound management. Action plans from this tracking data were seen. The action plans were submitted to the provider and monitored by the area manager. The area manager completed regular monitoring visits to Springfield Care home and an action plan on the findings was produced.

We saw evidence that meetings had started to be held between the manager of the service and the unit managers. These included meetings regarding health and safety and clinical governance. The meetings had identified areas for the unit managers to action. However, the minutes we reviewed did not show whether any required actions had been completed.

We looked at records which showed that staff meetings were not being held on a regular basis with only one meeting having taken place since the manager started at the service in June 2015. However, two staff we spoke with told us that staff meetings were held on the units. One staff member commented, "I can ask questions and I get answers."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**The provider did not have robust recruitment procedures in place to protect people who used the service from the risk of unsuitable staff.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider did not maintain an accurate record of the care people who used the service required.**