

## Roseberry Care Centres GB Limited

# Springfield Park

### Inspection report

2 Eastern Villas  
Station Road North, Forest Hall  
Newcastle Upon Tyne  
Tyne And Wear  
NE12 9AE

Tel: 01912702424

Date of inspection visit:  
16 July 2018  
19 July 2018

Date of publication:  
23 August 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 16 July 2018 and was unannounced. A second day of inspection took place on 19 July 2018 which was announced. We last inspected Springfield Park November 2015 and found it was meeting all the regulations we inspected against. We rated it good in all domains. During this inspection we found concerns in relation to some records and governance so have rated it requires improvement.

Springfield Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Springfield Park can accommodate 30 people in one adapted building across two floors. At the time of the inspection 20 people were resident, some of whom were living with a dementia.

The service had a registered manager who was on a planned absence at the time of the inspection. We had been notified of this and the deputy manager was managing the home. 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.

This is the first time the service has been rated Requires Improvement. We found a breach of regulation in relation to good governance. Care records for people receiving respite care had either not been written or hadn't been reviewed since October 2016. There was a failure to follow the providers own policy in relation to respite and short stay admissions. Respite care files had not been audited and the required improvements had not been identified. The deputy manager was responsive to our concerns and immediately took action to develop care plans.

Some care records also lacked detail in relation to the support people needed with regards to the provision of personal care and mobility.

Staff knew people well and we observed care and treatment was provided in a safe and responsive manner. The gaps in care records had not had any direct impact on people's care. However, the provider is required to maintain accurate, complete and contemporaneous records in respect of each person's care.

We have made a recommendation that the provider review best practice in relation to fire safety. A fire risk assessment had not been updated to evidence actions had been completed. We found some fire doors were closing at high speed. This was rectified after the inspection. Staff could explain how they would safely evacuate people in the event of a fire.

The environment was in need of an update and the deputy manager was able to offer reassurances that work was in progress to replace carpets and furniture and to improve the décor.

Risk assessments had been completed for all people permanently resident at Springfield Park. Any incidents or accidents were recorded and the information used to review and update risk assessments.

Staff were knowledgeable about how to safeguard people from harm and were confident the registered manager would act to resolve concerns and ensure people's safety. All concerns were logged and investigated.

Medicines were managed safely and had recently been audited by the pharmacist. Regular medicine audits had been completed and if necessary action had been taken to ensure improvements were made.

People were supported with their nutrition and hydration needs and had access to healthcare professionals such as dieticians, speech and language therapy and GPs and consultants.

There were enough staff to meet people's needs and recruitment procedures were in place.

Staff told us they had the required training to ensure they could meet people's needs and that they were well supported by the deputy manager. The team worked well together and supported each other so people received care that was appropriate, timely and respectful.

People and their relatives were complimentary of the care they received and of the approach from the deputy manager. One relative said, "The care is fabulous!"

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Capacity assessments and best interest decisions were in place and where we identified gaps they had been completed by day two of the inspection.

Activities were provided for people and the staff were committed to fundraising so there was an increased budget for entertainers and events. Staff had personally given funds to the home so a small area at the front of the building could be updated to be a patio area for people to sit with their relatives.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 ●

The service was safe.

We have made a recommendation about fire safety records.

Staff were knowledgeable about safeguarding and were confident any concerns would be addressed.

There were enough staff to meet people's needs in a safe way.

### Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the Mental Capacity Act (2005) and supported people to make decisions.

Appropriate training was provided and staff told us they were well trained and well supported.

People were supported with nutrition and hydration needs and had access to external healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us the staff were kind and caring.

We observed people were treated with respect and their dignity was maintained.

Feedback had been sought and information was displayed about action taken to address comments.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

We have made a recommendation about care records for people having a respite stay at Springfield Park.

Complaints were logged and investigated and relatives told us they had no complaints.

Activities were provided and staff had developed an outside area for people at the front of the home.

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

The service was not consistently well-led.

The providers quality assurance system had not been effective in ensuring compliance and improving the quality and safety of the service.

The deputy manager was responsive to concerns raised during the inspection and acted immediately to rectify them.

Staff and relatives were complimentary of the deputy manager and their leadership style.

**Requires Improvement** ●

# Springfield Park

## 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.

This inspection took place on 16 July 2018 and was unannounced. This meant the provider did not know we would be visiting. An announced second day of inspection took place on 19 July 2018.

The inspection team was made up of one adult social care inspector and one senior health and safety advisor from the Commission who was shadowing the inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used information in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team and the safeguarding adult's team. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with six people living at the service and two relatives. Due to people's needs not everyone could tell us about their experience so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the deputy manager who was managing the home in the registered manager's absence and the regional operations manager. We also spoke with four care staff, the activities coordinator, and four ancillary staff including maintenance, kitchen and housekeeping staff.

We reviewed six people's care records, including two people who received respite care at Springfield Park. We looked at medicine records for six people and recruitment files for two staff. We reviewed records relating to the management of the service including training and supervision records. We also looked around the building and spent time in the communal areas.

# Is the service safe?

## Our findings

At the last inspection in November 2015 we rated safe as good. During this inspection we found it remained good but have made a recommendation in relation to fire safety.

A fire risk assessment was in place dated January 2018 which had identified that some actions needed to be completed. For example, in relation to reviewing fire doors for replacement. There was no information on any progress that had been made with completing the actions. We noted some fire doors were closing at high speed and with force which could present a risk if anyone had their fingers or hands in the doors. The deputy manager said they would have the door closures adjusted immediately and confirmation was received following inspection that this had been completed.

There was no fire safety procedure in place. This procedure should identify who is responsible for what, what the evacuation procedure is, what evacuation routes there are, where the meeting point is and how often fire drills and training should be carried out. Under the Regulatory Reform (Fire Safety) Order 2005 it is a requirement to consider general fire arrangements and precautions. Following the inspection, the Director of Quality and Compliance shared an emergency evacuation procedure and the fire notices that were in place for visitors, staff and contractors. Fire notices were seen during the inspection but they do not replace the need for a fire safety procedure. Personal emergency evacuation plans (PEEPs) were in place which detailed vital information to support staff to evacuate people safely, however the room number for one person was not correct.

We recommend the provider review best practice in relation to fire safety.

Staff were able to tell us how to evacuate people and the action they would take if the fire alarms sounded. This included checking the fire panel to identify the site of the fire and evacuating people so they were at least two fire doors away from the fire. One staff member said, "There would be a staff member at each fire exit as the doors open when the alarm sounds. One would go to the fire panel and see where the fire was, there's a nominated person each shift. They would direct an evacuation, horizontal then vertical and phone the fire service."

Regular checks were completed by the maintenance person in relation to premises and equipment such as water temperature checks and window restrictors. It was noted that when the maintenance person was on leave there were occasions when checks hadn't been completed, even though a system was in place to prevent this from happening. Servicing of firefighting equipment and the fire alarm system had been carried out appropriately.

Springfield Park was clean and there were no malodours. A resident of the day system was in place which ensured everyone's room was deep cleaned and reviewed by the maintenance person. There were no malodours noted and infection control audits were completed regularly which included hand hygiene, waste disposal and the handling of specimens.



Risks to people had been assessed in relation to choking, mobility needs and falls. In addition, we also saw oral health risk assessments had been completed. Risk assessments were used to identify the level of risk to the person and the action to take such as implementing a care plan to record how the risk should be managed and minimised.

Accidents and incidents were recorded and analysed for any patterns or trends. If people had fallen the information was also used to update the falls risk assessment. Actions taken included the use of sensor mats and updating care records. The deputy manager explained how they looked for trends and triggers in any accidents or incidents but hadn't identified any. The regional operations manager explained that analysis also took place at a more senior level and no trends had been found.

Safeguarding concerns were logged and reported appropriately. Staff were knowledgeable about abuse and the signs people may show if they were being harmed in any way. One staff member said, "They might be withdrawn, loss of appetite, not wanting to be alone with certain people, they may even try and tell you. I would report it to [deputy manager] I'm confident they would act."

Staff knew people well and were able to discuss people's needs with us. They had a good understanding of why people may become distressed or anxious. Appropriate action had been taken to refer people to the behaviour team if needed and records were kept. This supported staff to try to identify any triggers for people's distress and to record what action was taken and whether it worked to reassure and settle the person.

One person was able to speak with us about their medicines. They explained that their medicine was, "managed well." Medicines records were completed appropriately and protocols were in place for 'when required' medicines. Some medicines are administered by the use of a patch directly onto the person's skin. Body maps were used to evidence exactly where the patch had been placed so it could be monitored and applied elsewhere on the body on the next application.

A pharmacy had audited medicines in March 2018 and had noted some areas for improvement, such as recording the opened date on liquid medicines, and documenting on the reverse of the medicine administration record (MAR) when 'as required' medicines were administered. We saw these actions had been completed and subsequent medicines audits completed by the staff team had not identified the need for any improvements.

On the whole everyone we spoke with said there were enough staff. One ancillary staff member said, "There is enough staff, everyone mucks in and helps each other out." A relative said, "There's enough staff, there's always someone to speak to." Care staff and the deputy manager felt there were enough staff as well. One ancillary staff member thought there could be more housekeeping staff.

A dependency tool was used to calculate the numbers of care staff needed and we observed there were sufficient staff. People did not wait to have their needs met and staff were seen to be able to spend time chatting with people in a relaxed and unhurried manner.

The recruitment process included an application form and interview followed by a minimum of two satisfactory references and a clear disclosure and barring service check (DBS). DBS checks provide details of any offences which may prevent the potential staff member from working with vulnerable people. They help providers make safer recruitment decisions. One staff member's file did not include an interview record form. The regional operations manager said, "I interviewed them." They then produced an interview record form based on their recollection of the interview. They noted the date the form was completed and

documented that it was a replacement. We discussed this with the regional operations manager as best practice is to ensure there is a contemporaneous record of the interview.

## Is the service effective?

### Our findings

The environment at Springfield Park was in need of updating. A stair carpet was very sticky and some carpets in bedrooms needed to be replaced, one in particular was frayed and presented as a trip hazard. The deputy manager explained a refurbishment programme was in place and carpets were due to be replaced.

The deputy manager said, "We are decorating rooms one by one and making them more modern with different colour schemes so there's a choice for people." They added, "If people want to redecorate or have a different colour when they move it's their choice, I would get the paint and organise it. People can personalise their rooms if they want to."

One of the rooms were ensuite, however, people could access specialised baths and walk-in showers. One bathroom was not used so the deputy manager had sought approval to have this converted into a shower room. Some bathrooms were cluttered and equipment and laundry bins were stored in the rooms which would have made it difficult for people to use the facilities. One bathroom on the first floor didn't have a pedal bin for any rubbish.

We were told about a car boot sale the home had had to raise money to improve the front access to the home. There was now a pleasant area for people to sit with relatives if they chose to as an alternative to the garden area. The garden area had a small gate at the side of the home which allowed access to and from the garden. This was not secure and was low enough that people and the public could climb over it. We raised concerns with the deputy manager about this and by day two of the inspection this had been resolved.

Before people moved into Springfield Park their needs had been assessed so staff could be sure they could care and support for the person effectively. For people who were making a permanent move to the home this information was used to develop care plans and risk assessments.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS applications and authorisations were in place where required and a log was kept to ensure new

applications were made close to any expiry dates so the authorisations did not lapse. The deputy manager said, "I know we need care plans for DoLS to be put in place." They added, "We have done mental capacity assessments and best interest decisions for the use of sensor mats." We asked if there were any other restrictions in place such as bed rails or wheelchair lap belts. They said only bed wedges were used and lap belts for wheelchairs. We discussed best interest decisions for people who lacked capacity. The deputy manager said, "I will put capacity assessments and best interest decisions in place." This had been completed by day two of the inspection.

Staff were knowledgeable and one staff member said, "Most people here lack capacity and have a DoLS in place so it's about day to day decisions as well. We have information on it in their files but it's about our knowledge of people, and how to support them to have choice, so I show two examples to people to choose from (staff member mimed showing two sets of clothing to a person)"

People were supported with choosing their meals and picture menus were on display. People said they enjoyed the food and there were birthday tea's on both days of the inspection which people enjoyed.

Some people had been referred to the speech and language therapy team as they needed support with their diet. Specialised guidance about the texture of foods had been provided and this was documented in people's care plans. Diet notification sheets were shared with the kitchen which provided them with details about people's needs and preferences. The kitchen staff were able to tell us about people's needs and also about an allergy one person had.

A hydration station was available in the downstairs dining area so people and relatives could help themselves to drinks. The area also had ration books and memorabilia so it prompted people to reminisce and share their stories if they wanted to.

People were supported to access healthcare services such as the dentist, chiropodist, district nurse, doctor and dietician. Records were kept of any involvement from healthcare professionals. One relative said, "Staff let me know and went to the hospital with [family member] they even stayed there with us."

We spoke with the staff about the training they received. The deputy manager said, "We are up to date with training, I got the nurses in to do skin integrity training with the seniors and our training statistics are at 98%. The staff have worked hard to do it." Staff told us their training was up to date. One staff member said, "There's lots of online training such as medicines and health and safety but I've done a medicine competency and moving and handling training is practical." Other training included mental capacity, safeguarding, equality and diversity, dignity and dementia care.

Staff told us they felt well supported. One staff member said, "[Deputy manager] is supportive, she's good. Everyone pulls together and works as a team." A supervision and appraisal planner was in place so all the staff knew the dates in advance. Staff told us they were well supported, and had regular meetings to discuss their performance and training needs. Staff told us they felt well supported by the deputy manager and were able to approach them about any work or personal issues.

The deputy manager said, "We've had lots of support from [directors] and [regional operations manager]. The new manager at [sister home] is amazing, really helpful." They added, "I know I've got a good team, I've got a good bunch of girls and they deserve people coming in and saying well done. They have given days off up to do car boots to raise money. I can't ask for any more than what they do. I think they deserve a pat on the back, a well done. I appreciate what they do for the residents."

## Is the service caring?

### Our findings

We spoke with people and relatives about the care provided. One person said, "The staff are chatty and happy." Another person said, "[I'm] well cared for." They also explained that their next of kin were happy they were being looked after.

A relative said, "I'm happy with the care, we know all the staff and they are all lovely, I'm confident in them, you can tell they know what they are doing. They are attentive, well trained, respectful to me and [family member]." They added, "They are a support to both of us. If we ask for anything it's done, you can guarantee it, you never have to ask twice. I couldn't do without them!" Another relative said, "What a good place it is, it's not the nicest in décor but it jumps off the page in friendliness. The staff are brilliant, they've been a godsend. It's fantastic, staff who work here have had family here. We have raised money, we want to keep it going." They added, "[Deputy manager] is great, has a real air of caring. Previous managers have been invisible but not this one. The care is fabulous!"

One person's relative visited them every day and stayed for the afternoon and early evening. The deputy manager said, "I've told the kitchen to do an extra meal for them so they have their tea every day. We are like a little family here."

All the staff we spoke with were positive about the care they provided for people at Springfield Park. One ancillary staff member described Springfield Park as being, "Homely with a great atmosphere." The deputy manager also said, "We do genuinely care, it's people's home and we have got to respect that. I've done every job in this building and you have to show appreciation to people. The girls (staff) come in on their days off for trips out and give their own time up for people." They added, "I want everyone treated how I would want my family member to be treated, I want to know they are happy, cared for well and treated the right way."

A staff member said, "The people here are like our families, we are knitted together and do our best. The care is excellent but it's the building, carpets and furniture need to be replaced. It's being done a room at a time." Another staff member told us, "We do all work well together and try our best for people and the home. No one sees it as a job, we know people and their families and discuss everything. It's a really nice home, we give really good care." We were also told, "It's family oriented, everyone is treated like family, all really close and the residents are classed as family."

People who wanted to have memory boxes outside their rooms which had been developed with the support of families. Some people had photographs and ornaments of things which were important to them. This could be used to prompt conversations about people's history and what was important to them so staff could get to know them and have meaningful conversations with people.

We observed staff to be kind, caring and compassionate. People were supported with respect and their dignity was maintained. We saw staff supporting people if they were upset by offering comfort, appropriate touch and physical support to dry tears and wipe noses if people were crying. Staff were also observant if this was upsetting other people and distracted them with conversations or supported them to go for a little

walk or an alternate activity if they were also becoming upset.

Feedback had been sought about the quality of care provided. Comments made and the providers responses were on display so relatives could see the action that had been taken. Comments were that personal care and support was excellent or good, catering and social activities were rated good on the whole and management was also rated excellent or good. Comments were generally positive and included, 'The management and staff are excellent and promote a happy environment, the staff always welcome any visitors and show dedication to the residents.' Another relative had commented, 'The actual quality of care provided is excellent.' Some relatives had commented about the environment and bedroom furniture needing to be updated. The deputy manager had responded to this and there was some ongoing refurbishment planned. However, the plans were not clearly documented.

## Is the service responsive?

### Our findings

People's needs were met safely because the current staff team knew people well. However, there were concerns in relation to the completion of care records for people who were having a respite break at the home.

One person had been staying at the home since early June 2018 but did not have any care plans in place. We spoke with the deputy manager who said, "It's a respite file so only little bits are needed." We explained that there were no care plans or risk assessments in place and from reviewing an assessment completed by the local authority the person had some very clear care needs. The deputy manager said, "We haven't seen any of those needs here, we just go off the chats we have and get to know [person] from working with them."

Another person who had regular respite stays at Springfield Park did have a 72 hour care plan in place and a range of care plans and risk assessments. However, they were dated October 2016 and had not been reviewed on any subsequent stays. This meant there had been no assessment of the person's current needs so we could not be sure they were receiving appropriate and safe care and treatment.

We raised this again with the deputy manager and the regional operations manager. The deputy manager said, "I raised concerns about the permanent people's care files and [assistant director of quality and compliance] came and supported me with updating them and wrote an action plan. I'm going to be looking at the respite files next." The regional operations manager said, "We will start working on them now." On day two of the inspection the deputy manager shared the care records of the people who were currently having a short respite stay and all relevant care plans and risk assessments were in place.

We recommend the provider review best practice in relation to care planning for people having a respite or short stay.

Care plans for people who resided at Springfield Park permanently were in place. Some contained very personalised information including how to support people with decision making, the areas where they were independent and didn't need support and their preferences and favourite products. In other areas information was lacking, for example, stating two care staff were needed but not how each staff member should support the person, this related to supporting people's mobility needs and personal care needs. We spoke with the deputy manager about this who agreed and said, "Yes, I see what you mean." By day two of the inspection work had begun to make improvements to care records.

A staff member said, "I'm confident with the care plans now. Since they've been renewed I feel more confident. It's our responsibility to keep them up to date and we use 'resident of the day' which is a deep clean, conversation with the cook and the maintenance person and a re-evaluation of the care plans. Any change would lead to a new care plan."

The current staff team knew people well and we did not observe the gaps in care records having any impact on the direct care and support people received. However, providers should maintain an accurate, complete

and contemporaneous record in respect of each person, including a record of the care and treatment provided.

At the time of the inspection no one was receiving end of life care. A policy was in place as was a palliative care file. End of life care plans had been completed with people which included the person's wishes and who would make relevant arrangements when the time came. The deputy manager said, "The girls (care staff) came in on their days off so someone at the end of their life wasn't on their own. We can't do better on the care side of things."

Complaints and concerns were logged and investigated. A relative said, "I've no complaints, none whatsoever. I know [deputy manager] and know where to find her!"

All staff had donated money so an area at the front of the home could be updated to include a small patio area so people could sit outside with any visitors or staff and enjoy the fresh air. The benefit of this was that people could chat and interact with people passing by the home and say hello to those who were attending the nursery which was next door. The staff team had received compliments from the directors of the company for funding and completing this work for people's enjoyment.

There was also a garden area at the rear of the home where people could spend time. The deputy manager said, "I make a point of spending time with people, all the girls (care staff) have a go at the entertainment and doing the garden, it's what you do."

An entertainer was at the home whilst we were there and we saw the majority of people were joining in. This was a virtual game which included some physical activity combined with mental stimulation. One person said, "The first time I did it I got a really high score. You should have a go, you'll love it, I do!"



## Is the service well-led?

### Our findings

We found improvements were needed in relation to governance and quality assurance.

Some care records in relation to mobility and personal care lacked detailed information on the support that should be provided. Capacity assessments and best interest decisions were not always recorded in relation to restrictive equipment such as wheelchair lap belts. The deputy manager explained that they had raised concerns about care records and had been supported by the assistant director of quality and compliance who had developed an action plan. We reviewed the action plan which included an action in relation to care files and care plans which stated, 'All care plans up to date by 16 April 2018.' A further comment had been added which stated, '[Assistant director of quality and compliance visited on 9 May 2018 and was happy with new care plans, a few little things to do, staff are working on this now.]'

One person, who was currently receiving respite care had no care plans in place. Another person had care plans from October 2016 which had not been reviewed or updated so we could not be sure these records were accurate or up to date. The deputy manager said, "Respite files haven't been audited by anyone."

The providers policy on respite and short stay admissions stated, 'Where the service user is to be admitted for respite or short stay care it is essential that the 72 hour care plan and risk assessments are completed. This is to confirm that the needs of the service user can be fully met in the care centre and to ensure that the admission is appropriate and that all essential equipment or services are in place.' It also stated, 'Where possible the short stay care file, should be completed prior to admission to identify the main areas of care and the preferred living routine for the service user.' This meant there had been a failure to follow the policy as there was no 72 hour care plan and risk assessment completed.

The concerns identified during this inspection in relation to care documentation had not been identified by the providers quality assurance and governance systems. The deputy manager was responsive to these concerns and by day two of the inspection all care records for people receiving respite care had been written and implemented and work had begun on all other care documentation where improvements were needed.

There was no documented fire safety procedure and actions taken in relation to the fire risk assessment had not been documented. There was no robust procedure to ensure appropriate health and safety checks were completed in the absence of the maintenance person and health and safety audits had not been completed. The regional operations manager said, "There should be an annual health and safety audit by the health and safety team but it hasn't been done, its pencilled in for 2 August (2018). Quarterly in-house health and safety audits should be done but they haven't been."

Documentation in relation to health and safety and equipment safety was stored in several files holding the same type of information dating back to 2012. This made finding current information difficult. Some information was not accessible in the files and the regional operations manager and maintenance person had to find it from different sources, for example the gas safety certificate. The electrical installation condition report was not in the file so this was sent to us after the inspection.

An action plan had been developed in March 2018. Whilst some actions in relation to health and safety had been identified, such as renewing PEEPs and ensuring fire drills were appropriate it didn't include information in relation to the concerns we noted.

The above concerns are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance.

A registered manager was in post however the Commission had been informed of their planned long-term absence. During their absence arrangements had been made for the deputy manager to manage the home. They were aware of their responsibilities in relation to managing Springfield Park and in relation to the Commission. They said, "I am responsible for everything, notifications for DoLS, deaths, safeguarding issues, serious injuries, covering in the registered managers absence and the safe running of the service."

The deputy manager said, "The seniors are extremely good so the huddle (daily meeting) and the dining audits and call bell audits are done by the seniors so it gives me more time to do the manager's role. It's all about team work. Everyone does what's needed." Some audits, including medicines audits were used effectively to drive improvements. Analysis of incidents and accidents had been completed to identify any trends and learn lessons to minimise the risk of reoccurrence.

A care and clinical governance meeting in May 2018 had documented that care file audits needed to be revisited and signed off. We discussed this with the deputy manager who said, "All the care plans have been rewritten anyway so we'll start auditing again now. I just need some support so I know how to audit properly."

Provider visits were completed every quarter with a follow up provider visit to review the actions taken. Where reports had identified the need for improvements the deputy manager and regional manager had updated them with dates and comments as evidence that action had been taken. For example, in relation to one person's care records and discussing medicine administration practices with staff.

Performance against key performance indicators (KPI's) were monitored and included pressure care and medicines. Care Governance meetings included discussions on infection control and the management of weight loss. Performance was also discussed within manager's meetings as well as CQC, governance and health and safety. It was minuted that there were concerns with regards to health and safety at Springfield Park in relation to the staff room door.

The providers action plan had been effective in improving some aspects of the home. For example, the external area of the home including the work completed at the front of the premises by the staff; the completion of training, the dining experience and activities.

We discussed the culture of the home and the strategy that was used to ensure high quality, personalised care was provided. The deputy manager told us, "I'm really passionate about the home, it means a lot to me and the care staff are fabulous, they really are."

Everyone we spoke with, without exception, were very complimentary of the deputy manager. Staff explained that the atmosphere was much better since the deputy manager was managing the home, they felt they were supported and felt safe and valued as a member of staff.

A staff member said, "I want to sing [deputy manager's] praises she's been outstanding. I would like her to have the manager's position permanently they deserve it. Been there for everyone, stops and helps, they

have a calm, cool head. Just perfect!" Another staff member said, "There's been a lot of managerial change but all the staff say the same. We do our best. It's a good team."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers systems and processes had not been established or operated effectively to ensure compliance.</p> <p>There was a failure to assess, monitor, improve and mitigate some risks relating to the health, safety and welfare of service users and others.</p> <p>There was a failure to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17(1); 17(2)(a); 17(2)(b); 17(2)(c)</p>