

Springfield Manor UK Limited

Springfield Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced inspection of this service on 28 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the cleanliness and infection control, people's consent to care and treatment,

assessing and monitoring the quality of the service, how people were cared for and respected, requirements that related to the recruitment of staff and how staff were supported.

We undertook this inspection to check that they had followed their plan and to confirm that they have now met legal requirements. This report covers our findings in relation to those requirements and additional any other

Summary of findings

areas that we looked at on the day of the inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield Manor Nursing Home on our website at www.cqc.org.uk.

Springfield Manor Nursing Home is a privately owned care home for people who require long

term and respite care, nursing, or palliative care for up to 30 older people some of whom were living with dementia.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 was because a new manager had been recruited to work at the service who was submitting their application to the CQC.

There were not enough suitably skilled staff deployed around the service. One person said "I don't feel there are enough staff as I always have to wait for staff to come and answer my call bell." We found that the nurse on duty only had time to complete their medicine rounds and undertake wound care on the day of the inspection. They told us that they feel they do not have time to be more pro-active in the clinical care that they wanted to provide. Some care was not being provided in a timely way.

We found during this inspection that there had been sufficient improvements to the cleanliness and infection control at the service. Staff had received updated infection control training to improve their understanding and knowledge. People and visitors said the service was a lot cleaner now.

On this inspection we found that the recruitment practices had been addressed. Recruitment files contained a check list of documents that had been obtained before each member of staff started work and these were all present.

The provider and the manager have contacted us since the inspection. They have provided us with a dependency tool to assess the needs of people living at the service and are looking to recruit additional staff including a nurse.

Assessments were undertaken to identify risks to people. When clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring.

We reviewed people's medicine charts and found no gaps or discrepancies. All medicines had been recorded appropriately. All medicine was stored, administered and disposed of safely.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. One said "I have never seen abuse here, but if I did then I would inform the manager and the nurse."

In the event of an emergency such as a fire each person had a personal evacuation plan and at each handover staff discussed these.

Arrangements were now in place in relation to Mental Capacity Act 2005 (MCA). There were mental capacity assessments present in people's care plans. These included care being provided and the use of bed rails.

People confirmed that consent was sought from them before care was given. We saw examples of staff gaining consent from people throughout the visit.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). This aims to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We saw that where people's liberty may have been restricted applications had been submitted to the local authority.

At this inspection staff told us that training had improved. We saw that all staff were up to date with the service's mandatory training.

People were happy with the care that they were receiving at the service. One person said "I've been here a while. It's wonderful, no problems."

Summary of findings

People had access to a range of health care professionals, such as the GP, nutritionist and physiotherapist.. One health care professional said they worked well with the staff at the service and felt that people were receiving the health care they needed.

We found on this inspection that all people that wanted to were sitting in new lounge chairs which were arranged in little clusters around the service to promote privacy and independence.

When asked if they thought staff were caring one person said “Yes, staff help me with my make-up and finish getting me ready”. Another person told us that staff were kind and considerate. We saw staff took the time to acknowledge people either with a smile and there was plenty of laughter between staff and people.

People’s family and friends were able to visit at any time and we saw this happening throughout the visit. Health care professionals said that the staff were caring. One said “It’s a lovely home, think the care is excellent.”

Residents and relatives meetings took place regularly. This was a way of involving people and family’s in the running of the service.

Staff showed they were knowledgeable about people in the service and the things that were important to them in their lives.

People’s care plans detailed what people need to support them. The equipment provided to people was appropriate and up to date and where specialist needs had been identified support was given

Since the last inspection activities have increased in the service. An activities coordinator had been recruited. There were CD’s, various jigsaws and games. There were areas of interest for people around the service including large pictures, sensory items and hamsters which we saw people enjoying.

People were also able to access the community. One member of staff said “I’ve organised an outing to Wisley (gardens)” and a Father’s Day barbeque had been arranged on the Sunday following our inspection.

People said they would know how to make a complaint but had not needed to. There was a service policy available for people and staff said they would support people who wanted to make a complaint.

People who used the service and relatives said the management of the service had improved recently. Comments included “Things are a lot better since the new manager started, there is still a way to go” and “A lot of work has been done on the home, they are in the process of redecorating.”

The provider gained staff feedback through periodic meetings and surveys. The survey completed in 2015 identified that staff were generally happy and identified a few areas they felt could be improved. An action plan had been devised to address areas needing improvement.

The manager said “Springfield remains upon the top of my priorities; I am actively working towards improving things.”

We saw various audits had been used to make sure policies and procedures were being followed and to improve the quality of the service provided. This included health and safety, care records, accidents and incidents, falls and medication practices.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

There were not always enough qualified and skilled staff at the service to meet people's needs.

The service was clean in all areas of the service and there were adequate systems in place to help prevent the spread of infections.

Staff knew about risks to people and managed them. People were receiving all of their medicines as prescribed.

Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required.

Requires improvement



Is the service effective?

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and people's capacity assessments were completed.

Staff felt supported and had received up to date training to make sure people were receiving the correct care.

People were supported to make choices about food and said the food was good.

Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion and their dignity was Respected.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs.

Good



Is the service responsive?

The service was responsive.

People were supported to make decisions about their care and support.

There were activities that suited everybody's individual needs.

People knew how to make a complaint and who to complain to.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There were appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained this used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns. The culture of the service was supportive.

Good



Springfield Manor 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 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

We undertook an unannounced focused inspection of Springfield Manor Nursing Home on the 15 June 2015. This inspection was carried out to check that improvements made to meet the legal requirements planned by the provider after our 28 October 2014 inspection. The team inspected the service against all of the five questions we ask about services: is the service safe, effective, caring, responsive to people's needs and is the service well-led.

The inspection was undertaken by two inspectors, one expert by experience and a specialist nurse. The expert by

experience had experience of caring for or supporting people living with dementia and older people and has personal experience of using or caring for someone who uses this type of care service

During and after our inspection we spoke with the manager, the provider, six people that used the service, four relatives, eight members of staff and five health care professionals. We looked at a number of care plans, minutes of staff meetings, staff files and audits of the service. We observed some care being provided during the inspection.

We did not ask the provider to complete Provider Information Return (PIR) as this was a focused inspection to follow up on breaches previously identified. The PIR 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.

Is the service safe?

Our findings

At our previous inspection the service was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Multiple areas of the service were not clean including the hallways, staff and reception toilets and people's slings for the hoists. Staff knowledge of infection control was not good and the service did not follow up on poor practices.

We found during this inspection that there had been sufficient improvements to the cleanliness and infection control at the service. The hallways had been cleaned and painted and new slings had been bought for individual people. Each bathroom was cleaned to a good standard and there were check lists for staff to tick when the bathrooms had been cleaned. Every member of staff had received updated infection control training to improve their understanding and knowledge. Staff told us about the process of using the sluice and were able to explain the correct procedures. We saw this in practice several times during the day. The manager undertook regular infection control audits and we saw that staffs practices improved at each audit. The provider told us that there were plans to refurbish the clinical and sluice rooms to improve the standards of cleanliness and infection control even more. People and visitors said the service was a lot cleaner now.

At our previous inspection the service was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were gaps in the some staff files which included no references for one person that had previously worked in a care environment and no update nursing registrations for two members of staff.

On this inspection we found that all this had been addressed. The provider undertook monthly checks of all nurses' registrations to ensure that these were up to date and current. Recruitment files contained a check list of documents that had been obtained before each member of staff started work. The documents included records of staff full employment history, any cautions or convictions, two references and evidence of the person's identity. This gave assurances that only suitable staff were recruited.

There were not enough suitably skilled staff deployed around the service. One person said "I don't feel there are enough staff as I always have to wait for staff to come and answer my call bell." Staff told us that there were not enough staff. One member of staff said people are safe because staff work hard, however we are always rushed." "It's all task related." Another said "We don't get to spend quality time with people and people don't always get their needs met in a timely manner." We found that the nurse on duty only had time to complete their medicine rounds and undertake wound care on the day of the inspection. They told us that they feel they do not have time to be more pro-active in the clinical care that they wanted to provide. We saw examples of people not being supported with their morning personal care until after 12.00 in the afternoon. Another two people had to wait around 40 minutes before they were brought their lunch to their rooms because of the lack of staff.

The manager said the service was staffed on the day of inspection with three regular carers and three agency carers. In the evenings there were two carers and one nurse. The manager said that they have a long term contract with an agency as they have difficulty recruiting. This way they can try and get the same carers to ensure consistency of care. They said that they did not have a dependency tool to assess either the level of care staff or nursing staff in service. We checked all 26 people's care plans in the service and found that 23 people needed support from two carers with their mobility either with a hoist, slide sheet etc. This would mean that in each area of the service at night only one person could be supported at any one time. This meant that people were at risk of not getting their care in a timely way. As there were not enough staff deployed around the service this is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and the manager have contacted us since the inspection. They have provided us with a dependency tool to assess the needs of people living at the service and are looking to recruit additional staff including a nurse.

Assessments were undertaken to identify risks to people. When clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring. One person was at risk of injury due to their frailty and guidance was provided to staff on the steps to take to reduce the risk. Additional

Is the service safe?

equipment was provided to the person to reduce the risk of injury. Other risks for example, related to choking, pressure sores and people becoming anxious were identified and plans put in place to reduce the risk of this happening. Staff had knowledge of people's risks and we saw plans being put into action on the day of the inspection.

We observed the lunchtime medication round and saw it was administered on time. Staff explained to people what was happening and took their time with people. Staff waited for people to take their medication before moving on to the next person. One person wanted to wait before they took their medicine. We reminded the nurse on duty about making sure that they went back to see that the person had taken it. The nurse acknowledged this and went back to check. They told us that they would make sure they did this every time.

We reviewed people's medicine charts for the preceding seven days and found no gaps or discrepancies. All medicines had been recorded appropriately. We saw that there were some historic gaps but these had been identified by the medicines audit.

The medicine trolleys were stored securely within the service. We looked at the Medicines Administrations

Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored, administered and disposed of safely. Medication training was provided to nurses and people's medicines were reviewed regularly by the nursing team.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. One said "I have never seen abuse here but if I did then I would inform the manager and the nurse." They told us that they knew how to access the service policy on safeguarding and

were aware that the Local Authority was the lead agency that dealt with safeguarding concerns. The registered manager has made us aware of any safeguarding concerns and has addressed these appropriately.

In the event of an emergency such as a fire, each person had a personal evacuation plan and at each handover staff discussed these. The manager told us that in the event that the service had to shut, it had been arranged that the nearest hospital would take people in. There were also action plans in relation to other emergencies affecting the service including equipment failure and fire safety.

Is the service effective?

Our findings

At our previous inspection the service was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable arrangements were not in place for obtaining, and acting in accordance with the consent of people. Staff did not have knowledge of the Mental Capacity Act 2005 (MCA). There were no mental capacity assessments for people.

On this inspection we found that arrangements were now in place in relation to MCA. There were mental capacity assessments present in people's care plans. These included care being provided and the use of bed rails. Staff had an understanding of the MCA; they were able to describe the process of best interest meeting and how to obtain consent from people. There was evidence of best interest discussions in people's care plans.

People confirmed that consent was sought from them before care was given. We saw examples of staff gaining consent from people throughout the visit. Staff asked people if they could provide personal care and whether they could assist them to move them to another area of the service.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). This aims to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We saw that where people's liberty may have been restricted, some applications had been submitted to the local authority. The manager confirmed that some applications were due to be submitted the week following the inspection and we were provided with the details of these.

At our previous inspection the service was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Training for staff was not up to date and staff did not have an opportunity to meet with their manager on a one to one basis. Clinical supervisions were not undertaken to assess the quality of care given.

At this inspection staff told us that training had improved. We saw that all staff were up to date with the service's

mandatory training. Updated clinical training had been provided for nurses and additional wound care training had been booked for them. Each week the manager would undertake a 'Clinical walkabout' to assess the quality of care that was being provided. Where shortfalls were identified these were discussed at regular clinical supervisions. Staff were beginning to have one to one meetings with their manager. There was a schedule of these to be undertaken in order for staff to have an opportunity to discuss additional training needs and any concerns they had. Additional training was being provided to the activities coordinator to improve on the skills needed to provide activities for people living with dementia. Staff had received training around dementia awareness and had knowledge of this on the day of the inspection.

Induction for new staff was provided. Before new staff started work they needed to complete all of the service's mandatory training including moving and handling and infection control. They also shadowed more experienced staff before care was provided.

People said they mostly enjoyed the food at the service. Comments about the food "Very good". "Yes in the main there is good variety. It does become repetitive sometimes", "Staff are accommodating about food and try to tempt me but I just don't fancy food" and "There's a menu every day, comes in the afternoon for the next day, If you want poached egg on toast for breakfast you order the day before – it's beautiful."

People had a choice of where to have their meals, either in one of the dining rooms, living rooms or their own room. There was a choice of drinks for people and we saw that these were offered throughout the day. We saw people were assisted to eat where they needed. It was a relaxed atmosphere during lunch. People were being given as much time as they required to eat their meal.

The chef was aware of people's dietary needs and was familiar with people's likes and dislikes. They had a list on the wall in the kitchen with any special dietary requirements for people such as diabetic diet and pureed food. The chef told us if people wanted extra portions they could have this but they would also provide snacks in between meals such as fruit and cakes in the mornings and afternoons. We saw these being offered on the day. Staff

Is the service effective?

said that there was apple and orange juice, and squash kept in the fridge, and jugs of water on top of the fridge. “It means we can get drinks straight away for people rather than having to keep going off to the kitchen”.

People were supported to eat and drink to maintain their health. Where people needed to have their food and drinks recorded this was being done appropriately by staff. We saw that people were weighed each month or sooner if needed. If people lost weight then advice was sought from the dietician or the person’s GP. Nutritional assessments were carried out as part of the initial assessments when people moved into the service. These showed if people had specialist dietary needs. However for those people that

needed equipment to help them eat and drink independently, such as plate guards they were not provided this. The manager and provider told us that they were going to order these for people who needed them.

People had access to a range of health care professionals, such as the GP, nutritionist and physiotherapist. The GP visited once a week and people were referred when there were concerns with their health. One health care professional said they worked well with the staff at the service and felt that people were receiving the health care they needed. Health care professionals told us they believed staff understood people’s needs and that all the information they needed about people was always ready for them when they visited.

Is the service caring?

Our findings

At our previous inspection the service was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough chairs for people to sit on meaning they had to sit in wheelchairs all day. Interactions between staff and people were not always caring. People were not positioned near to the table in their wheelchairs during meals which made it difficult for them to eat independently. People's clothes were not ironed and there were no systems in place for staff to iron people's clothes.

We found on this inspection that people were sitting in new lounge chairs. The provider had purchased additional chairs for people and relatives when they came to visit. The chairs were arranged in little clusters around the service to promote privacy and independence. The provider had purchased a new iron and staff were now responsible for ensuring that people's clothes were ironed and we saw that this happened.

When asked if they thought staff were caring one person said "Yes, staff help me with my make-up and finish getting me ready". Another person told us that staff were kind and considerate. One relative said "I think my (family member) is well looked after." One health care professional said "The staff are very caring, I've never had any concerns with staff conduct."

We saw caring and kind interactions with staff and people during our visit. Staff knocked and waited before entering bedrooms. One member of staff asked a person if they were comfortable when they were eating their meal. They said to the person "Shall I help you, let me go and get a chair, your arm is tired so I'm going to help you". The member of staff sat to the side of the person and assisted them to eat. We saw another example where a member of staff gently pulled someone's stockings up to promote dignity to the person. One member of staff said "This is a friendly place, people are very well treated, I wish we had more time (to spend with people)."

People in their rooms looked comfortable and were visited by staff throughout the day. We saw staff interacted with

people and took their time to explain things. People were treated with dignity and respect and gentle conversation going on throughout the day. One member of staff said to a person when supporting them to move "Well done, that's lovely, you can do it, feel for the chair first and then sit down. There's a lovely view for you." The person responded to the member of staff positively and you could see they were encouraged and reassured by their comments. People were given information to help orientate them. There was a large board on display for people showing the day, date, season and weather which we saw people looking at during inspection.

We saw that staff knew and understood people. Staff took the time to acknowledge people with a smile and there was plenty of laughter between staff and people. People's cultural and religious needs were met. The manager told us that for one person she would always make sure that there was someone on duty who would be able to speak with them in their first language. We saw a member of staff communicating with them. Later on the day the person became distressed very quickly. Immediately a staff member came to them, talked to them in their language and took them back to their room. Religious services were made available for people that wanted them.

People's family and friends were able to visit at any time and we saw this happening throughout the visit. Health care professionals said that the staff were caring. One said "It's a lovely home, think the care is excellent."

People were able to make decisions about their care. One person said "You can come and go as you like, you have the run of the place." People said that they were able to make decisions about where their bedrooms were and said they felt very involved. One said "You feel involved as much as you want it." We saw that one person was having their room re-decorated and was discussing the colours they wanted to have in their room with a member of staff. Relatives said that they were involved in the decisions about their family members care where appropriate.

Residents and relatives meetings took place regularly. This was a way of involving people and family's in the running of the service. We saw that the meetings discussed topics such as food, key workers for people and activities.

Is the service responsive?

Our findings

Since the last inspection each new person had an assessment of their needs carried out before they moved in. This was to establish that the service could appropriately meet the needs of the person. Where people had been admitted from hospital there was also a summary from the GP and information from the hospital in relation to their discharge. We could see from the care plans that people and relatives had been involved in the assessments.

Some of the care plans didn't include a lot of information about the person and who they were.

Despite the lack of information in the care plans, staff showed they were knowledgeable about people in the service and the things that were important to them in their lives. The new manager explained that all of people's care plans were being updated to include this information. We saw examples of how staff understood people's social needs. One person had difficulty communicating verbally. Staff understood this and used other methods to communicate. One person told us that they liked knitting, they said "It gives me something to think about" and that staff ensured that there was always knitting needles and wool available for them. Another person said her family phoned them each day. They said "I have my mobile, but if someone rings the home the staff bring the phone to you." Staff understood and appreciated people's needs and requirements and they enabled people's independence. One health care professional said that staff understood people's needs.

Where there was a change to people's needs this was discussed at the staff handover. Staff said that there were detailed handovers for all staff each day so they were aware of the most up-to-date information on people. One staff member said "I find the work interesting and fulfilling".

People's care plans detailed what people needed to support their health needs. The equipment provided to people was appropriate and up to date and where specialist needs had been identified support was given for example walking aids and slings for hoists. There was a 'Resident of the day' where the needs of the person were assessed by the nurse and staff. There was clear documentation around the additional support that was obtained from visiting health care professionals. This

included Community psychiatric service, chiropody and physiotherapy. There was daily, hourly or two hourly checks of people who were at risk and these were recorded appropriately. Where people required pressure relieving mattresses these were set correctly and reviewed regularly. No one at the service had a pressure ulcer. One person told us "I kept falling out bed and I was worried, they installed an alarm for me which goes off every time I get up so I know staff will come." Health care professionals said that staff responded well to the advice that they gave regarding people's care

Since the last inspection activities have increased in the service. Comments about the activities included "There is a full time activities coordinator who had been booked to undertake additional training. This is to help understand the individual social needs of people. We saw them chatting to people in the lounges and in their rooms, and encouraged people to take part in activities. The activities coordinator told us that when they started work there, there had not been much available for people. They said there are now CD's, various jigsaws and games. One member of staff said that one person liked to play chess. They said "I got a chess set in for (the person). Staff play chess with (the person) in the afternoon." There were areas of interest for people around the service including large pictures, sensory items and hamsters which we saw people enjoying.

There was a large patio area that overlooked the countryside. There were chairs and tables for people to sit on and a large flower bed that people enjoyed looking at. People were encouraged to sit in the garden with staff in the afternoon and for those that didn't want to there were games and music in the lounges. People were also able to access the community. One member of staff said "I've organised an outing to Wisley (gardens)" and a Father's Day barbeque had been arranged on the Sunday following our inspection. One relative liked going out with staff to support the outings. One member of staff said, "I like interacting with the residents; I like to have a chat with them." We noticed that not all staff interacted with people as much as they could have done and the manager said that this was being addressed. They said that they were encouraging staff to interact more with people.

People said they would know how to make a complaint but had not needed to. There was a service policy available for people and staff said they would support people who

Is the service responsive?

wanted to make a complaint. We saw the complaints log and found that where a concern had been raised, a response was provided to the person and actions put into place to address the concern. One person was concerned about the lack of contact with staff in their room. The

manager re-allocated staff to ensure that this person was seen more often. We saw during the inspection that people approached staff and the manager with any concerns they had.

Is the service well-led?

Our findings

At the time of the inspection a new manager had been recruited and they had submitted their application to register with the Care Quality Commission.

People who used the service and relatives said the management of the service had improved recently. Comments included “Things are a lot better since the new manager started, there is still a way to go” and “A lot of work has been done on the home, they are in the process of redecorating. Cosmetic things are being done, but most important to me is how (my family member) is being treated. As long as we voice our concerns things get done, whereas before things re-occurred.” One relative gave examples of where they had raised concerns with the manager or staff and this had been addressed. One relative said they were worried about the dressing on their family members wound and the nurse on duty re-dressed the wound straight away. Another relative said

“Things have improved since (the new manager) has been here; before we didn’t have somebody listening.”

On the day of our visit the staff teams seemed well organised, including the domestic and catering teams. The teams worked together well and people’s needs were met appropriately and in a timely manner. People’s and relative’s comments, and the records we saw, demonstrated the provider had consulted with people about the service provided. This included the use of surveys, comment boxes and meetings to gain people’s views. Some of the comments included ‘Big improvements in the service’ and “Fantastic improvement we have seen in the home since (the manager) took over and “Thank you so much for improving the laundry service.” We saw that where suggestions had been raised to improve the quality of the service these were addressed where possible. Comments about the smell of the carpet in the lounge were addressed and the provider told us that a new carpet was due to be fitted in the next few weeks. Where people could not express their opinion relatives and friends had been consulted. One health care professional told us that they always felt welcomed at the service even when they turned up unannounced. Another told us “The manager is new and enthusiastic.”

We found regular meetings had been held with people who used the service, and their relatives and friends. The

provider and manager shared information with people about changes at the service, such as the appointment of the new manager and other key staff and planned improvements.

The provider gained staff feedback through periodic meetings and surveys. The survey completed in 2015 identified that staff were generally happy and identified a few areas they felt could be improved. An action plan had been devised to address areas needing improvement. Staff we

spoke with felt they could voice their opinion openly and felt supported. They said that they respected the manager and felt that the manager engaged with staff. One said “I would tell the manager if I had any concerns.”

We saw that the manager was present around the service throughout the inspection. Despite the manager only being at the service a short time they were able to tell us about people living there without referring to any records. We found the provider and the manager provided support including clinical supervisions during our visit. The manager told us that they were supporting staff to develop within the service and encouraged staff to undertake skills for care. They said that they were constantly striving for improvement in the service. They said that they had asked staff to complete re-enablement courses to improve outcomes for people. Re-enablement is a way of providing care to help people regain as much independence as possible. We saw that where necessary staff were undergoing performance management and being offered additional support and training where needed.

The manager said “Springfield remains upon the top of my priorities; I am actively working towards improving things.”

We saw various audits had been used to make sure policies and procedures were being followed and to improve the quality of the service provided. This included health and safety, care records, accidents and incidents, falls and medication practices. A comprehensive action plan had been devised to address shortfalls and these were constantly being updated. Extensive work was being done to improve the environment for people including re-decoration, improvements to the garden and layout of furniture in the lounges. The manager undertook unannounced visits to ensure quality around the care being given. This enabled the management team to monitor how the service was operating and staffs’

Is the service well-led?

performance. Where repairs had been identified the maintenance staff addressed these quickly. We saw that there was a leak in the ceiling of one room which has now been addressed.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of

important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Diagnostic and screening procedures	People who use services were not cared for by sufficient numbers of qualified, competent and experienced staff.
Treatment of disease, disorder or injury	Regulation 18 (1)(2)(a)