DTM Partnership

Springfield Cottage Residential 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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 and 12 December 2017. The first day of the inspection was unannounced. The service was last inspected in September 2015 when it was rated Good.

Springfield Cottage 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. The care home is a detached property and accommodates up to 26 older people on two floors. At the time of the inspection there were 23 people accommodated in the home.

The home had 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. At the time of this inspection the registered manager was on maternity leave. The provider had arranged for a relief manager to be appointed until the registered manager's return; they had only been in post for three days at the time of this inspection. Prior to this arrangement the provider had organised for the registered manager from another of their services to oversee the running of the home.

During this inspection we found two breaches of the regulations. This was because some people's care records contained contradictory information which could lead to a risk of them receiving unsafe care or treatment. In addition, the provider had failed to ensure that people's nutritional needs were properly assessed, monitored and met. You can see what action we told the provider to take at the back of the full version of the report.

This is the first time the service has been rated Requires Improvement.

Although people told us they felt safe in the home, care records did not always consistently record the care people required. This meant there was a risk people might receive unsafe or inappropriate care. In addition the systems in place to assess, monitor and meet people's nutritional risks were not sufficiently robust. People gave us mixed feedback about the quality of the food.

Staff had been safely recruited. They had received training in safeguarding adults and understood their responsibilities to protect people from the risk of harm. Records showed staff were provided with the induction, training and support required to help ensure they were able to deliver safe and effective care. People who used the service were generally complimentary about staff. Although two people told us they felt new, younger staff needed more training, one person with particular medical needs told us they felt all staff were competent to care for them.

We received mixed feedback about staffing levels in the home. While some people who lived in the home felt

there were sufficient staff to meet their needs, a number of people felt staffing levels were not sufficient to respond to people's needs in a timely manner. On the first day of the site visit, the inspection team had to intervene on five occasions to ensure people received the care they needed; this was mainly due to a member of domestic staff being off sick. A full complement of staff was in place on the second day of the inspection; this meant staff were more visible and therefore better able to respond to people's needs.

People told us they had no concerns about the way their medicines were administered by staff. However, we noted that improvements needed to be made to the systems for monitoring and recording when prescribed topical creams had been administered.

People were cared for in a safe and clean environment. On-going plans were in place to improve the décor of the home. Procedures were in place to prevent and control the spread of infection. Regular checks were made to help ensure the safety of the equipment used. Systems were in place to deal with any emergency that could affect the provision of care.

People who used the service told us they were able to make choices about their daily life and the care they received. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The relief manager in post was aware of their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

Care records we reviewed were personalised and provided a good level of detail for staff to follow. The initial assessment, completed before people were admitted to Springfield Cottage, was used to formulate care plans and risk assessments. People's communication needs were clearly documented as well as how staff should support them to express their views and wishes. Staff demonstrated a good understanding of people's diverse needs and preferences.

People were encouraged to consider what care they would want to receive at the end of their life, including issues such as whether they would wish their organs to be used for transplant purposes. Where completed, end of life care plans contained detailed information about people's wishes and preferences for the care and treatment they would want to receive at this difficult time.

There were regular opportunities for people to provide feedback on the care they received. Where possible, people were involved in the regular reviews of their care needs.

A number of activities were provided within the home to help promote people's sense of wellbeing.

Staff told us they enjoyed working in the service and found the managers to be supportive and approachable. Regular staff meetings took place and were used as a forum to discuss how the service could be improved.

Although systems were in place to monitor the quality of the service, these had not been sufficiently robust to identify the shortfalls we found during this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

We received conflicting feedback about whether staffing levels were always sufficient to meet people's needs. Our observations on the first day of the inspection showed there were insufficient staff available to meet people's needs in a timely manner.

There were discrepancies and omissions in three of the five care records we reviewed. This meant people were at risk of receiving unsafe or inappropriate care.

People told us they received their medicines as prescribed. However, we noted improvements needed to be made to ensure accurate records were maintained relating to topical creams administered by staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider had failed to ensure people's nutritional needs were always assessed, monitored and met.

Staff received the induction, training and support they required to be able to deliver effective care.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work. Appropriate action had been taken to ensure people's rights were protected when they were unable to consent to their care in Springfield Cottage.

Is the service caring?

Good

The service was caring.

People were generally complimentary about staff.

Care records were personalised and provided a good level of detail for staff to follow. Staff demonstrated a good understanding of people's diverse needs, wishes and preferences.

Where completed, end of life care plans contained information about people's wishes and preferences for the care and treatment they would want to receive at this difficult time.

Is the service responsive?

Good

The service was responsive.

People's care needs were fully assessed and reviewed.

A range of activities were provided to help promote people's sense of well-being.

People had opportunities to provide feedback on the care they received. Any complaints were fully investigated.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although there was a registered manager employed at the home, they had been on maternity leave for a number of months at the time of the inspection. The provider had made alternative arrangements for the running of the home. However, our finding during the inspection showed these had not been sufficiently effective to prevent the breaches of regulations identified.

Staff told us they enjoyed working in the home. They told us the managers in the service were supportive and approachable.

Springfield Cottage Residential 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.

This inspection took place on 11 and 12 December 2017; the first day of the inspection was unannounced. The inspection team on 11 December 2017 comprised of one adult social care inspector 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. One adult social care inspector returned on 12 December 2017 to undertake the final day of the inspection.

In preparation for our visit, we contacted Healthwatch, the local authority contracting unit and safeguarding team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

When planning the inspection we used information the provider sent us 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.

During our inspection, we spent time in communal areas observing how staff provided support for people to help us better understand their experiences of the care they received.

During the inspection, we spoke with 10 people who lived in the home, four visitors, the relief manager, the acting deputy manager, the chef and four members of care staff. We also spoke with a visiting healthcare professional.

We had a tour of the premises and looked at a range of documents and written records including a detailed examination of five people's care files and medicines administration records (MARs), four staff personnel files and staff training records. We also looked at a sample of policies and procedures, complaints records, accident and incident documentation, meeting minutes and records relating to the auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

We looked at the care records for five people who used the service. In addition to detailed care plans which covered the areas in which individuals required support, each care record contained a care plan outline. This document was placed at the front of each care file and summarised each individual's care and support needs, with identified risks highlighted as well as the number of staff and equipment needed to help the person mobilise safely. However, we found inconsistencies in the records of two people between the care plan outline and the more detailed care plans.

One person's care plan outline stated they needed support and reassurance from staff to mobilise, whereas the care plan in relation to the person's moving and handling needs recorded that they were unable to mobilise independently and required the use of a hoist for all transfers. In addition, this person's end of life care plan stated they would wish to be resuscitated in the event of a cardiac arrest, although we noted a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order had been in place since October 2017; this form recorded the decision had been fully discussed with the person concerned. Another person's care records contained conflicting information in the care plan outline and care plans regarding the level of risk the person presented in relation to their nutritional intake. In addition, there were no detailed care plans in place for a person admitted to the service at the end of November 2017.

During the inspection we became aware that two people who lived in the home had the same name. We also noted these people's bedrooms were opposite each other. We were concerned that, none of the records we reviewed alerted staff to these facts. Staff told us they differentiated the two people by including one person's maiden name in the way they spoke and wrote about them. However, these arrangements were not necessarily sufficient to help ensure that each individual received the correct care and support.

These findings meant people were at risk of receiving unsafe care or treatment; this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoken with during the inspection told us they felt safe in the home. Comments people made to us included, "I feel safe most of the time; just sometimes at night I get lonely. The staff come when they can", "I am safe but I want to go home" and "Yes, I am happy and my room and things are looked after."

We checked to see if staffing levels were sufficient to ensure people received care in a timely manner. We received conflicting information about staffing levels from people who used the service and staff. Three people who used the service told us, in their opinion there were not enough staff on duty. Comments these people made were, "There is definitely not enough staff. I have to wait a long time for help. They all say 'I will be there in a minute'", "They do for us as good as they can. Could do with more people" and "I was very happy but it's gone downhill. I feel people are left with no attention but they won't have it that they are short of staff." The remaining seven people we spoke with did not raise any concerns about staffing levels.

We noted staffing levels had been discussed at the most recent residents' meeting held in September 2017. Two of the eleven people at this meeting stated they felt there could be more staff. One of these people

highlighted that they felt staff were very busy between 6.30am and 8am. The other person who commented stated they did not get the opportunity to talk with staff.

Two of the four staff we spoke with told us there were usually enough staff on duty to meet people's care needs. However, they acknowledged they had little time to spend with people outside of completing care tasks. Staff told us they were also expected to do people's laundry if they had any time during their shift. One staff member told us, "There is not often time to speak with people. It can be difficult to keep on top of the laundry as well as everything else." Our observations during the inspection showed that most interactions between staff and people who used the service were task focused.

On the first day of the inspection there were three members of care staff on duty. We were told the domestic who was due to be working had reported as sick. During this day, members of the inspection team had to intervene on five separate occasions in order to find staff to respond to people's needs. This showed there were insufficient staff available on that day to meet people's needs. On the second day of the inspection we observed staff were able to respond promptly to meet people's needs as an additional member of staff who covered both care and domestic tasks was on duty.

From our review of records we noted a weekly review was completed of people's dependency levels in order to determine the number of care hours required each week. We saw that care hours provided at least met or exceeded these figures for all the weeks we reviewed. We were told the tool used was based on figures given by the local authority. After the inspection we contacted the local authority who told us that their expectation was that staffing levels in each service were sufficient to meet the needs of the people who lived there. They went on to say that, for the Quality Assurance Scheme implemented in the local authority, they used a staffing calculation based on a recognised formula and it was probably this to which the service had referred.

We looked at the systems in place to ensure people received their medicines as prescribed. All of the people spoken with during the inspection told us they had no concerns regarding the way their medicines were managed in the home. Comments people made to us included, "I have medication three times a day and they come on time", "I take five tablets a day and yes, they come on time" and "My tablets always come on time but I don't know what they are for." During the inspection we noted the staff responsible for administering medicines took time to explain to people what medicines they were taking. They also regularly asked people if they wanted any pain relief.

We looked at the medicines administration record (MAR) charts for five people who used the service. We found all the records were fully completed to show people had received their medicines as prescribed. However, when we asked whether it had been confirmed with a person that they had taken the medicines that they were self-administering before the MAR chart was signed, we were told this had not happened. This meant there was a risk the person had not taken all of their prescribed medicines. We also noted there were a number of handwritten MAR charts that had not been countersigned by a second member of staff to confirm the entries accurately recorded the administration instructions.

When we asked about the documentation to record where and when prescribed topical creams were to be applied, we were told no separate cream charts were used. This meant the senior member of staff responsible for administering medicines each day was required to check with care staff whether prescribed creams had been applied before signing the MAR chart to confirm this. On the second day of the inspection, the relief manager told us they had decided to introduce topical cream charts which included a body map to show where care staff should apply any prescribed creams.

We noted there were no protocols in place for when people were prescribed medicines on an 'as required' basis. However, we were told most people in the home were able to tell staff should they require pain relief. Care staff told us they knew people well and were able to tell if people were in pain from their non-verbal communication, should they be unable to request pain relief directly. We noted staff kept a record of all pain relief medicines given. This helped to ensure required timescales were maintained between doses.

We saw that all staff responsible for administering medicines had received training for this task. Staff told us they were regularly observed to check they were competent to administer medicines safely during the daily checks completed by senior staff. However, we noted there was no separate record maintained of these competence checks. The relief manager told us they would seek advice from the dispensing pharmacist to the home regarding tools they could use to document the competence checks being carried out.

We checked the cleanliness of the home on the first day of the inspection. Although most areas were clean, we noted the carpet in one small area on the ground floor was covered with small pieces of debris left behind by a decorator employed by the home. This area was directly outside two people's bedrooms and could have caused them to become distracted when mobilising. We also noted that the fire alarm sensor had been covered with a plastic glove. We were advised that the decorator had last been in the home three days before the inspection. This meant there was a risk that the fire alarm would not have functioned correctly during this period and people who lived in the home and staff would have been placed at risk. As soon as these issues were brought to the attention of the relief manager, they took immediate action to rectify both of these matters. They told us they would speak with the decorator to remind them of their responsibilities to protect people's safety while working in the home.

Staff spoken with told us they were aware of how to protect people from the risk of cross infection. Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins were provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Staff were also provided with protective clothing, such as gloves and aprons and we saw these being used appropriately during the inspection. Hand sanitisers were available throughout the home for the use of visitors, staff or people who used the service.

We looked at how people were protected from abuse, neglect and discrimination. We saw that there were policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. Records confirmed that all care staff had received training on safeguarding adults from abuse. When we spoke with staff they demonstrated their understanding of the types of abuse that could occur in a home and the signs they would look for. They were also aware of the action to take if they thought someone was at risk of abuse, including external agencies they could contact if they considered their concerns had not been addressed by the managers in the service. A staff member told us, "The quality of care we provide means that people are kept safe." Staff were also provided with equality and diversity training. Equality is about ensuring individuals or groups of individuals are not treated differently or less favourably, on the basis of their specific protected characteristics and diversity aims to recognise, respect and value people's differences.

Environmental risk assessments were in place. These covered such areas as the use of equipment, infection control and the management of hazardous substances. Records we reviewed showed that the equipment used within Springfield Cottage was serviced and maintained in accordance with the manufacturers' instructions. We saw that regular maintenance checks were carried out and action taken where necessary to address any issues found.

Records were kept of any accidents and incidents that had taken place at the service and the information

was reviewed in order to identify any patterns or trends. Staff told us they had also received additional training on how to keep people safe that included moving and handling, the use of equipment, infection control and first aid.

We looked to see what systems were in place to protect people in the event of an emergency. We saw procedures were in place for dealing with utility failures and other emergencies that could affect the provision of care. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Records were kept of the support people would need to evacuate the building safely in the event of an emergency. In addition, staff had completed training to ensure they were able to take appropriate action in the event of a fire. Records showed regular fire drills took place in the home; these are important to help ensure staff understand the correct action to take should they need to evacuate the building in the event of an emergency.

We reviewed four staff personnel files to check that recruitment processes were sufficiently robust. We saw that staff had completed an application form although noted one person's file contained gaps in their employment history. The relief manager told us they would address this immediately with the staff member concerned when they were next on shift. We also noted written references had been obtained and an enhanced check carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. New staff completed a probationary period and spent time shadowing experienced staff before becoming a full member of the team. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected the current regulatory requirements.

Requires Improvement

Is the service effective?

Our findings

We looked at the systems in place to ensure people's nutritional needs were assessed and met. The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines, which can be used to develop people's care plans.

All the care records we reviewed contained a MUST assessment which identified the level of risk people presented in relation to their nutritional needs. We noted one person's records stated they required their weight to be monitored on a weekly basis. However, records showed they had only been weighed twice in a four month period. The records also showed they had lost almost two kilograms between August and October 2017 but no action had been taken to access specialist services to address this loss of weight. Another person's records showed that they were at high risk of malnutrition but failed to detail how often the person should be weighed. Records we reviewed showed the person had not been weighed in the three weeks since their admission to the service. In addition records used to show the nutritional intake of the person had not been fully completed. There was also no detailed care plan in place to advise staff what action they should take to ensure the person's nutritional needs were met.

Our observations during the first day of the inspection showed that staff did not offer individualised support to people to eat their lunch time meal. This meant that two people did not eat any part of their main meal. We saw that staff did not offer these people an alternative choice. In addition, people who had clearly enjoyed their main meal were not offered an extra portion, although the cook confirmed to us that this was available on request. We also had to prompt staff to ask a person who had not eaten their main meal but clearly enjoyed their dessert, whether they would like more. We noted this person, who was at risk of malnutrition, clearly enjoyed this second portion.

We saw that there was no choice of hot meal available to people at lunchtimes although two choices were provided for the evening meal. The cook told us they were aware of people's preferences and would always make an alternative if they were aware that individuals did not like what was on the menu. We received mixed feedback about the quality of the food. Comments people made to us included, "Lunch was very good and tasty", "I like the food most of the time but when I came here I said I had a good appetite and liked big portions. The portions are not. I ask for more and sometimes I get it. The night staff give me biscuits if I am still hungry" and "I don't have a choice and I need food."

Our findings showed that the provider had failed to ensure people's nutritional needs were always properly assessed, monitored and met. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived in the home told us they were generally satisfied with the care they received and were able to exercise choice about their daily routines. Comments people made to us included, "I get choice in my room and I choose my clothes every day", "I like to just please myself and I can do that" and "We go to bed when we want. Nobody makes you."

When we asked people about the knowledge and competence of staff, most people did not express any concerns. However two people told us they felt some new, younger staff required additional training. One person told us, "Sometimes I think the staff need more training. They don't always know the right way to do things." In contrast, another person with particular medical needs commented, "I have no trouble getting them to care for me. They teach each other how to do it. My daughter is a District Nurse and thinks the home copes well."

We looked at the ways the provider trained and supported staff to help ensure they had the knowledge and skills to provide effective care. We saw that all new staff were required to complete an induction into the routines, practices and policies of the home; this included a period of time working with more experienced staff until new staff members were confident they had the required knowledge and skills to work independently. All the staff personnel files we reviewed contained a checklist that confirmed staff had successfully completed the induction period.

All the staff spoken with told us they had received the training they required and that this was of a good standard. One staff member told us, "I feel we have enough training. If you need more they let you do things again until you are more confident."

We looked at the training matrix and noted staff were provided with a range of courses including health and safety, moving and handling, first aid, food hygiene, fire safety, safeguarding adults and infection control.

Staff told us they received regular supervision and records we reviewed confirmed this to be the case. Supervision meetings help staff discuss their progress and any learning and development needs they may have. We saw that a rating system was used on supervision records to show staff whether they were meeting the provider's expectations. Staff were provided with feedback to help them understand where they needed to make any improvements or when their practice had met or exceeded expectations.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. Staff spoken with were able to tell us about the principles of the MCA and how they supported people to make their own decisions. We noted people's care records included an assessment as to whether they were able to consent to their care and treatment in Springfield Cottage and whether an application for DoLS was required. The relief manager told us that one application for DoLS has been submitted to the relevant local authority but that this had not yet been authorised.

Care records we reviewed included information about the decisions people were able to make for themselves and how staff should support them to do so. The care records also reminded staff that they should ask people for consent before they provided any care. All the daily reports we saw confirmed that staff had gained consent from people. However, one staff member told us they were concerned that one

person was not always willing or able to give consent to interventions, although staff recognised that, at times, they needed to provide care in the person's best interests. We discussed with the relief manager that staff needed to be enabled to accurately record that care was sometimes provided in an individual's best interests, should they be unable to give consent and that care plans should support this. They told us this would be discussed at the forthcoming staff meeting.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. We found evidence that appropriate referrals were made to a variety of healthcare agencies including GPs, dentists and opticians. A person recently admitted to the home, told us they were having problems with their hearing and glasses but said, "The staff made sure I had appointments for both."

We noted that advice given by external professionals was documented in the care records and that these were accessible to staff. In addition, a visiting health professional told us, "I am aware that staff always include any advice I have given in the handover after my visit."

We noted there was a plan of redecoration in place for the home. Some people's bedroom doors had been replaced with doors of a different style and colour; this should help people to recognise their own personal space. Signage was also in place to help people be as independent as possible when accessing toilets and bathrooms.

Good

Is the service caring?

Our findings

People spoken with during the inspection were generally complimentary about staff. Comments people made to us included, "The staff are nice" and "I am well cared for" and "I tell the staff my problems; some listen." Visitors we spoke with told us they considered staff were kind and caring. In addition, the health professional we spoke with during the inspection told us, "It's a lovely home. The residents seem happy. I would recommend it here and the relative of one of my colleagues lives here."

During the inspection we saw that, although staff were not uncaring, there were limited positive interactions between them and people who lived in the home. We observed staff walked through the lounge areas and often failed to acknowledge people, although we did see one staff member took the time to get down to one person's level to help them better understand what the individual was saying.

A staff member told us that staff would often do things for people in their own time to help promote their sense of well-being. They commented, "We take residents to town on our days off. We do it in our own time because we care."

Care records we reviewed contained information about people's likes and dislikes as well as recording details about their social history, religious needs and important relationships and interests. This information helps staff to develop caring and meaningful relationships with people. The staff we spoke with demonstrated they had a good understanding of the needs of people who used the service. One staff member told us, "When we get a new resident we read through the care plans to find out what they need. We always refer to the care plan before we go to help them."

We saw that care plans and risk assessments had been reviewed by staff at least on a monthly basis or when people's needs changed. Care records we reviewed showed that people who lived in the home and, where appropriate their family members, had been involved in care plan reviews on a three monthly basis. In the record of these meetings, we saw that people's comments had been documented about all aspects of the care they received. We saw one person had commented, "I have everything I need. I am happy with the support I get from staff." Another person had stated, "I am happy with everything." We noted that, at the most recent residents' meeting held in September 2017, people present had confirmed they were as involved as they wanted to be in the care planning process.

Springfield Cottage had a keyworker system in place. Each key worker was responsible for ensuring an allocated number of people had everything they required in their rooms. Records showed keyworkers also had regular conversations with people to help ensure they had no concerns about the care and support they received.

During the inspection we saw that staff respected people's dignity and privacy. We observed staff knocking on doors and waiting to enter. We looked at a sample of care records and found staff wrote about people's needs and care in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way. The provider's policy on Dignity, Equality and Anti-discrimination provided guidance for

staff about how they should act to help ensure they were delivering care in line with recommendations from the 'Delivering Dignity' report; this report was produced by the Commission on Dignity in Care for Older People. In addition, all staff were bound by contractual arrangements to respect people's confidentiality. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

Records we reviewed showed that dignity, privacy and choice had been an agenda item for the most recent residents' meeting. All the people present at this meeting had confirmed that they were treated with dignity and respect and that personal care was delivered in private.

Staff told us they would always try and promote people's independence as much as possible. One staff member commented, "I always ask people what aspects of care they want to do for themselves." Another staff member told us, "I always help people to be as independent as they can be."

We found each person was provided with a copy of the Service User Guide on admission to the home; this provided information about the care and support people could expect to receive. We saw there was a large print version of the Service User Guide and we were told it could be provided in alternative formats if necessary. The guide also contained contact details for advocacy services people could use if they required independent support to express their views in relation to their care and support needs.

Good

Is the service responsive?

Our findings

Other than the issues relating to staffing covered under the Safe section of this report, people had no concerns about the care they received. People and their relatives/friends told us they felt confident to raise any concerns about the care provided and the operation of the home. One person told us, "If I was worried I would tell someone", "Our friend has no family but we feel that we can speak on her behalf" and "We have not really had to complain."

We looked at the way the service assessed and planned for people's needs, choices and abilities. We saw examples of the assessments carried out before people moved into the service. The assessment was detailed and involved gathering information from the person and others, such as their families, social workers and health care professionals. The assessment also considered whether the person was able to agree to their admission to Springfield Cottage, or whether an application for DoLS needed to be made; this meant the service was able to take appropriate action to respond to the person's particular needs and safeguard their rights.

We saw that care plans were individualised, person centred and underpinned by a series of risk assessments. The plans were split into sections according to people's diverse needs, abilities and goals. Care records also included a 'Getting to Know You' form that set out people's family and cultural background as well as information on their preferences and past life experiences.

People's communication needs were recorded in care records as well as the support staff should provide. For example, one person's records stated, "[Name of person] has hearing aids and is independent with these. They may need support from carers to replace batteries or clean the aids."

Care records included information about people's end of life wishes when they had been willing to discuss these. One person's end of life care plan gave detailed information about the medical treatment they would wish to receive at this time. It was also documented when people were willing to offer their organs for transplant following their death; this should help to ensure people's wishes were understood and acted upon.

Staff told us there was a handover at the start of each shift. This meeting was used to discuss people's needs and any changes in their health so that staff were aware of the care each individual required. One staff member told us, "Handovers give us all the information we need to tell us if there any changes with anyone." We observed the handover during the first day of the inspection and noted all people who lived in the home were discussed, including how they had spent their day up to that time and whether staff needed to be aware of any particular issues.

We received mixed feedback from people about the activities available. Comments people made to us included, "I go out sometimes but with family", "I like to play cards but no one else plays. I just watch TV", "We have fun on Fridays" and "We think our friend just reads. We have not seen a lot of activities but I am sure the Christmas Party will be good."

We noted that the home had an activity board on display in the corridor leading to the lounge. We were told this showed the range of activities that could be provided, rather than being a weekly timetable. We were informed that Springfield Cottage did not employ an activity coordinator and that the main responsibility for delivering activities each day fell to care staff. We were told that a number of external professionals also visited the home to deliver activities such as physio, armchair exercises and singing. We saw that a notice board contained information about Christmas events in the community that people could access should they so wish.

The most recent newsletter produced by the home showed a number of activities had taken place, including a clothes show, singing and a taster session for cognitive stimulation therapy; this combines reminiscence, music and simple quizzes with the aim of providing stimulation to those people experiencing early signs of dementia. It was reported that this session had been enjoyed by all who participated.

We saw that activities were discussed at the most recent residents' meeting at which people had been advised that care staff would put a range of resources out in the dining room each day. We did not see any evidence of this during the inspection. One staff member told us they knew that a particular person had enjoyed art and painting in the past. They told us there was a box full of art materials which people could use. When asked, they stated it was not put in an accessible place for the individual concerned, as they did not think they would be interested or able to use the materials; this was potentially a missed opportunity to promote the person's sense of well-being.

One staff member commented that they would try and support people to participate in activities if they had time. They told us, "If I have half an hour before the end of my shift, I will ask people if they want to play games. I sit with people who perhaps can't see so well, to ensure they are able to be involved."

We looked at the way complaints were managed in the service. There was a complaints procedure in place that was included in the guide provided to people when they were admitted to the home. The procedure provided directions on making a complaint and how it would be managed including timescales for responses. Staff we spoke with confirmed they knew what action to take should someone in their care, or a relative approach them with a complaint. We saw that residents' meetings were also used as a forum to encourage people to provide feedback on both staff and the care they received.

Records we reviewed showed two complaints had been received at the home in the previous 12 months. We noted the provider had taken action in response to the complaints; this included ensuring a member of staff received additional training.

Requires Improvement

Is the service well-led?

Our findings

Due to the changes in the management arrangements over the previous few months, people who lived in the home said they felt unable to express a view about how the service was led and managed.

At the time of this inspection, there was a relief manager in place. They had only been employed at the home for three days, although they had previous experience of managing a sister home owned by the provider in the same local authority area. Prior to this arrangement, the provider had organised for the registered manager from another of their services to oversee the running of the home. The registered manager had been absent from the service for a number of months due to taking maternity leave. The lack of consistent leadership in the home had contributed to the breaches of regulations we identified during the inspection.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating both in the home and on the provider's website. This was to inform people of the outcome of our last inspection.

We looked at the systems in place to monitor the quality and safety of the service. We noted there was a schedule of monthly audits in place, including those relating to medication, infection prevention, staff personnel files and care records. However, our findings from the inspection showed the care plan audits had not been sufficiently robust to identify the shortfalls we had found.

We saw that the provider carried out regular visits to Springfield Cottage to monitor the quality of the environment. A business development plan documented the improvements the provider intended to make to the home; these included the redecoration and refurbishment of some parts of the property.

All staff we spoke with were aware of their roles and responsibilities as well as the lines of accountability and who to contact in the event of any emergency or concern. There were policies and procedures in place relating to the running of the service. Staff were made aware of the policies at the time of their induction and signed to say they understood their content and the responsibilities placed on them.

Staff told us they enjoyed working in the home and felt they were supported in their roles. Comments staff made to us included, "It's good to work here. It's like a family environment", "The managers are supportive. We are able to go to them if we have any problems" and "I love it here. I feel it's very well-led." Staff also told us that they felt the culture of the service was open and transparent and that everyone was treated equally.

Records showed and staff confirmed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff spoken with told us they could raise any issues of concern in staff meetings and that their views were always listened to.

Systems were in place to gather feedback from people living in the home, their relatives, staff and external

professionals. We looked at the results from the most recent satisfaction surveys carried out by the provider in November 2017. We saw that most of the responses were very positive. A professional had commented that Springfield Cottage was, "A fantastic home."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure people were protected from the risk of receiving unsafe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had failed to ensure that people's nutritional needs were properly assessed, monitored and met.