

HC-One Limited

# Springwater Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Springwater Lodge Care Home is a nursing home providing personal and nursing care to up to 50 people. The service provides support to people living with dementia as well as people with physical health needs, both over and under 65 years of age. At the time of our inspection there were 25 people using the service living across two units.

### People's experience of using this service and what we found

People were cared for by staff who really knew them well and treated them with the utmost respect. People were empowered to make their own decisions and remain as independent for as long as possible. Without exception, people, relatives and visiting professionals described how kind and caring staff were.

People were looked after in a safe way by staff who understood their needs. There were enough staff on each shift to ensure people did not have to wait for care. People were supported to take their medicines in a safe and timely way. Risks related to people and the environment were managed well.

People were supported in line with nationally recognised guidance and tools. Staff were trained to provide excellent care and felt supported in their roles. People spoke highly of the meals and were supported to keep hydrated. People's healthcare needs were met and staff supported people to achieve good outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care was planned and delivered in an individualised way. People were encouraged to recommend and participate in a variety of activities. People and their relatives were supported in a compassionate way as they came to the end of their life. People had very few complaints but knew how to raise any concerns and were confident they would be dealt with promptly and effectively.

The service was run by a passionate and dedicated management team who understood and confidently carried out their duties and responsibilities. The service actively engaged staff and people to be involved in the service. Visiting healthcare professionals and other agencies spoke about the positive experiences they have had working with the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 1 June 2020) and there were breaches of regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Springwater Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Springwater Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Springwater Lodge Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 April 2022 and ended on 19 April 2022. We visited the service on 7 April 2022.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We visited the care home on 7 April 2022. Whilst there we spoke with nine people who used the service and asked them about their experience of living at Springwater Lodge Care Home. We also spoke with 12 members of staff, including the area director, clinical manager, nursing staff, care staff, kitchen and laundry staff. We made observations on how staff and people interacted. We reviewed six people's care plans and 10 people's medicines records. We reviewed a variety of documentation including records relating to quality monitoring of the service, recruitment, training as well as policies and procedures. On 12 April 2022 we had a video call with the registered manager. Following the inspection, we sought feedback from three relatives and four healthcare professionals who worked with the service. We also contacted three other members of staff who were not present on the day of inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection, systems were either not in place or robust enough to demonstrate staffing was effectively managed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff quickly when required and in communal areas staff were always present.
- Staffing levels were decided by analysing people's individual needs and risks to ensure enough staff were available to support people safely. The registered manager explained when they needed to be flexible and increase staff in certain situations, they were always able to do so. For example, when someone required urgent 1:1 support, due to a change in need, they were able to increase staffing straight away.
- People told us, "I have a button that I can press if I need help but I don't need to use it as the girls are always around," and "I press my call bell and they always come quickly."
- Safe recruitment practices were followed, including relevant pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- Staff and management were aware of their responsibility with regards to safeguarding and relevant processes were in place.
- People felt safe living at the home. Relatives we spoke with felt confident their loved ones were looked after safely. A relative told us, "We have full reassurance that [name] is looked after in a safe and caring way."

### Assessing risk, safety monitoring and management

- Risks to people's safety and environmental risks had been assessed, were regularly monitored and were managed effectively.
- Management analysed trends in relation to people's weight, pressure ulcers, infections and falls on a monthly basis, with actions identified if required. Equipment was used, where identified to be appropriate, to reduce risks, such as bed rails and infrared sensors.
- Safety checks on the environment were carried out regularly, such as water temperature checks, any issues identified were addressed promptly.

- People had personal emergency evacuation plans in place, these were reviewed regularly to ensure they were up-to-date and reflected people's current needs.

#### Using medicines safely

- People were supported with their medicines in a safe way.
- Medicines were stored safely, with daily checks in place to ensure no errors had been made.
- Care plans clearly directed staff on how people liked to take their medicines, which was followed by the nurse when administering medicines.
- Protocols were in place for medicines which were taken 'as and when' required such as painkillers.
- During an observed medicines round, people with time critical medicines were supported first and consent was consistently gained from everyone.
- A relative described to us how other techniques, such as distraction techniques, are used rather than using medicines, to support people to manage their behaviours and/or emotions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home facilitated visiting in line with current government guidance. When stricter measures were in place the registered manager had completed risk assessments and sought guidance to ensure visits could continue to take place where they were in people's best interest for their wellbeing.

#### Learning lessons when things go wrong

- The registered manager had a strong focus on sharing lessons whenever any incidents took place or in any situation where a lesson could be learnt.
- When discussing the previous CQC inspection, the registered manager said, "There were huge lessons learnt from there, it has driven us into making improvements in the way we work with each other to ensure positive outcomes, for people, relatives and colleagues."
- Lessons learnt were shared at each team meeting, so all the staff had an opportunity to learn. At daily flash meetings, all clinical outcomes and incidents were discussed, the registered manager said, "There are always lessons to learn and share even from positive situations."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported and trained to progress in their roles and achieve additional skills.
- Staff told us, "Training is second to none," "I am offered training opportunities which help me develop my role as a nurse," and "If there was any specific training courses we wanted to take, we can speak to our manager and it would be arranged."
- The registered manager explained the provider had a "fantastic development program... to make the care assistant role to be as professionalised as possible."
- All carers completed the Care Certificate as part of their three-month induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Once staff had completed their mandatory training, they were supported to complete diplomas relevant to their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their eating and drinking needs.
- Information about people's specific dietary requirements was clearly displayed on a board in the kitchen to ensure all kitchen staff were aware. Dietary notifications were checked daily by kitchen staff to ensure they continued to meet people's needs.
- People were able to feedback at monthly meetings what menu options they would like to see.
- All the food at the home was freshly prepared. People who required their food to be prepared at different textures due to choking risks were presented their food in an appetising way.
- People were supported to have enough to drink throughout the day.
- Catering safely, diabetes and choking audits were carried out regularly to ensure the home was meeting best practice to support people safely and effectively.

Supporting people to live healthier lives, access healthcare services and support

- People were supported and encouraged to live healthier lives. Staff supported people to access relevant healthcare and dental services.
- Care plans for people's specific health needs were very detailed and guided staff on how best to support them. For example, catheter care and care following a fracture. All people had care plans for oral health and all people had a full oral health assessment. People were supported to access the dentist.

- People were encouraged to achieve positive health outcomes. For example a healthcare professional described a person who "became so much better while placed at Springwater that their weight improved from being underweight to a healthy weight over a period of 10 months; the resident became interested in engaging in activities of daily living following effective management of their mental health." Another explained, "We have positive outcomes where medication has been reviewed using evidence gathered within the care home."
- A healthcare professional told us, "Nursing and care staff are good at following guidance, putting it into practice and evidencing the effectiveness."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care was delivered in line with best practice and legislation.
- Comprehensive pre-admission assessments are completed to ensure the home would be able to meet people's needs.
- Best practice guidance was followed and referenced throughout care plans. Nationally recognised tools were used, such as the 'abbey pain scale' to assess pain.
- The provider had an equality and diversity policy in place, it was clear through observations and reviewing documentation, it was embedded throughout and implemented by all staff in their day-to-day actions. This meant people were not at risk of being discriminated against for any protected characteristics.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and met people's needs.
- People had easy access to outside space and a choice of communal areas to spend their time in.
- People were able to choose how to decorate their rooms, if they wished. A relative told us, "I asked about [name] having a mirror in their bathroom and almost immediately a cabinet with a mirror was fitted which [name] was very pleased with."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with other agencies to ensure people achieved good outcomes.
- A healthcare professional explained, "The referrals we receive from Springwater Lodge are appropriate and timely with good information and done in the best interest of the resident if they lack capacity."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff and management worked in line with the MCA, the principles were embedded in their day to day

practice.

- Staff were trained in MCA and understood how to apply it in everyday practice to ensure people were making their own decisions as much as possible
- Relatives were included, where appropriate, in decision making. A relative explained, "We have been consulted beforehand and involved in decisions made about [name] or on [name's] behalf.
- MCA assessments and best interest paperwork was decision specific. Risk assessments were in place where necessary for example for bed rails and these referenced least restrictive practice was to be used.
- Where people were under DoLS legislation there was a system in place to ensure any conditions were being met by staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

At our last inspection, people were not consistently treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Since the last inspection the registered manager had introduced a number of initiatives and it was now clear respect for people's dignity was at the heart of the home's culture.
- The whole staff and management team recognised and displayed dignity as a core value. A staff member explained, "I pride myself in promoting dignity in care. I always have and always will treat each resident as an individual. I offer choices. I read through care plans to see if there are specific care needs or preferences."
- We observed staff respecting people's dignity and meeting their needs in a sensitive manner. For example, a person was incontinent in the lounge and staff immediately helped them with kindness and discretion. Staff knocked on all doors before entering and doors were locked when staff delivered personal care.
- The home had introduced dignity blankets to ensure people's privacy and dignity was maintained at all times. Their use was monitored in daily walkarounds by nursing assistants. A dignity tree with quotes of what dignity meant to both people and staff was on display in the reception. The home had also appointed dignity champions.
- Staff empowered people to become independent, enabled them to do things for themselves and supported them with positive transitions into independent living. For example, one person wanted to go home but had previously been unsuccessful at supporting themselves alone. Staff gave the person the opportunity to regain their independence by supporting them to look after themselves whilst in the home, making their own tea and their own bed. That person is now living independently in the community, and arrangements have been made so they are able to continue visiting the home on a day centre basis so as to maintain the friendships they had made.
- For another person the home sourced a hot bowl and plate, designed to keep food warm for longer. This helped a person who had a slower approach to eating maintain their independence whilst still enjoying a hot meal.

Ensuring people are well treated and supported; respecting equality and diversity

- People, their relatives and visiting professionals, without exception, spoke highly of the caring and kind approach of all the staff within the home.
- People told us, "The staff are just lovely, I just like living here," "All the staff are very kind here," and "I like living here, we are looked after well."
- Relatives told us, "We have got to know many members of staff over the years and have found them kind, loving and caring virtually without exception," "I have always seen all staff talking respectfully to [name], with humour and kindness – never impatience or talking 'down' to them," "It seems to have come to feel that [name] is part of a caring community," "My [loved one] thinks of them all as their extended family and feels they treat them as such," and "The staff are extremely kind and caring to [name] and they can't do enough for them. They like the fact that they [staff] have time to chat with her."
- Staff said, "We make sure that every resident is delivered person-centred care and treated as individuals." Staff handled delicate situations with due sensitivity and achieved positive outcomes when supporting people with emotional distress. A relative explained, "I felt the situation was dealt with caringly and sensitively by [the registered manager] and the rest of the care home staff."
- A visiting professional told us, "Staff seem to have a positive relationship with the residents at the care home. I have seen the staff members talking to the residents in a calming and reassuring manner when providing support. I have also found that the residents engage in banter with the staff team and there is an air of everyone being relaxed at the care home when I visit." Another said, "I was so proud of how [registered manager] and their team protected and cared for the residents during the COVID-19 pandemic," and they said of the registered manager, "I have found them to be extremely professional as well as deeply caring towards their staff and residents."

Supporting people to express their views and be involved in making decisions about their care

- People were supported in a variety of ways to feedback and be involved in their care.
- Resident meetings were held monthly and had a good attendance; for those who were unable to attend staff spoke with them in their rooms. At these meetings people were provided with feedback and they were given the opportunity to discuss their views on food, activities, cleanliness and staff.
- People were supported to make their own choices in innovative ways. For example, at mealtimes people were given visual plates to empower them to make their own choices.
- The home had a 'resident of the day' where all heads of department spoke with the nominated person to give them the opportunity to have a say in all areas of their care.
- A relative told us, "We feel that [name] is as involved as they reasonably can be in decisions regarding their welfare, and feels they are exercising choice in that area and also in day to day matters." Another said, "They are always asked what they would like, whether it is to play bingo, what they would like for their tea or whether they would like another cushion and even though they sometimes take a little while to consider their preference, the staff are patient and wait for their answer."
- A visiting professional observed, "The staff seem to understand the residents' needs, especially those that I work closely with, supporting effectively with communication, by engaging the residents to express themselves when I have visited."
- The registered manager told us, "Nursing staff coach care staff daily to ensure consistent support and that people's rights, choices and decision making were supported as much as possible."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and developed with people and their relatives.
- Care plans were consistently updated to reflect changing needs. Reviews with families had taken place and care plans were updated regularly.
- People's diverse needs were reflected in care plans, including their religious and cultural needs.
- Staff told us they read through care plans to see if there are specific care needs or preferences to ensure they supported people in an individualised way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and met.
- The area director told us all relevant documentation was available in large print and a variety of languages if required.
- Staff utilised different communication tools to support people. For example, a picture book which allowed a person to point at certain items when they were unable to find the words verbally, staff were aware of the 'cue' the person used when they required this aid. Another person was supported with finger signs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to take part in a wide variety of activities and events of their choosing. Staff ensured people were not at risk of social isolation by supporting them with their relationships.
- People were asked specifically at the residents meeting what activities they would like and were also able to feedback at any other time.
- On the day of inspection, we saw people were engaged and laughing throughout the day, it was also clear they had developed friendships with their fellow residents.
- People were supported to avoid social isolation throughout the pandemic. The registered manager described how they safely arranged regular "corridor" activities, including pantomimes, bingo and a street party.
- People told us, "I like all the activities, they don't force you to take part, sometimes it's nice just to watch."

- Visits and other methods of communication are facilitated as much as possible. A relative said, "Springwater followed procedures tightly, but did enable visits as far as possible and as soon as possible with a booking in system. Since the lockdown has lifted, I can see my [relative] whenever I want – I usually just give a quick call to let them know."

#### Improving care quality in response to complaints or concerns

- The home had received very few complaints. They had a process in place to respond to complaints or concerns in a prompt and effective way.
- People had the opportunity to raise any concerns or complaints at the monthly residents' meetings.
- Relatives told us, "Whenever we have voiced concern, we have felt listened to and action was taken," and "When there have been concerns, they have been effectively dealt with as best they could by the care home staff."

#### End of life care and support

- People were supported with compassion and care at all times, this included when they came to the end of their life.
- End of life care plans were very detailed and developed with people and their loved ones. For example a person had a living will and this had clearly been referenced and implemented into the end of life care plan.
- The home's end of life policy in place took into considerations people's spiritual and cultural needs.
- A visiting professional told us, "Springwater Lodge have some complex residents which they manage well, especially with those towards end of life. I witnessed first-hand how well Springwater Lodge cared for [name] to make sure everything was put in place to address their needs, and also how well they dealt with the family members of this at a difficult time."
- We saw thank you cards from relatives whose loved ones had passed away, these included comments such as, "Thank you so much for looking after [name] so well and making their life as fulfilling as possible," and "I want to thank you and your staff for the very caring and professional way that you looked after [name]."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider had failed to put in place effective systems and processes to ensure the quality of the experience for people using the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Following the last inspection management developed a clear action plan which identified each area that required improvement and delegated responsibility. It was a live document which was updated regularly. Concerns arising from pharmacy visits and in-house audits were also added to this plan to ensure the home continued to meet their regulatory requirements.
- A clinical risk register was regularly updated to ensure risks were understood, these were discussed at clinical review meetings. These meetings were attended by senior nurse, senior care and the chef as well as the registered manager and deputy manager. Daily flash meetings were also held and actions for the day for each department were discussed. Meetings were effective and empowered everyone to know their role and fulfil it effectively.
- There was a good governance system in place, all of the management team knew when and how to complete necessary audits and quality assurance tasks. This assured there was continuity in quality monitoring even in the absence of the registered manager. These audits were then reviewed by senior management.
- Call bells were monitored daily by nursing staff to ensure people were promptly supported. The registered manager analysed all call bell data weekly and any excessive times are flagged and addressed with staff.
- A healthcare professional told us, "[Registered manager] is a remarkable manager: professional, caring and takes a deep responsibility for her team and residents. The nurses...are professional, highly competent and caring towards residents. I am very impressed with them all and feel very grateful for their work."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us their values were that of positive outcomes, kind care, professionalism, dignity, respect and compassion. These values were reinforced with staff at all opportunities and all staff



displayed them on the day of inspection, the positive culture within the home was clearly evident.

- The registered manager said their goal was to, "make positive differences, no matter how small", they explained they did this by "listening actively and genuinely to people."
- Relatives told us, "You can see the positivity of the staff team and the good relationships between them," and "We feel that Springwater is managed in a very caring and efficient way."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of transparency, being open and honest when incidents occurred.
- Relatives told us they were informed about any incidents and kept updated. One explained, "I feel I have been kept well informed about any changes/incidents/issues and have had regular meetings with [named management]."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff, relatives and people using the service were all actively engaged and involved.
- Staff spoke highly of each other and how they gelled well as a team. "Springwater Lodge has a lovely team and I'm proud to call them my colleagues and friends".
- Supervision and appraisal trackers were in place to ensure staff were regularly formally supported. Staff said, "I 100% feel supported in my job, genuinely. I have a good relationship with all staff and management, and I know I could always talk to them if I needed too."
- Staff meetings were held regularly, these included praise and thanks for staff where due. Staff were also able to communicate and feedback to management via a WhatsApp group as well as in person.
- Relatives felt included and a part of the home. One explained, "We have attended several meetings over the years as well as being invited to family events at the home. There are cards for people to leave comments, of which we have filled in several (and been thanked by the manager on occasions). We feel we know many members of the staff so well that we could happily approach them with any concerns."

Continuous learning and improving care

- There was a strong focus on all staff doing all they can to continually improve the care delivered.
- The registered manager explained how they didn't just learn from things going wrong but also when things went right. Learning from positive experiences were shared amongst the staff team. For example, when escorting people to hospital, a staff member had questioned what hospital staff had been saying which resulted in a positive outcome for the person.

Working in partnership with others

- The home worked effectively with their partners.
- A visiting professional told us, "It does not matter if I am speaking to the admin staff or to the manager. I have only positives about the effectiveness of communication with staff at Springwater."