Springfield Care Services Limited

Springfield

Inspection report

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Date of inspection visit:
18 January 2017
23 January 2017

Date of publication:
05 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 and 23 January 2017, and was unannounced. At the last inspection we rated the service as requires improvement. The provider was not in breach of regulation, however, we identified there were areas to improve. At this inspection we found they had made improvements in some areas but still needed to make other improvements.

Springfield provides accommodation for up to 69 older people. The service had a registered manager. 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.

The registered provider did not take appropriate action to keep people safe. They were not carrying out appropriate checks before employing workers. The Care Quality Commission's data intelligence indicated there was an elevated risk due to the number of safeguarding incidents between people who used the service. We found management plans were not effective and repeat events were not prevented. Staff were not always deployed in a way which ensured people were safe. The home looked clean and tidy, and checks were carried out to make sure the premises and equipment were safe. Medicines were in the main managed safely although some additional guidance was required around the use of prescribed creams and lotions.

Staff we spoke with said they felt well supported and received training that made sure they knew how to do their job well; although training around behaviours that challenged the service and others had not been provided to most staff even though staff required knowledge in this area. Staff we spoke with understood their responsibilities around how they should support people with decision making. People had good meal experiences and enjoyed the food. Recent changes to the meal time arrangements had worked well. Systems were in place that ensured people accessed healthcare services.

People told us the service was caring, and care workers were kind and friendly but did not have a lot of time to chat because they were busy. Some visiting relatives told us not only did the service provide good care to people who used the service but also supported family members. Throughout the inspection we observed staff were caring, kind and attentive. They clearly knew people well and provided personalised responses such as using people's names, talking about people's relatives and things they liked to do. People had access to information which kept them informed.

Care plans had information relating to aspects of people's lives including their likes, dislikes, hobbies and interests. However, guidance around how staff should deliver care was inconsistent; there was not always sufficient information which could result in people's needs being overlooked. The registered manager agreed to review care plans to ensure there was sufficient guidance for staff. There was a programme of activity but this was not followed, and we saw people sat for long periods with very little stimulation. The registered manager said they were taking action to improve activities.

The registered manager held a regular weekly surgery to encourage and promote feedback. Systems were in place to respond to concerns and complaints. Several written compliments had been received.

We received positive feedback from people about the registered manager and several people commented that improvements had been made since the registered manager took up post, which included a more open welcoming culture, better communication, more responsive to feedback and a more homely approach. Recent survey responses from representatives of people who used the service complimented the management of the home. At the inspection we reviewed a range of audits, which were used to monitor the quality and safety of service delivery. However, it was evident there were gaps in the quality management systems because they had not identified areas of concern that were picked up during the inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

There were a number of safeguarding incidents between people who used the service; management plans to prevent repeat events were not always effective. There was a lack of guidance around managing behaviours that challenged the service and others and staff had not received appropriate training to help them understand how to manage volatile situations.

Staff were not always deployed in a way that ensured people were safe because people were often left unsupervised in communal areas. Recruitment practices were not robust

Staff managed medicines consistently and safely.

Is the service effective?

Good

The service was effective.

Staff felt well supported in their role and had received a range of training to understand how to carry out their role and responsibilities.

Staff we spoke with had good knowledge around when they should support people with decision making, and care records showed people had consented to care and were helped when they did not have capacity to make decisions.

People enjoyed the meals and received appropriate support with their healthcare.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us they were well cared for and visiting relatives told us the service was caring.

Staff knew the people they were supporting well and care plans had information relating to aspects of people's lives including

their likes, dislikes, hobbies and interests. However, sometimes people were left unattended and did not receive care in a timely way.

Information was displayed around the home to help keep people informed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People who used the service and their relatives told us they were happy with the care delivered. However, guidance around how staff should deliver care was inconsistent; there was not always sufficient information which could result in people's needs being overlooked. The registered manager agreed to review care plans to ensure there was sufficient guidance for staff.

People told us and we observed there was a lack of stimulation. The activity programme was not always followed.

The registered manager held a regular weekly surgery to encourage and promote feedback. Systems were in place to respond to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

People were complimentary about the registered manager and told us the service had improved and this included a more open welcoming culture and a more homely approach.

People were encouraged to put forward suggestions to help improve the service although opportunities to share views through formal systems for some staff were limited.

The provider had a range of systems in place to monitor the quality of the service, however they had not identified concerns around recruitment and risk management before our inspection.

Springfield

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 18 and 23 January 2017 and was unannounced. Two adult social care inspectors and two experts-by-experience carried out the inspection on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day two adult social care inspectors carried out the inspection.

Before the inspection we reviewed all the information we held about the service including statutory notifications, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR) in April 2016. This 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. We asked the provider for an update at the inspection.

At the time of our inspection there were 65 people using the service. During our visit we spoke with 15 people who used the service, five visiting relatives, a visiting health professional, seven members of staff, a regional manager and the registered manager. Some people who used the service were unable to tell us about their experience of living at Springfield because of the different ways they communicated. During the inspection we observed how people were being cared for and looked around areas of the home, which included some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at six people's care plans.

Inadequate

Is the service safe?

Our findings

People who used the service, visiting relatives and staff told us the service was safe. One person who used the service said, "They just can't do enough for you. They've got a lot of patience and I feel safe here." A visiting relative said, "For us she is safe and well cared for and this has taken a huge responsibility off our shoulders. They also let us know of any incidents." One person told us they felt safe but were concerned because some non-valuable items had gone missing from their room. We discussed this with the registered manager who said this was an incident that had occurred several years ago and had been dealt with but still troubled the person periodically.

Before we visited the service we checked our records which highlighted an elevated risk due to the number of safeguarding incidents. Many of these related to incidents between people who used the service. The registered manager said they provided a service to people living with dementia and also accommodated people who displayed behaviours that challenged the service and others, which had resulted in the number of incidents that required referral to the local safeguarding authority. We found the provider had followed the correct reporting procedure and informed CQC and the local safeguarding authority about any incidents. We contacted the local safeguarding authority who said they were not fully satisfied with the risk management around those people that posed a risk to others they lived with.

Staff told us they had received safeguarding training and training records we reviewed confirmed this. Staff said they were confident that the registered manager would respond appropriately and promptly to any reported concerns. One member of staff said they had completed the safeguarding training but could not remember anything about the content.

We saw from the training records 50 staff had attended dementia training in 2016. Training around managing behaviours that challenge the service and others was provided between January 2012 and June 2015; the training record showed only 26 out of 67 were recorded as receiving training in this area. We saw from correspondence that the registered manager had liaised with a regional manager about provision of training around managing behaviours that challenge the service and others in November 2016. The registered manager said they were waiting for the training to be delivered.

We saw from the management records that incidents were discussed and reviewed to establish what had occurred and any actions that were taken to ensure the person was safe. However, it was evident from reviewing records that some people were involved in repeat events and management plans to prevent reoccurrence of incidents were not always effective.

We reviewed risk assessments and care plans for three people who displayed behaviours that challenged the service and others which meant staff and people who used the service could be at risk. We found the risk was highlighted but there was insufficient guidance for staff to follow when faced with persons whose behaviours challenged the service and others. For example, one person's care plan stated 'remove from activity' and 'remove others from unit' but there was no additional information about how staff should do this. Staff we spoke with said guidance to support people around managing behaviours that challenged the

service and others was not specific.

We looked at accident and incident records and saw three days before the second inspection date, an incident occurred in a passenger lift between two people who used the service, which involved one person receiving 'a hard slap' to the head. It was evident from the record we reviewed people should not have travelled together in the lift so the incident was preventable. We concluded the registered person was not appropriately assessing the risks to the health and safety of service users and did not do all that was reasonable to mitigate risk. We concluded there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We looked at others areas of risk such as falls, malnutrition and pressure care and saw monitoring tools used in the assessment and management of risk were completed. For example we saw care plans contained a Malnutrition Universal Screening Tool (MUST), which is used to identify people at risk of malnutrition. The tool contains guidelines that can be used to write a relevant care plan. We saw the MUST's were being used to record people's weights on a monthly basis and any risk identified was addressed. We saw one person's care plan noted they had a sensor mat in place due to a high risk of falls. The falls risk assessment showed protective measures had been put in place. During the inspection, we saw staff ensured people were sat on pressure relieving equipment.

We looked around the service which was divided into four units, and saw people were comfortable in their environment. One person who used the service told us, "The place is wonderful, clean and beautiful." Communal areas were generally pleasantly decorated although some areas did show signs of 'wear and tear'. Corridors were painted with images such as garden and seaside scenes.

The home looked clean and tidy, and there were no noticeable odours. Every room had en-suite toilet facilities and 45 rooms also had an en-suite shower. The service had three communal bathrooms although one was not in use because it was being refurbished; it was evident the bathroom had been out of action for a long period of time and was being used to store beds and equipment. A senior manager said they anticipated the refurbishment would be completed by the end of February 2017. Although we found the home clean, we did note the two bathrooms that were in use had a thick layer of lime scale around the bath taps. The registered manager arranged for these to be cleaned during our visit.

We saw maintenance records which showed a range of checks and services were carried out, for example, gas safety, passenger lift, fire safety equipment and electrical installation. Staff had completed fire safety training and 'personal emergency evacuation plans' (PEEPS) were in place for people who used the service. PEEPS provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. The provider had a fire compliance audit which included an evaluation of risk, which stated there were no obstructions on staircases. However, when we looked around we saw there were several stairgates fitted throughout the service and these would require unlocking if the staircase was to be used in the event of an evacuation. During the inspection we noted that some stairgates had notices stating they must be locked but we observed these were unlocked. We asked the registered manager if an environmental risk assessment had been completed in relation to the stairgates but were told this was not available. The registered manager agreed to ensure the use of stairgates in relation to safety and fire safety would be reviewed.

During the inspection we saw the atmosphere was calm and staff were committed to providing care, however, at times they were very busy and struggled to respond to people in a timely way. There were times when no staff were present in the communal areas as they were either supporting people in their own rooms or preparing meals and drinks in the kitchen areas.

On the first day of the inspection, an accident occurred which resulted in two people falling, at the same time, in a communal area. This was unwitnessed by staff. One person required medical attention. On the second day, we reviewed the accident form and saw this had not been reviewed, and no action was taken to prevent a similar event from reoccurring. The registered manager told us staff should be in communal areas when people who used the service were present although they did not have a specific policy which stated this. We concluded the registered person was not appropriately assessing the risks to the health and safety of service users and did not do all that was reasonable to mitigate risk. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We observed the interaction from staff although caring and compassionate was mainly focused on completing tasks; we did not see staff sitting and chatting to people. In one unit before lunch, we observed a member of staff attempting to assist a person to the dining table. It was evident the person was struggling to get up, so the member of staff looked for another member of staff to assist. They were unable to find anyone at that time. A member of staff then became available and two staff assisted the person to the dining area. We also noted care staff had to leave one of the units to answer the door when there was no one on reception.

We received a mixed response when we asked if there were enough staff. One person who used the service said, "There are enough staff and I have a very nice room." Another person said, "They [the staff] don't come and see us as much." Another person said, "Some of the girls are so friendly they can't do enough for you. Some don't say a word. There's not much conversation they're always saying they are busy, short staffed, always saying short staffed." A visiting relative told us, "They do sometimes need more staff, particularly in the evening at bedtimes."

Some staff we spoke with said they had enough staff to meet people's needs; others told us at times there were not enough staff. Some felt they could not spend quality time with people. One member of staff said they could not provide good care to people at meal times because there were insufficient staff. Another member of staff said, "Some days we are busy. I would like us to have more time to do activities." Another member of staff said, "It's not unsafe but it's very, very busy."

The registered manager said they were confident the staffing arrangements were sufficient and had completed a dependency tool which evidenced the staffing levels exceeded the required level. We looked at the dependency assessment that was completed in October 2016 and showed staffing requirements were appropriate, however, based on observations during the inspection it was evident that people were at risk because staff were not always visible. The registered manager said they would look at how staff were deployed because they had scope to increase staffing at key times, as most days they had staff who were supernumerary and the majority of ancillary staff were appropriately trained and skilled to provide care.

Staff told us they had gone through a formal recruitment process, which included completing an application form, providing reference details, attending an interview and applying to the Disclosure and Barring Service (DBS). They said all checks had been carried out before they started work at Springfield. The DBS is a national agency that holds information about criminal records. However, when we looked at three staff files we found there were gaps in the pre- employment checks. This meant we could not be sure the right staff were recruited to keep people safe.

Proof of identity, a DBS and an interview assessment/ summary had been completed for each candidate. However, in one staff file we noted the candidate had not provided any employment history even though their reference details evidenced they had been employed. In another file we noted the employment history provided by the candidate did not match the reference detail. In the third file we noted the application form

was dated in 2015 and employment history was not up to date; they had commenced in summer 2016. The employment history provided on the application form did not correspond with what the candidate discussed at interview. References were dated after the member of staff had commenced employment and were obtained from sources who were not appropriate to comment on the candidate. We concluded the registered person was not operating a robust recruitment procedure, including undertaking a relevant checks. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

The registered manager acknowledged there were significant gaps in the three files we reviewed. When we returned to Springfield to conclude the inspection we found action was being taken to review all staff files.

We looked at a sample of medicines and records for people who used the service as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. We found medicines were stored securely and daily temperature records confirmed that medicines were stored within the recommended temperature ranges to ensure their safety and effectiveness. Medicines for return to the pharmacy were returned each month. This medication was recorded in a specific book for this purpose. Any remaining medication and clinical waste was collected and signed for by a specialist contractor.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw that controlled drug records were accurately maintained. The administering of these medicines and the balance remaining was always checked by two appropriately trained staff.

The medicines administration records (MAR) contained a picture of the person to help staff identify who medicines were for, information relating to specific times medicines were to be given, for example 'before food', and any allergies the person had. We looked at nine MAR sheets and saw they were correctly completed with no gaps. However, when we checked the balance of medicines we found for two people, they were not accurate. The senior care worker agreed to check and find out why this was the case. Any incidents of non-administration or refusals were noted on the MAR sheets.

As and when required (PRN) drugs were prescribed for some people at the home. There were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

Staff applied cream and lotions known as 'topical medicines' to people. There was no system to record where on the body these should be applied and how often. We were shown information at the inspection that showed this had been picked up during the medication audit and the action the provider was taking to ensure appropriate records for applying topical medicines were in place.

We observed the medicines round and saw the senior staff followed the correct procedure for administering medicines and supported people well. The trolley was always locked when left unsupervised. We looked at staff medication competencies which were in place and up to date. This showed all staff who were able to complete medicines management had been assessed as competent to do so.

Good

Is the service effective?

Our findings

Staff we spoke with said they felt well supported by the management team and colleagues, and had received training that made sure they knew how to do their job well. One member of staff said, "I get a lot of support." Another member of staff said, "We get good support. They always ask if you're alright."

We looked at the training matrix which showed staff had attended a range of training and training updates, and included health and safety, first aid, fire safety, infection control, moving and handling, safeguarding and dementia. The service had engaged in a recent project to improve meal time experiences for people and staff had received 'making meals marvellous' training. The registered manager had a matrix which identified when training updates were due.

In the PIR the provider told us, 'Our training is delivered in the classroom which ensures staff are delivering care and support services which are safe and effective.' And, 'All care and support staff have undergone a full induction programme. For those more recently joining us this is aligned to the 'Care Certificate' which includes observations in practice to ensure full understanding of the theory and translates into caring practice.' The 'Care Certificate' is an identified set of standards that workers adhere to in their daily working life.

The registered manager maintained an appraisal matrix which showed staff performance was being appraised. We also reviewed a supervision matrix which showed supervisions were held during 2016. Supervisions are used to develop and motivate staff and review their practices.
Some staff had received regular supervision whereas others had not received a supervision session since August 2016. Discussions with staff confirmed although they felt well supported some had not recently met with their supervisor. The registered manager sent us written confirmation of the supervision arrangements and said, 'All staff are to have a minimum of two 1-1 supervisions a year and an annual appraisal (new starters get one after 3 months as well). Some staff have more 1-1's depending on performance, attitudes, general areas that may become a concern. I also send out information supervisions to all staff which contain things like pressure care, nurse call monitoring etc. (this is evidenced in their files).'

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw care plans contained information about making decisions. People's capacity around consenting to live at Springfield had been checked by external assessors as a part of the DoLS authorisation process, and capacity assessments identified which decision was being considered. For example, it was stated on one person's DoLS assessment that they lacked capacity in relation to specific decisions and we saw this was

referred to throughout their care plan. This meant people were supported to make decisions in the appropriate way.

Eighteen people had an approved DoLS in place and 33 were pending approval. The provider had recognised when an application was required and made applications in a timely way. Records we looked at showed some DoLS had additional conditions and the provider had put measures in place to ensure these were met.

Care plans contained records which showed how consent for areas of people's support such as administration of medicines and sharing of information had been obtained. People who had capacity had signed documents in their care plans and records of best interests decisions had been made for people who lacked capacity.

Staff we spoke with had good knowledge around when they should support people with decision making and when people had the right to make decisions even though these might be unwise. One staff member said, "You should assume that the person has the capacity to be able to make their own decisions if they wish."

People told us they had a choice at meal times and were happy with the quality of food served. Comments included, "The foods fine, different every day, not a big choice but they will get you something different. They get me a yoghurt because I don't like puddings", "The food is very nice, very homely", "The food is good", "They come and ask you what you'd like to eat and offer you choice.", "You get a good choice of food.", "The food's very nice, just like I used to make at home".
Most people ate in the dining room although some chose to eat in the lounge or their room.

When we arrived we saw people having cereals and porridge and a cooked breakfast. One person got up late because they had decided to have a lie in. They were asked what they wanted for breakfast and chose a bacon sandwich. We saw this was brought to them straightaway. However, we saw another person who had a late breakfast had to wait for their hot option, and care workers had to chase this up with catering staff at least twice.

We observed breakfast and lunch which was a pleasant experience. Tables were nicely set with cloths and napkins, and there was a menu on each table. Staff told people what was on the menu and also showed plated options to aid choice. The lunch meal looked appetising which was a choice of homemade soup and sandwiches or pasty and chips and beans. People enjoyed the food. The provider had changed meal arrangements and was offering a full or light breakfast, snack type lunch and the main meal in the early evening; everyone told us this was working well and the balance of meals was spread out more evenly throughout the day. A relative said, "It's really worked swapping dinner and tea around."

Although the meal experience was a pleasant experience, we were concerned that staff were stretched during lunch and this resulted in people not being encouraged to eat their meal especially those who were at risk of malnutrition. We also saw a member of staff was sat with one person who needed encouragement to eat their meal but the interaction from the member of staff was poor and we noted the person did not eat anything.

People we spoke with and their relatives said they got good support with their health care. A relative said, "They [the staff] are good at responding to and following up on issues, e.g. mum's ankles are swollen today and they are going to raise her legs." Another relative told us good support was provided during their relative's illness. Another relative described a recent experience where the service had been vigilant and

picked up changes in their relatives health and well-being. A health professional who visited the service three times a week, told us, "We have no concerns or worries. They respond to recommendations and requests. Staff are available when we visit and communicate well."

We saw minutes form a meeting where the management team at the home had met with health professionals. During the meeting they had discussed how they could improve systems to ensure they were meeting people's healthcare needs.

Visits by health and social care professionals were recorded in people's care plans, together with notes relating to advice or instructions given. We saw people had access to a range of visiting professionals including GPs, opticians, psychiatric services, memory teams, safeguarding teams and dieticians.

Requires Improvement

Is the service caring?

Our findings

People who used the service and their relatives told us the service was caring. People told us care workers were kind and friendly but did not have a lot of time to chat because they were busy. Comments included, "I am happy here, the staff are good. I sometimes look after the budgie", "They're good to all of us. They are very patient", "I've had no trouble here. I've no complaints", "It's alright here", "This is nice here, it is", "Girls are very nice, smashing", "The staff are lovely, very friendly, mum says they are nice". One visiting relative said the service was "100 times better" than the previous placement of their family member.

Throughout the inspection we observed staff were caring, kind and attentive. They clearly knew people well and provided personalised responses such as using people's names, talking about people's relatives and things they liked to do. We saw when people were seated, staff talked to people at eye level. Although we saw some very good interactions, we saw a member of staff sat with people on two separate occasions but were not engaged with them because they were using an electronic care recording tablet. We also saw that sometimes staff were not present in communal areas so people were left unattended and staff were very busy and struggled to respond to people in a timely way.

We observed people looked clean and tidy in their appearance. Visiting relatives told us their relatives were well looked after and the home provided a good standard of care. Some minor concerns were raised around the laundry service. One relative said, "He's looked after very well, he likes it here, his room is always spotless. He gets showered and shaved with clean clothes every day." Another relative said, "[Name of person] gets washed and her clothes changed every day."

Some visiting relatives told us not only did the service provide good care to people who used the service but also supported family members. One visiting relative told us they had struggled to come to terms with their spouse moving into Springfield and had visited every day. They said, "I come every day and they make me welcome. I have my lunch, and at Christmas they invited me to all the entertainment and even bought me a present as well as everyone else. Everything has run so smoothly it's a relief." Another relative said, "They have supported us as a family, by giving care cover to relieve us when mum has been in hospital."

Care plans had information relating to aspects of people's lives including their likes, dislikes, hobbies and interests. This information helped staff form relationships with the people they supported, and promoted person centred care. We saw information relating to people's care was treated confidentially and personal records were stored securely in the office to make sure they were accessible to staff.

When we looked around the service we saw there was information displayed in to help people understand procedures and keep them informed. There was information near the entrance of the home around safeguarding, how to make a complaint, and how they had responded to the last provider survey.

Requires Improvement

Is the service responsive?

Our findings

Before people moved into the service an assessment of people's care and support needs was carried out. This meant the provider had checked to make sure they could meet people's needs. From this assessment risk was assessed, and a series of care plans were written.

Everyone had a care plan although we saw there was inconsistency with the level of detail. Some people had care plans that clearly outlined how staff should deliver care, but others were less specific. For example, one person presented with delusions and this impacted on the way they behaved towards others, however, there was no reference to this in their care plan. The registered manager agreed to identify where care plans lacked detail and add information so staff know how to deliver care.

We saw that all areas of people's care plans were regularly reviewed, which was prompted automatically by the provider's computerised care record system. Care plan reviews contained notes to explain what if anything had changed or why the care plan should remain unchanged; there was information to show how people had been involved in this process. An annual review was carried out with people, their families or representatives and details were recorded of any concerns raised and changes to the care plan.

People who used the service and their relatives told us they were happy with the care received and how they were involved in the planning and receiving of information about progress or other issues. They said incidents were quickly reported and appropriate actions taken. One relative said, "I've been involved in mum's care plan, asked to contribute and they listen to you. It's more caring now [name of manager] is in charge. I feel comfortable raising any issues or concerns and they do feedback to you."

People we spoke with said they sometimes engaged in activities, however some people felt there was not enough to do and told us they were "bored" and "watched TV all day". One person told us they would like to knit but needed help to do this.

We saw people's interests were identified in their care plan and a record of activity was maintained, and included activities such as ballroom dancing, baking, sports, arts and crafts and movement to music. Activity programmes were displayed in the home, and a 'welcome to 2017' newsletter informed people what was happening. However, we saw the programme of activities was not followed.

During the inspection we saw people sat for long periods with very little or no stimulation. On the first day of the inspection, there was no evidence of activities although the registered manager explained there had been a mix up and activities were not available. On the second day of the inspection some people were engaging in activities. The registered manager told us they had identified that the level of stimulation at the home needed to improve and were working alongside the activity co-ordinator to look at how they could offer more engagement throughout. The registered manager said, "We are looking at people's well-being and working with staff to make sure they understand it is everyone's responsibility to engage with people, spending time chatting is important and an activity that should be offered to all."

The registered manager said they operated an open door system and held a regular weekly surgery to encourage and promote feedback. Visiting relatives we spoke with told us interaction with staff and management was positive. They said they received full reporting on any incidents and could freely raise issues with the registered manager and staff. Two visiting relatives said they sometimes felt they had to request information and did not always receive regular updates.

The registered manager had a well organised system for ensuring complaints received and their response, any actions and learning were captured. We saw written responses outlined actions taken and acknowledged where the service could have dealt with a situation more effectively. The registered manager maintained a summary sheet which evidenced that complaints were responded to in a timely way.

The provider had received compliments from various people about the care provided at Springfield; several thank you cards were displayed in the home. Comments included; 'Staff are always welcoming and friendly', 'I like the way staff seem to mingle and be around', 'Thanks so much for all the care and support you have given to [name of person] and me', 'Undoubtedly in our minds, she had a quality of life in the last two years that she would not have had otherwise'.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who registered with CQC in July 2016. We received positive feedback about the registered manager and were told by people who used the service, relatives and staff that the service had improved. Examples of improvement included a more open welcoming culture, better communication, more responsive to feedback and a more homely approach. A visiting relative said, "It's more homely and responsive with [name of manager] as manager. She's made some positive changes." A visiting professional told us, "We have built up a positive relationship. [Name of registered manager] is good at communicating with staff and cascading information." Another visiting professional had provided written feedback to the service and stated, 'Keep up the good work. You have a lovely home and a great team that is a credit to your management skills.' During the inspection we observed the registered manager circulating and engaging with people who used the service and visitors.

The provider had sent out surveys to representatives of people who used the service in December 2016. Nine were returned; the registered manager was waiting for more responses before they collated and analysed the results. All nine responses provided positive feedback about the service; on a scale of one – five (five being the highest) all had rated areas as four or five. Additional comments described staff as 'friendly' and 'welcoming', and the environment as 'clean' and 'comfortable'. We saw two people had written comments about the management of the service. One person stated, 'We have seen a lot of improvements since [Name of registered manager's] appointment'. Another person commented about the management team, 'Most helpful at all times'.

The registered manager told us they received 'fantastic support' from the provider's regional management team, and 'very good support' from the staff team. The registered manager discussed their plans for developing the service and it was evident they were passionate, enthusiastic and proud to work at Springfield. They told us, "We have focused on staff interactions and approaches to make sure the care is caring. We want it to be homely." The registered manager discussed plans to develop the service which included improving the environment and dementia care. We saw from the training records 50 staff had attended dementia training in 2016, and the registered manager alongside a regional manager were commencing 'dementia care mapping', which is an established approach to achieving and embedding person centred care for people with dementia.

Staff told us communication within the home worked well; some said this was an area that had improved. Some, however, said they had not attended a staff meeting or had opportunity to complete a staff survey. We looked at the meeting minute's file and saw meetings were regularly held but these were not for all groups of staff. We saw in October 2016 ancillary staff and senior staff had attended a meeting and discussed topics such as infection control, and health and safety. A 'care staff' meeting agenda was in the file for October 2016, however, this stated the meeting was cancelled because there were 'zero attendees'; we saw 'care staff meetings were cancelled in July 2016 for the same reasons. We discussed care staff meetings with the registered manager who told us they were looking at alternative times to make it easier for staff to attend. Staff survey results had not been carried out since the registered manager had taken on the manager's role.

During the week, daily 'huddle meetings' were held and attended by members of the management team. We attended the meeting held on the first day of the inspection and saw attendees discussed menus, activities, staffing arrangements, maintenance, quality and safety checks, accidents/incidents, people who used the service and appointments. Staff who attended told us the huddle meetings worked well and kept everyone informed.

Three members of the regional team were visiting the service on the day of the inspection and we saw from management reports the provider monitored the service through a range of systems. Frequent 'business review meetings' were held; minutes from these showed they discussed areas such as safeguarding, health and safety, repairs and finances. Actions were identified and followed up at the next meeting. The provider had completed several visit reports which showed senior managers were visiting Springfield. For example in December 2016, an 'operation manager's walk around' and a 'senior management' visits were carried out; they covered 'residents' care', 'infection control', 'dining experience', and 'support services' including catering.

At the inspection we reviewed audits which had been completed at the service, which were then used to monitor and improve the quality and safety of service delivery. We found these were carried out by a range of staff and the registered manager. We saw they had covered areas such as infection control, catering and medication audits. Health and safety audits were completed and we saw in October, November and December 2016, many of the same actions were identified but had still not been actioned. The registered manager said a health and safety meeting was scheduled with regional managers to address the outstanding areas.

Although we received positive feedback about the registered manager and the quality of care people received, the registered provider had not ensured robust recruitment processes were followed. Risks to the health and safety of service users was not appropriately assessed and the registered provider did not do all that was reasonable to mitigate risk. Quality management systems had not identified these concerns before our inspection.

The local authority contracts department told us they had carried out a visit to Springfield in June 2016 and their findings were positive.

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 registered person did not assess the risks to the health and safety of service users and did not do all that was reasonable to mitigate risk.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person was not operating a robust recruitment procedure, including undertaking a relevant checks.