Anchor Hanover Group

Springfield

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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

Springfield has 99 beds and at the time of our inspection there were 92 people using the service. Accommodation is spread over three floors and there are numerous communal areas such as lounges and dining rooms and an enclosed garden.

At our last inspection in April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Everyone we spoke with was highly complimentary about the service and said they would recommend the home. There was a strongly embedded culture within the service of treating people with dignity and respect.

People and their relatives told us staff were helpful, attentive and caring. We saw people were treated with the utmost respect and compassion.

Staff were recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the management team and were receiving formal supervision where they could discuss their ongoing development needs.

Care plans were up to date and detailed what care and support people wanted and needed. Risks to peoples' safety and welfare were identified and managed.

People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were stored and managed safely. Staff knew about people's dietary needs and preferences. People told us there was an excellent choice of meals and most people said the food was good. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome. The home was well decorated, clean and tidy and had been adapted to take account of the

needs of people who used the service.

People knew how to make complaints and were confident any concerns they raised would be dealt with. Everyone spoke highly of the management team and senior staff saying they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service has deteriorated to Good

People had access to an excellent choice of food throughout the day.

Staff were trained and supported to carry out their roles.

People were supported to meet their health care needs.

The home was compliant with Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the MCA.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

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 was a comprehensive inspection which means we looked at all the five domains of safe, effective, caring, responsive and well led.

This inspection took place on 13 and 14 November 2018 and was unannounced on the first day.

On 13 November 2018 the inspection team was made up of five inspectors, one of whom was shadowing as part of their induction training, and two experts 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. On this occasion our experts had experience in the care of older people and older people living with dementia. On 14 November 2018 two inspectors visited the home.

During the inspection we spoke with 20 people who used the service, 11 relatives, two visiting health care professionals, the activity co-ordinator, the catering manager, a catering assistant, nine care assistants, five team leaders, one of the housekeeping staff, the registered manager, the care manager, the administrator and the area manager.

We looked at ten people's care records, medication records, six staff files and other records relating to the management of the service such as staff training records, meeting notes, audits and surveys.

We observed people being supported in the communal rooms and observed the meal service at breakfast and lunchtime. We looked around the home including a selection of people's bedrooms, bathrooms and toilets.

Before the inspection, we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document, which gives the provider the opportunity to tell us about the service. We used information the provider sent us in the PIR. 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.

Good

Is the service safe?

Our findings

At our last inspection this key question was rated as 'Good'. At this inspection we have judged the rating remains 'Good'.

People were kept safe from abuse and improper treatment. People who used the service told us, "It is a home from home here, I feel safe because the staff are kind." And "I feel very safe here, there is always someone popping in my room."

Relatives commented, "I feel mum is very safe here, the manager [name] is very approachable and the team leader are very good." And "I feel mum is safe here, she gets all her medication, the staff are kind, they are lovely, and they are respectful."

Staff had completed safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. One care worker told us, "I have never seen anything here which has concerned me." The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This showed staff understood and followed the correct processes to keep people safe.

Overall risks to people's safety were well managed. Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, when people who had been assessed as being at risk of falling, equipment had been put in place to reduce this risk.

We observed one person who used the service was displaying some behaviours which upset other people. Staff dealt with the incidents well and support and reassurance was given to both people. However, the care plan did not contain any guidance for staff about what action they should take in these situations. When we looked at the daily notes there was no reference to either incident and staff had recorded the person's mood had been 'neutral' and their behaviour had been 'calm.' This did not reflect the two incidents which were witnessed by inspectors and three members of staff. We concluded this was an issue with record keeping as the care and support delivered was appropriate. This was discussed with the registered manager who assured us it would be dealt with.

Staff told us they received training in responding to behaviours that challenge. The training focused on using de-escalation techniques to help people should they become anxious or exhibit behaviour that may put themselves or others at risk. We saw staff were quick to recognise and respond to with any signs of anxiety people showed at an early stage.

The premises continued to be safely managed. Equipment and installations were serviced and maintained in line with manufactures guidelines and legal requirements.

There were enough staff on duty to care for people safely and keep the home clean. For example one person

said, "My buzzer is always answered quickly, even at night." A relative said, "There seems to be enough staff when we come, we have never had to look for anyone."

Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. The care team were supported by housekeepers, chefs, activities and maintenance staff. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

Safe recruitment procedures continued to be followed. This helped to protect people from the risk of being supported by staff unsuitable to work in a care setting.

Medicines were stored, managed and administered safely. Since the last inspection an electronic system for managing medicines had been introduced and care workers told us this was working well. The team leaders took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed. One person who used the service told us "I get my tablets at the same time every day, the nurse stays with me."

The home continued to be clean, tidy and odour free. One person who used the service told us, "I have my own things in my room, it's very clean, [the] cleaners [are] always in." A relative said, "It's always clean and tidy everywhere and it smell nice, that makes a difference. We are not worried about mum's safety in any way."

Staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency in January 2018. This was the highest award that could be made and demonstrated food was prepared and stored hygienically.

Lessons were learned when things went wrong or did not go as well as expected. Accident and incidents were reviewed and analysed to look for trends and patterns. The registered manager told us learning lessons was an intrinsic part of the culture at Springfield. They shared some examples of changes that had been made to working practices because of this analysis. For example, they were moving away from using sensor mats and using more motion sensors when managing the risk of falls for people living with dementia. They had found the sensor mats were not always effective as people living with dementia mistook them for obstacles and tried to move around them thereby putting themselves at greater risk.

Good

Is the service effective?

Our findings

At our last inspection this domain was rated outstanding. Whilst we saw examples of positive practices during this inspection, we didn't see strong evidence to demonstrate the provider had consistently ensured they continued to meet the exceptional and distinctive characteristics of an outstanding service.

Needs assessments were completed before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Care workers had the skills, knowledge and experience to deliver effective care and support. Care workers we spoke with told us training was relevant to their role and was kept up to date.
One care worker said, "Training opportunities are good and you can go as far as you want."

Staff were provided with regular supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the care manager or registered manager at any time for advice or support; describing them as 'supportive' and 'approachable.'

Training records confirmed staff were up to date with training and supported in their professional development. The service had consistently maintained a very good compliance rate of over 95% with mandatory training. Training was also provided on topics related to the needs of people who used the service. The service had designated champions in areas such as dementia, nutrition and hydration, medication and end of life care. These were staff who had done additional training in their areas of interest and who supported the staff team in keeping up to date with current best practice. At the time of our inspection 44 staff were registered on external accredited training in areas specific to the service and their personal development requests and interests. The service continued to develop creative ways of engaging staff in training using the 'Dolly' initiative to prompt discussions about supporting people to meet their needs.

People's nutrition and hydration needs were met. Most people who used the service told us the meals were very good. One person said, "The food is excellent, for breakfast I have tomatoes on toast or a bacon sandwich and a cup of tea. You can have as much or as little as you want, there is also porridge, cereals, or a full English if you want it, juice or coffee as well. That is from 8.30 onwards but if you want something before that you only have to ask."

However, we found people's experience of the food varied. On the first day of our visit some people said that the soup was 'too spicy' and they didn't eat it. People who ate in their rooms said the food was cold. We sampled the food and found it was cold, we made staff aware of this and they heated the food. On the second day of our inspection we checked the food in the same part of the home and there were no issues with the temperature. At the end of our inspection we spoke with the registered manager about our findings on the first day and were assured they would be addressed.

Relatives were very complimentary about the food. One relative said, "The food is super."

The variety and choice offered to people was excellent. If people did not like what was on the menu the catering staff would prepare a meal of their choice, for example, recent requests for Chinese chicken curry and stir fries had been accommodated.

The catering manager spoke with people who used the service to find out their likes and dislikes and to see if they were happy with the menu. If people did not like what was on the menu on any day they were offered a range of alternatives. People were provided with a personalised menu in a pictorial format with all their preferences listed. We looked at these and saw they displayed an extensive range of snacks and main courses which differed from the main menu.

'Snack stations' were positioned throughout the home where people could help themselves to crisps, biscuits, chocolate or choose various tinned produce for staff to prepare for them. This was an excellent way to promote nutrition and ensure people received extra calories. We saw people helping themselves to a variety of snacks throughout our visit.

People who required support with hydration had a discrete water droplet placed on their door to inform staff that they needed additional support with fluids. There were plenty of hot and cold drinks available throughout the day. Fluid charts were being completed for people who had been identified as being 'at risk' of becoming dehydrated.

However, we observed one person who was in bed was not offered a drink for the first three hours of the morning. They were then given a cup of coffee, they drank half a cup and the rest was left to go cold. Later in the afternoon the same person was not offered a drink for two hours. We checked this person's food and fluid chart which showed the person was not drinking the required amount. Best practice guidance was not being used to calculate what the person's individual target fluid intake should be. On one day the person was only offered 600ml of fluid which is below the recommended daily amount. We discussed this with the registered manager and it was dealt with immediately.

We spoke with the catering manager who was very enthusiastic about their role and had a good understanding of people's dietary needs and preferences. The catering manager confirmed they were kept up to date with any changes in people dietary needs and said they felt an integral part of the staff team.

At the last inspection we found the service demonstrated a real desire to offer people an enhanced food experience. During this inspection we found they had continued to develop this approach. For example, the catering manager had developed a range of different food textures and different ways of presenting food to make it look more appealing such as serving pureed food in small glasses or containers.

People's healthcare needs were being met. The care records showed people had been seen by a range of healthcare professionals, for example, GPs, nurse practitioner, opticians, chiropodists and dieticians. One person who used the service told us, "I like the friendliness here and the care is excellent, I have TIAs [small strokes] and the staff call the GP at my request instead of the ambulance and then look after me here which I prefer, but if it is bad, then I go to hospital." One care worker told us, "If I have any concerns about anyone being unwell, I tell a team leader straight away. They will evaluate and get a GP or district nurse to visit."

We spoke with a visiting health care professional who told us, "I always find Springfield welcoming and people always appear happy. We have a good relationship with them and staff are willing to engage with us and are good at handing information over."

The service continued to work with other agencies to ensure people experience effective care, support and treatment in line with current best practice. For example, they had had undertaken a major project with a pharmacy and three GP practices. They had carried out a full service review of everyone who used the service to reduce prescribing and overstocking of medication. This had led to finding alternatives to paraffin based creams with no additional costs to external agencies. This had benefitted people who used the service by ensuring they were not taking unnecessary medication and by reducing the risks associated with use of paraffin based creams. In another example the service had signed up to a project looking at the reducing in the use of anti-depressant medication in older people

The accommodation had been purposely built to meet the needs of people who used the service. Corridors and doorways were wide allowing for easy wheelchair access. There were lots of pictures and murals on the corridor walls to help people navigate their way around the building. For example, one corridor had various murals of shop fronts, which included a post office, flower shop and general store. The environment had been developed to support people living with dementia. For example, there were handbags hung on hat stands so that the ladies or gentlemen could pick a bag up and walk around with it instead of trying to find one. There was also a key cabinet with a variety of keys so that people who liked keys could just go and get one.

One person who used the service told us, "I have a smashing room, it is clean, tidy, the sun comes in and I have a lovely view, the handy men come and put the pictures up for me and move furniture around for me if I need to."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through Mental Capacity Act application procedures called the Deprivation of Liberty Safeguarding (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. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made.

People were asked for their consent before care and support was provided. Where people lacked capacity, best interest decisions had been made involving families and health or social care professionals. For example, for one person the best interest process had been followed in deciding they should live at Springfield.

The staff we spoke with also had a good understanding of the MCA and DoLS and what this meant in relation to the care, treatment and support people received. We saw evidence of people being asked for their consent through our review of care records as well as our observations during the inspection.

Good

Is the service caring?

Our findings

At our last inspection this key question was rated as 'Good.' At this inspection we have judged the rating remains 'Good'.

Without exception people spoke positively about the service. Comments from people who used the service included, "Staff look after my personal care, they always listen to me. They know me well, they know what I like and dislike and how I like my things in my room." "I am very confident with the staff here, they give me peace of mind and that is worth a lot."

Relatives spoke very positively about the service. Comments included, "I am 100% confident with the staff, they know mum really well, they know what she likes and doesn't like." "The atmosphere is lovely always cheerful and welcoming."

Relatives told us they felt included and cared for by the staff team.

Similar highly positive views were expressed by people who had posted reviews on an external website. Twenty-five reviews were posted and the clear majority stated they would be 'highly likely' to recommend Springfield. One person commented, "Over the four years, I have visited this home I have never had occasion to doubt the care and love given to the residents by all the staff. This is a home where I would be happy to be if it became necessary. The décor and surroundings are very attractive giving as near as possible to a home environment."

Staff recognised the importance of treating people with compassion. For example, one person who lived at the home suffered a bereavement. They wanted to take flowers and a card to their loved ones grave but were unable to arrange for anyone to take them. On seeing how sad the person had become staff spent time with them to find out what was wrong and on the same day took the person to a local garden centre so that they could choose the flowers and card they wanted. They then took the person to the cemetery to visit the grave. This meant so much to the person they wrote a wish in their Santa letter "That places like Springfield keep caring for people like me."

People who used the service were supported to be as independent as possible. For example, we saw care workers encouraging people to walk and eat independently. One person who used the service said, "I like to be as independent as I can, but I get all the help I need because I can't get fully dressed by myself. I need help with putting my socks on and with my personal care, the staff are always respectful and ask permission to help me." A relative said, "The care and support is really good and they try and give mum as much independence as possible."

As part of the activities programme an outside garden area had been established, accessible from both dementia care units. A volunteer ran the scheme assisted by staff and people living at the home. Produce from the garden had been used by the catering staff in meal preparation. This promoted people's wellbeing by enabling them to take part in a meaningful and productive activity.

A person who lived at the home told us how staff had supported them to prepare for and attend a family wedding. They told us how much it meant to them being able to join their family for this special occasion.

Staff recognised the importance of treating people with dignity and respect. The interactions between staff and people demonstrated a genuine mutual respect. We observed good humour, appropriate touch and an understanding of specific communication needs. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. The service had developed innovative ways of protecting people's privacy and dignity. Rather than using signs or labels on people's bedroom doors, they used little ceramic symbols in boxes which looked like ornaments. For example, a pink figure in a box outside the door told staff the person only wanted to be supported by female care staff.

Staff recognising the importance of treating people with dignity and respect was not just confined to people who used the service. Recently the police found an older person wandering in the streets near the home. The police brought the person to Springfield. Although the person did not live at Springfield staff invited them in and seeing how cold and frightened the person looked offered them a warm drink, food and warm blankets. They helped the police and before too long the person was helped to go home safely to their family. The person and their family were so impressed with the care shown by the staff the person moved into Springfield soon afterwards.

Staff and people who used the service looked very much at ease and comfortable together. There was a lot of laughter and friendly 'banter' between people. For example, about how 'Mulligatawny soup' was pronounced.

Staff facilitated social interaction using everyday events such as meal times to promote conversation and engagement. We saw some people chose to remain at the dining tables after meals had finished to chat with each other or to staff. People were given time to eat their meals and where necessary staff assisted people with patience and kindness.

Every Thursday morning staff converted one of the communal areas within the home into a vintage style tearoom and held a coffee morning with cakes and buns. This event had been running weekly for several years and had become a social occasion for people who used the service, their family and friends. In addition to providing opportunities for social interaction the event supported good nutrition and hydration. Food was presented to meet all dietary needs including diabetic and soft diets.

The registered manager told us over the past year the event had further developed into a place where family and friends who had suffered a bereavement could meet and support each other. The event also provided a forum for developing links with the local community such as a local church group who had knit and donated tea cosies.

The catering manager told us some people living with dementia became anxious joining in this activity. They had therefore arranged for a separate event to take place in another area so they did not miss out. This demonstrated the culture of inclusiveness was an integral part of the day to day running of the service.

Care files contained detailed information about people's life histories, interests and hobbies. Staff knew people's favourite activities and how they liked to be communicated with. Information about people's life history was included within people's care plans to aid staff to better understand the people they were caring for. One care worker explained how important this was and gave the following example, "I asked [Name of person who used the service] what the best day of their life was. They told me it was their wedding day, so I asked the family for some photographs and we use these to bring back happy memories."

What staff told us about people correlated with the information in peoples' care records. For example, one person's care records documented, "[Name] likes a bag of sweets, their favourites are Yorkshire mixture." This person had these sweets with them in the lounge.

People or their relatives were involved in making decisions about their care and treatment. One person who used the service said, "I know all about my care plan and I had a review a couple of weeks ago, everything is agreed and signed by all of us. If I go out I use a wheelchair, but just around here I can use my stick, I am very well looked after, I've no complaints." A relative said, "I have seen the care plan, but my [relative] deals with it himself, my [relative] is happy and the care is good."

People were given the opportunity to have a say in how the service was run. There were regular meetings for people who used the service and their relatives. Topics discussed at the meeting in September 2018 included the ongoing refurbishment of the home and planning for Christmas.

We spoke with the dementia care champion who told us their focus was to ensure they provided positive outcomes for people who used the service. For example, they told us one person living with dementia had exhibited behaviour that challenged prior to moving into the home. On admission, staff had quickly identified the person was unable to settle and was anxious because they did not have their own furniture in their bedroom. They had arranged to have the furniture delivered and immediately noticed a marked improvement in the persons wellbeing. The person had expressed a wish to visit the village they had lived in prior to admission. The dementia champion had taken the person back to the village and spent time looking around the local area. On the day of inspection, we saw the person was calm and relaxed and obviously had a trusting relationship with the staff on duty. Staff told us the person's sedating medication had been reduced and was going to be discontinued. The outcome of ensuring this person received such person-centred care was that their quality of life had improved.

We looked at whether the service complied with the Equality Act 2010 and how the rights of people with protected characteristics were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. They include discrimination based on age, disability, race, religion or belief and sexuality. Staff we spoke with demonstrated an excellent knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. For example, we saw care plans contained information about people's religious needs and if they liked to attend the church services held in the home. Church of England and Catholic services were both held in the home.

The provider had a positive and open approach to embracing and promoting diversity. The provider had a Lesbian, Gay, Bisexual and Transsexual (LGBT+) support group which had been set up to help make their services a safe and welcoming environment for LGBT+ staff and customers.

Good

Is the service responsive?

Our findings

At our last inspection this key question was rated as 'Good'. At this inspection we have judged the rating remains 'Good'.

People's care plans were person centred which helped to ensure care was delivered in a way that was responsive to people's needs. The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, sleep, skin integrity and moving and handling. Care records were detailed and reflected people's individual care and support needs as well as personal preferences, likes and dislikes. The records showed people's care and support needs were regularly updated and reviewed. There was evidence people and their relatives were involved in developing and reviewing their care plans.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. People's communication needs were assessed and care plans included information about how people should be supported. For example, in one person's records staff were guided to "Speak clearly and at eye level." Staff had access to a 'Communication Passport' which used a range of symbols to help people express their needs, such as happy/not happy, pain/fatigue or wanting a drink. At lunch time we observed staff using pictures to help people communicate and make choices.

People were supported to plan for their end of life care. The level of detail in people's end of life care plans varied with some only containing basic details about what people wanted. For example, the name of the funeral director and whether they wished to be buried or cremated. The registered manager told us they had identified this as an area for further development and some staff had already started advanced training on end of life care. People were supported to remember those who had passed away and there was a memory tree and memory book where people could share memories of loved ones.

The service offered people the opportunity to take part in a varied programme of activities and events. These included pet therapy, weekly visits from a community choir, vintage coffee mornings, gardening, bingo, music for health and knit and natter. Outings were organised to pubs, theatres and local places of interest. In addition, special occasions and national holidays were celebrated. For example, the home recently had a garden party to celebrate Anchor's 50th Anniversary and a relative told us, "It was Mum's birthday last week and they really spoiled her, they made her a cake and a Birthday tea."

The catering manager confirmed they catered for special events and held tasters session so that people could sample food from different countries for example, Italian, Chinese and the Caribbean.

A monthly newsletter was published which highlighted forthcoming events and anything of special interest.

The service had a dedicated activities co-ordinator. Relatives said the activity co-ordinator planned activities such as board games, jigsaws and various parties and entertainment.

However one relative said included, "They could do with more activities, they used to have more such as 'Films and Popcorn' but all that seems to have stopped."

For example feedback about activities from people who used the service was mixed. "[There is] not much activity here, we have bingo three times a week and a 'sing song' every two weeks, I can join in other stuff upstairs or downstairs."

On the first day of our inspection we saw people getting involved in the annual Christmas cake decorating competition. During the afternoon we saw one person laughing and clearly enjoying themselves as they began to roll out the marzipan and prepare the cake for decoration. We observed good examples of housekeeping staff sitting and chatting with people.
However, we observed on occasions staff missed opportunities for engagement which resulted in people being unoccupied and not engaged for long periods of time. For example, on the first morning of our inspection we saw one person was brought in for breakfast and remained at the table until lunch time when staff had to wake them to eat.

The provider had a complaints procedure. Complaints were dealt with either at the home or by a team at the providers head office depending on the nature of the complaint. The registered manager told us they promoted an open-door policy and encouraged people to talk to them about any issues or concerns so that they could be dealt with immediately.

People who used the service and relatives knew how to complain and they told us they would inform staff if they were unhappy with their care. For example "I would see [name of registered manager] if I had any concerns, but I don't have any."

Good

Is the service well-led?

Our findings

At our last inspection this key question was rated as 'Good'. At this inspection we have judged the rating remains 'Good'.

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 manager was supported by a team of senior staff including a care manager and team leaders. The registered provider had an organisational structure which ensured front line managers were supported in their role by senior management and there were clear lines of accountability. The registered manager told us they could draw on the skill and expertise of other key people within the organisation including the operations manager who visited the home on a regular basis.

Most people knew who the registered manager was and those who didn't said it was not an issue as they had every confidence in the team leaders. For example, "I don't know the name of the manager, but I always see the staff if I have a problem."

People and relatives consistently offered positive feedback about the quality of support and care at the Springfield. Everyone we spoke with said they would recommend the home. One relative said, "I would definitely recommend this place to anyone." These views were echoed in the 2017/2018 satisfaction survey which showed people had rated the service highly for the overall standard of care provided.

In addition to annual surveys, people's views were regularly sought, for example through meetings and individual care reviews.

People's feedback was used to make changes and improvements to the service. 'You said, we did' posters with words and pictures were used to let people know what action had been taken in response to their feedback. For example, in October 2018 people had said they wanted the children who visited from the nursery to have a regular slot. This had been arranged and they were visiting every Tuesday. In another example we saw the service had introduced a twilight shift for staff. This was over and above their budgeted hours and was done in response to feedback from people who used the service to ensure their needs were met.

Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident the culture within the service was open and positive and people who used the service came first.

The service demonstrated their commitment to continuous improvement by investing in staff training and development. Across all areas of the service staff were supported to develop new skills and knowledge. For

example, team leaders were encouraged to undertake National Vocational Qualifications (Level 5) in management and three team leaders had successfully completed this training.

The provider had systems in place to continuously assess, monitor and improve the quality and safety of the service and these continued to be operated effectively. Checks and audits were carried out on all aspects of the service by the management team and verified by the area manager.

The service showed their commitment to the continuous improvement and development of the service by working in partnership with other agencies. For example, they had taken part in a number or research projects on topics such as delirium and posture and mobility. The service was part of the Bradford District Dementia Action Alliance working to make Bradford a dementia friendly city. In addition, they had established links with several volunteer groups such as a 'knit and natter' group and a community choir. The service also supported young people undertaking their Duke of Edinburgh and National Citizenship Awards.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.