

DTM Partnership

Springfield Cottage Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 17 and 18 December 2018; the first day of the inspection was unannounced. The service was last inspected in December 2017 when it was rated as requires improvement. This was because we identified two breaches of regulations; these related to the fact that people's care records contained contradictory information and the provider had failed to ensure people's nutritional needs were properly assessed, monitored and met.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of is the service safe and is the service well-led to at least good. The provider submitted the requested action plan which showed they would complete all required actions by January 2018.

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

Springfield Cottage is registered to provide accommodation and personal care for up to 26 older people; there were 25 people living in the home at the time of the inspection. The home is situated in a residential area in Blackburn. Accommodation is provided over two floors in 24 single and one double room, a number of which have en-suite facilities. There is both a passenger lift and stairlift to provide access to the first-floor rooms. Communal space is provided in two lounges and a dining room.

The service was managed by a registered manager who had been appointed since the last inspection. 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.

During this inspection, we identified four breaches of the regulations. This was because people were not provided with the equipment required to support them to mobilise safely in the home, medicines were not always safely managed, staff were not always safely recruited and governance systems were not always effective. This has led to the service again being rated as required improvement. This is the second consecutive time the service has been rated as required improvement since December 2017. You can see what action we told the provider to take at the back of the full version of the report.

Our observations during the inspection showed that staff did not always ensure people had the appropriate equipment necessary for them to mobilise safely in the home. We saw that people were transferred in wheelchairs which did not belong to them. In addition, we saw staff support an individual to walk using a frame which was inappropriate for their height. One person had to ask the inspection team to find their walking frame to enable them to mobilise safely. We found this equipment had been placed behind another

person in the communal dining room.

Staff had not always been safely recruited. Checks were not always made to ensure applicants had documented a full employment history on their application form or CV. One person had started employment prior to any references being received. The registered manager told us this was standard practice in the home but recognised this meant they could not be certain employees were of good character and suitable to work with vulnerable people before they started work. They told us they would cease this practice with immediate effect and ensure references were always received before people commenced employment.

Medicines were not always safely managed. Records we reviewed showed that on one occasion, a person had received a dose of a medicine which was four times the prescribed dose. Although the person did not appear to have suffered any ill effects from this error, the registered manager was unable to provide us with evidence that appropriate advice had been sought from health professionals and any advice given was followed. In addition, weekly stock checks of medicines were ineffective in identifying if any errors had occurred.

The provider had quality assurance systems in place which included the completion of audits relating to medicines, equipment and staff recruitment records. However, these had not been effective enough to identify the shortfalls we found during this inspection.

The provider had failed to ensure a statutory notification was submitted to CQC after a person suffered a serious injury in the home. The registered manager told us this had been an oversight on their part and confirmed they were aware of the events which needed to be notified to the commission. We saw that all other notifications had been submitted as necessary.

People told us they felt safe in Springfield Cottage and that staff were kind and caring towards them. Care plans and risk assessments provided guidance for staff on how to safely meet people's needs. Our observations during the inspection showed there were enough staff on duty to meet people's needs in a timely way.

There were policies and procedures in place regarding safeguarding adults. Staff were able to tell us the correct action to take should they witness or suspect abuse. They told us they were confident managers in the service would listen if they raised any concerns.

The registered manager and staff understood the principles associated with the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People were supported to have 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 consent to various aspects of their care was considered and was clearly documented in their care records.

Staff had completed an induction when they started work and completed regular training to keep their knowledge and skills updated. Staff received regular supervision and an annual appraisal of their performance.

People told us they generally enjoyed the food provided in Springfield Cottage. Improvements had been made to the systems in place to assess and monitor people's nutritional needs.

A range of activities were provided to help maintain people's sense of well-being. The provider's website and

quarterly newsletter provided evidence of the activities in which people had participated.

Systems were in place to gather feedback from people who lived in the home, relatives, staff and visiting professionals. People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

We received positive feedback about the new registered manager and their impact on the running of the home. Staff told us they were fairly treated and were able to make suggestions about how the service could be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were not provided with the appropriate equipment to ensure they were able to mobilise safely in the home.

Medicines were not always safely managed.

Staff were aware of the correct way to respond if they witnessed or suspected abuse.

Recruitment processes needed to be improved to ensure staff employed were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff had received training in the Mental Capacity Act. Care records documented people's capacity to make particular decisions.

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

People enjoyed the food provided in Springfield Cottage. Improvements had been made to the systems in place to monitor the nutritional requirements of people who lived in the home.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and respected people's dignity and privacy.

Staff encouraged people to be as independent as possible.

Staff had a good understanding of people's diverse needs.

Is the service responsive?

Good ●

The service was responsive.

People told us they received care which met their individual needs.

People were provided with a range of activities to help promote a sense of well-being.

People did not have any complaints or concerns. They knew who to speak to if they had any concerns or complaints and were confident they would be listened to.

Is the service well-led?

The service was not consistently well-led.

Systems to monitor the quality and safety of the service had not been sufficiently robust to identify the shortfalls we found during this inspection.

People gave positive feedback about the managers in the service. Staff told us they enjoyed working in the home and felt supported by the managers.

The service worked in partnership with other services and organisations to help ensure people received the care they required.

Requires Improvement 

Springfield Cottage Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was managed by a registered manager who had been appointed since the last inspection. 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.

This comprehensive inspection took place on 17 and 18 December 2018; the first day of the inspection was unannounced.

The inspection team on the first day consisted of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert had experience of residential care services. The second day of the inspection was carried out by one adult social care inspector.

In preparation for the inspection, we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority contract monitoring team and the local Healthwatch team to gain their views about the service. We included the information gathered in our inspection plan.

We used information the provider sent us in the Provider Information Return (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.

During the inspection, we spoke with eight people who lived in the home, six visiting relatives and one visiting health professional. We also spoke with a total of six staff employed in the service. The staff we spoke with were the registered manager, the deputy manager, the domestic and three members of care staff; one of these staff also had additional roles as cook and domestic for which they had the necessary qualifications.

We carried out observations in the public areas of the service. We looked in detail at the care and medicines records for four people who lived in the home. In addition, we looked at a range of records relating to how the service was managed; these included four staff personnel files, staff training records, staff supervision and appraisal records, minutes from meetings, incident and accident reports, complaints records as well as quality assurance audits.

Is the service safe?

Our findings

At the last inspection in December 2017, this key question was rated as requires improvement. Although we found improvements had been made to the consistency of information in people's care records, we identified concerns regarding the unsafe use of equipment when people were supported to mobilise. This means the key question remains rated as requires improvement.

During the inspection, we observed people who required support when mobilising were given walking frames which were labelled with the names of other people who lived in the home. Additionally, we noted one person was asked to mobilise using a walking frame which was unlabelled and was clearly inappropriate for their height. We also noted that people were transferred using wheelchairs which were labelled as belonging to other people who lived in the home.

We were approached by one person who lived in the home who complained to us that they did not know where their walking frame was. This person was assessed as being a high risk of falls but, when asked, staff did not appear to know where their frame was; this was eventually located by the registered manager close to another person who was seated in the dining room. Without access to their walking frame, the person's ability to mobilise as they wished in the home was inappropriately restricted and placed them at risk of falls should they try to walk.

We were advised by the registered manager that all wheelchairs belonged to the home and were numbered as such. They told us wheelchairs which were specifically provided for individuals were labelled with their names. However, we saw that two wheelchairs had the same number and a further two wheelchairs were labelled with the same person's name. Following the registered manager told us action had been taken to ensure all equipment was correctly labelled and used appropriately by staff.

The provider had failed to ensure people were provided with the appropriate equipment to ensure their mobility needs could be safely met. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

People told us they received their medicines as prescribed. Comments people made included, "The staff are very careful about watching you take them" and "I get what medicines I need, when I need them, as far as I know." On the first day of the inspection, one person told us they should have been given a medicine 20 minutes before food but had in fact been given their lunch immediately after being given this medicine. Our review of the relevant MAR chart confirmed this medicine should have been administered as the person described. If medicines are not administered as prescribed, there is a risk they might not be fully effective.

Staff responsible for administering medicines had received training for this task. They had access to a policy which included information about the administration, storage and disposal of medicines.

We looked at the MAR charts for four people who lived in the home. We noted one person's MAR chart had two missing signatures; immediately this was identified the deputy manager spoke with the member of staff

who had been responsible for administering medicines on the date concerned. They confirmed that the person had received all their medicines as prescribed and the lack of a signature had been an oversight on their part.

We checked the MAR chart for one person who had been prescribed a 'starter pack' of one medicine which required a changing dose to be given over a period of four weeks starting on the week before our inspection. We also checked the stock of this medicine against the MAR chart. We saw that the MAR chart had one missing signature. In addition, the stock did not correspond to the amount which should have been administered. The deputy manager informed us they had identified an error in relation to this medicine the week prior to our inspection. They had noted that, on one day the person had been given a dose which was four times that which they should have received. We were told the person had not sustained any ill effects from this error. The registered manager told us that appropriate action had been taken to seek medical advice and report the error to the local safeguarding team, although they were unable to show us documented evidence of this at the time of our inspection. Following the inspection, we asked the registered manager to send us information to confirm that appropriate action had been taken and advice given had been followed. When we contacted them to discuss this matter, we were told they had been unable to find evidence in the records of the action taken by staff. As a result, they had taken action to improve the way telephone calls or conversations with external professionals were documented.

The deputy manager told us they were completing a regular stock check of people's medicines. However, we found this was simply a count of the number of tablets with no cross reference to the MAR chart. This meant this system was ineffective in identifying whether errors had occurred.

Medicines had not always been safely managed. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

Recruitment processes needed to be improved. We looked at the recruitment records for four staff, three of whom had been employed since the last inspection. We saw that the application form for one person did not include a full employment history as required under current regulations. We also noted that one person was currently undertaking their induction at the home, although no references had been received. The registered manager told us the person was not allowed to work unsupervised until the requested references had been received and that this was normal recruitment practice in the home. We discussed the fact that, the failure to receive references before any person was recruited, meant there was a risk they might be found to be not of good character and therefore unsuitable to work with vulnerable people. The registered manager told us they would change this employment practice with immediate effect.

The recruitment processes in place were not sufficiently robust to protect people from the risk of unsuitable staff. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) 2014.

People told us there were generally enough staff on duty to meet their needs in a timely way. Visitors told us they felt staffing levels at weekends could be improved. During the inspection we noted staff responded promptly to any requests for assistance from people who lived in the home.

People who lived in Springfield Cottage told us they generally felt safe in the home, although they sometimes felt intimidated due to altercations which took place between certain individuals who also lived in the home. During the inspection, we observed such an altercation take place but observed staff dealt with this appropriately. However, we also noted that there was not always a staff member present in the main lounge to intervene if necessary to keep people safe. We discussed this with the managers in the service who told us they would review the arrangements for staff monitoring of communal areas.

Comments people made to us when asked about their safety in the home included, "There are people who shout if you sit on their chair. I felt bullied at the time and I've told carers about it. I feel mad about it now, not scared. I just sit in a different chair now", "I feel perfectly safe here but if I didn't, I feel I could tell any of the staff" and "I feel safe but I do insist that male carers don't attend to me." This person confirmed their wishes were respected.

Staff had access to safeguarding policies and procedures and had received training to help them recognise when people might be at risk of abuse. Staff spoken with told us they would raise any concerns they had with the registered manager and were confident they would be taken seriously. Staff were also aware of the whistleblowing (reporting poor practice) procedure which they could use to raise concerns to organisations external to the home.

Risks to people were effectively assessed. Each person had individual risk assessments, which were relevant and specific to their needs. Examples of risk assessments relating to personal care included moving and handling, falls and hydration and nutrition. We saw the risk assessments were updated at monthly intervals or in line with people's changing needs. However, we noted one person's care records could have included more detailed information about action taken following falls to help prevent future occurrences. The manager told us the electronic care planning system was used to send messages to staff about any action taken and lessons learned following any falls or incidents in the home.

We undertook a tour of the premises and found all areas were clean and free from malodour. We saw that personal protective equipment (PPE) was available throughout the home for staff to use when delivering personal care. However, we noted that two toilets, one used by people who lived in the home and another used by staff, did not contain handtowels. Although the registered manager took immediate action to rectify this matter, we were concerned that staff had not brought the issue to their attention as it clearly presented an infection control risk to people who lived in the home, staff and visitors.

During our tour of the premises, we noted the door to the boiler cupboard was not locked as a sign stated it should be; this presented a risk to people who might access the cupboard either intentionally or by accident. When this was brought to the managers attention, action was taken to secure the cupboard.

There were arrangements in place to deal with foreseeable emergencies. There were detailed personal emergency evacuation plans (PEEPs) which documented how each person should be assisted in the case of an emergency. A business continuity plan was also in place to inform staff of the action to take in the event of a loss of utilities, fire or other emergency at the home.

We looked at the home's maintenance records, these confirmed that equipment such as wheelchairs, call bells and fire equipment were routinely serviced and maintained to reduce possible risks to people. Checks were also made on the safety of the premises in areas including legionella, water temperature and electrical and gas installation safety.

Is the service effective?

Our findings

At the last inspection in December 2017, this key question was rated as requires improvement. This was because the provider had failed to ensure people's nutritional needs were always assessed, monitored and met. During this inspection, we found this had improved and the key question is now rated good.

Most people told us they considered staff had the necessary skills and knowledge to meet people's needs. A person who lived in the home commented, "Staff have looked after me very well. I'm going home soon." In addition, relatives told us, "Some [staff] are really good. There's one at weekends who's brilliant and knows how to talk to [my relative] and how to respond to them; it's not just about the care, it's about the person as well" and "I think they [staff] need more training in how to talk to people and keep them interested and alert."

Records we reviewed showed all staff had received the training required to enable them to deliver effective care. Training staff had completed included moving and handling, infection control, safeguarding, emergency first aid and end of life care. The registered manager told us the provider had invested in new training systems for staff to access. Staff confirmed they had received sufficient training to help them carry out their roles effectively and that the training had been of high quality.

Staff completed an induction period when they started work at the home. Staff spoken with confirmed this involved an initial orientation to the home and a period of shadowing more experienced staff. They told us this induction period prepared them well for their role.

Staff were provided with regular one to one supervision and told us they were supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities, receive feedback on their performance and to develop their role. Staff were also invited to attend regular meetings and received an annual appraisal of their work performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People's care records contained information about their capacity to make particular decisions. The

registered manager told us DoLS applications had been submitted for two people who lived in the home but these were yet to be authorised.

Staff had received training in the MCA and understood the principles of this legislation. People spoken with told us staff always asked for their consent before they provided any care or support and that there were no restrictions placed on them; this was confirmed by our observations during the inspection when we heard staff prompting people to make decisions and choices about their daily lives. We also saw that care records documented that consent had been given for all aspects of personal care.

We saw that people had an assessment of their needs before they entered Springfield Cottage; this helped to ensure staff were able to deliver the expected outcomes. Individualised care plans were put in place and regularly reviewed and updated when people's needs changed. We saw that, with the exception of a person newly admitted to the home and one person whose stay at the home had only been for respite care, these care plans were detailed and included information about people's wishes and preferences in relation to how their care needs should be met. We discussed with the registered manager about ensuring a full set of care plans were put in place as soon as possible after people's admission regardless of whether their stay was intended to be permanent.

The registered manager and staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and speech and language therapists. During the inspection, we spoke with a visiting health professional who told us staff followed any advice given.

Staff told us communication about people's changing needs and the support they needed was good. Since the last inspection, a new electronic care planning system had been introduced. This system developed a handover record to be shared with staff from all the information inputted for each individual on every shift. The system also generated a hospital transfer form; this helped to ensure relevant information was communicated to health staff in the case of a person's admission to hospital.

People told us they were generally satisfied with the quality of food provided in Springfield Cottage. Comments made by people who lived in the home included, "The food isn't bad, given how many people they're catering for; quite nice sometimes. If I didn't like it, I could have a jacket potato or something. You get a cup of tea morning, afternoon and evening. If you get up early, you get a cup of tea and the staff will give you your breakfast if you want it", "The food's very good. We have stews, steak puddings, fish and chips. If you want more, if you're still hungry, they will give you more" and "I can't knock the food; it's very, very good and I'm eating plenty. And, say you didn't fancy what's on, they will oblige you with something else." Visitors also told us, "The difference in [name of relative] was extraordinary, because they were getting regular food, drink and somebody to talk to. They love the food and the staff know their favourites" and "[My relative] sometimes struggles to swallow, so the staff mash the food up and they always let me know when they've had to do this."

The electronic care planning system was used to document what people had eaten and when they were weighed. The system required staff to record when they had completed these tasks and the managers in the service received alerts if staff had failed to do so.

People told us they were very satisfied with the facilities and environment in Springfield Cottage. Comments people made to us included, "I like it here; it's a bit quieter and I can just sit" and "The home's environment all seems fine to me and [my relative's] room always seems fine, clean etc." We noted the provider had made

a number of improvements to the décor and furniture in the home since the last inspection. The registered manager also told us they had purchased 'dementia friendly' signs for communal areas and was waiting for these to be fitted. One person mentioned to us that they found their bedroom door too heavy to open independently. The registered manager told the person they would ensure the tightness on the door restrictor was lessened to help them access their room without the need for staff support.

Is the service caring?

Our findings

At our last inspection in December 2017, this key question was rated as good. At this inspection, the rating remains good.

Everyone spoken with during the inspection told us staff were kind and caring. Comments people made included, "The staff are very good, and they will do a bit extra and talk to you a bit", "The carers are very friendly, listen to what you say and don't put it to one side", "I get on very well with the main staff and I have a funny relationship with [name of key worker]; we smile and laugh and I ask after their family members. They go out roaring with laughter", "The staff will always try to help or find out things if you ask them about anything. They do know [name of relative] as a person and they listen" and "The staff here are lovely, really nice. They always tell me if something has happened. They know [my relative] is a very quiet, private person."

We observed the home had a friendly and welcoming atmosphere and we observed all staff were kind when interacting with people. People appeared comfortable in the company of staff and had developed positive relationships with them.

Staff spoken with understood their role in providing people with compassionate care and support. Staff knew people well and understood their needs. They were able to tell us about each person's routine, preferences and the support they required.

People's privacy and dignity was consistently maintained. Staff told us they knocked on people's doors before entering, closed doors and curtains when providing personal care and gave them space when they wanted private time in their rooms. Comments people made to us included, "It's all very dignified and respectful. You don't feel 'they're in charge' or anything like that", "The staff treat everyone with respect, as far as I've noticed anyway. They never come into your room without knocking" and "If the carers see [name of relative] walking round in just their nightie, they'll go and get their dressing gown for them."

Staff had access to a policy relating to dignity, equality and anti-discrimination. This policy contained information for staff about how to ensure they treated people with dignity. It also advised staff of their responsibility to ensure people were protected from discrimination or unfair treatment on the basis of 'protected characteristics'. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

People told us staff supported them to be as independent as possible. One person commented, "I try to be as independent as I can be, and the staff let you get on with what you can. They are there to help if you need it." Another person told us, "When I'm having a bath, I do what I can for myself, then I say to carers, 'I can't do any more, you get on with it please'. I keep as much independence as I can."

People were encouraged to express their views as part of daily conversations, residents and relatives'

meetings and satisfaction surveys. The residents' and relatives' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed including activities, menus, care planning, consent as well as dignity, rights and choice. Records showed that action had been taken following issues raised in these meetings including the employment of an additional cleaner and the purchase of new raised toilet seats.

Although there was no information on display regarding advocacy services, the managers told us they were aware of how to contact the relevant local service if required. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Care records were stored safely and securely to keep people's information safe and maintain their privacy. Daily care records showed staff promoted people's dignity by providing support in line with each person's individual preferences and wishes.

Is the service responsive?

Our findings

At our last inspection in December 2017, this key question was rated as good. At this inspection, the rating remains good.

People told us they were happy with the care they received and knew who to speak with if they had any concerns or complaints. Comments made included, "I'm happy with the care and support; it's all good", "You can go to the office; they're very, very good and if you mention something, it will get done; they're very on the ball. I've noticed the difference since the new manager was appointed" and "I'm satisfied with everything; I have no complaints at all."

Care records we reviewed contained detailed and personalised information about people's needs, preferences and how staff should support them. People's care records included an 'About Me' document which included information about their personal history, family and interests. The care records also documented each person's preferred routine and how staff could recognise what was a good or bad day for them. We saw that all care plans and associated risk assessments had been reviewed on a monthly basis. The registered manager told us the improvement in care records through the introduction of an electronic care planning system had been a major focus since the last inspection.

Care staff understood the importance of promoting equality and diversity and respecting individual differences. Staff had completed equality and diversity training and had reference to appropriate policies and procedures. Some staff had also completed training in the Equality Act 2010. This helped to ensure all people had access to the same opportunities and the same, fair treatment. One staff member told us, "We provide the best care possible and treat each person as an individual."

The provider had arrangements in place to ensure they responded promptly to people's changing needs. For example, staff had a handover meeting at the start and end of each shift. We were told that during the meeting, staff discussed people's well-being and any concerns they had. This approach ensured staff were kept well informed about the care of people living in the home.

Daily reports provided evidence to show people had received care and support in line with their care plans. We noted the records were written in respectful terms. We also saw that charts were completed, as necessary, for people who required any aspect of their care monitoring, for example nutrition and hydration.

The provider had a 'keyworker' system in place. Each keyworker was required to complete a keyworker diary each month to confirm they had discussed whether people were happy with the care they received. During the inspection, people confirmed to us that they had regular opportunities to review the care they received with staff. Relatives also confirmed they were asked to attend care plan reviews. Comments people made included, "The staff usually come up with something to discuss about your care plan. For example, I've told them recently I don't want to be resuscitated if ever the time comes", "We have just had a review and went through the care plan and everything. There has been an amazing improvement in [name of relative's]

mobility" and "I deal with everything in the care plan because I'm here so often. It's all up to date."

People were encouraged to participate in a range of activities to help promote a sense of well-being. The provider's website and newsletters documented all the events in which people had been involved. These included outside entertainers, chair exercises, birthday parties, visits from local school children and memory workshops. When asked about how they spent their time people told us, "We had a little concert yesterday, and last week two ladies came and did a show; it was very good", "There are plenty of books to read, games to play, people to see. We're kept busy if we want to be; the days go quickly if you're busy" and "In the three years I've been here, there's been one trip to a panto and one to Blackpool. But since [name of registered manager] came, she knows certain people who do activities and is bringing them in, so it has got better." Visiting relatives also commented, "On a Thursday, we've seen armchair exercises; the home had a special event on Poppy day and a singer comes in as well. You can see your relative taking part in things on the Facebook page" and "School children came in with individualised Christmas cards the other day; and they sang and talked to the residents. And what they also brought was love; it was very moving."

We checked if the provider was meeting the requirements of the Accessible Information Standard (AIS); this standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Although the provider did not have a policy in place regarding this standard, we noted care records included information about people's communication needs and the support they required from staff. During the inspection, we noted the registered manager encouraged one person to write down what they wanted to say as they had difficulty in hearing what staff said to them. The registered manager told us the person did have hearing aids but sometimes could not find them.

We saw that the service was using a range of technology to improve the care and support people received; this included equipment such as the call bell system and sensor mats to help ensure staff were able to respond promptly and provide people with the support they required. The provider had also introduced a new electronic care planning system to help ensure people received the care they needed and that staff always documented the support they had given. This system enabled the provider and managers in the service to monitor when required tasks had been completed. It also allowed the managers to send messages to care staff about any changes to people's needs or action to be taken following any incidents or accidents.

People were supported to have a comfortable, dignified and pain free death. There was no one in receipt of end of life care at the time of the inspection. However, we noted care records contained information about the care people wanted to receive at the end of their life. Some staff had also received training in end of life care to help ensure they were able to provide compassionate care at this important time.

The service had policies and procedures in place for the management of complaints. Records we reviewed showed only one complaint had been received since the last inspection. The provider had taken appropriate action to ensure the complaint was investigated and a response provided to the complainant; records showed this person had been happy with the outcome. People spoken with during the inspection told us they had no complaints about the care they received.

Is the service well-led?

Our findings

At our last inspection in December 2017, this key question was rated as requires improvement. This was because the leadership in place in the home was not consistently effective. During this inspection, we found two breaches of regulations which had not been identified through the provider's systems in place to monitor the quality and safety of the service. This means the key question remains rated as requires improvement.

There was a new registered manager in place since the last inspection. They had been employed at the home for six months at the time of this inspection. They were supported in the day to day running of the service by a deputy manager.

The registered manager told us there were systems in place to ensure people had the necessary equipment to help them mobilise safely in the home. They informed us they had asked staff to ensure people's names were on the equipment which belonged to them and that this was always used to ensure each person's safety. However, our observations during the inspection showed this system was not functioning effectively and people were not always provided with the equipment which was tailored to their specific needs.

The registered manager told us the provider had introduced a new electronic system to check and store recruitment records. However, our findings during this inspection showed this system had not always been effective and some staff had commenced employment without references in place and not all staff had a full employment history documented on their records.

There was a lack of robust systems to monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

When we looked at care records, we noted one person had experienced a fall which had resulted in a serious injury. Providers are required to notify CQC of any such events; this is so we can ensure that appropriate action has been taken. Although the registered manager had notified the local authority safeguarding team of this fall, there was no completed accident form and no evidence that the required notification had been submitted to CQC. The registered manager confirmed neither of these documents had been completed and that this was an oversight on their part. Our review of records showed that all other statutory notifications had been submitted to the commission.

People spoke positively about the managers in the service. Comments people made included, "I've noticed the difference since the new manager was appointed. Things are improving, I'd say", "I always go to the top people if I have a complaint so I'd go to the manager and she would, if it's possible, sort it out. She is very good", "You can definitely talk to the manager and they will listen" and "[Name of manager] is lovely and [name of deputy] as well. Whatever I ask, they do. All the staff are very approachable."

Staff spoken with told us they enjoyed working in Springfield Cottage and felt the managers were always supportive of them. They told us they were treated fairly and felt valued and respected. Records we reviewed

showed regular meetings were held which allowed staff the opportunity to make suggestions about how the service could be improved.

We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the manager would take appropriate action.

People who lived in the home, their relatives and visiting professionals were asked to provide feedback on the service provided through informal discussions, meetings and regular satisfaction surveys. We looked at the responses to the most recent survey carried out in August 2018 using CQC's five key questions and found the feedback was positive.

We saw the provider had a development plan in place for the next 12 months. The plan covered on-going maintenance to the premises, the provision of new equipment and the production of new electronic audits documents to enhance the ability of the provider to monitor the home and ensure compliance with all regulations. This demonstrated the provider was committed to the process of continuous improvement in the service.

Since the last inspection the provider had introduced a system of 'peer audits' which were completed by a manager from a different service owned by the provider. We looked at the review of the audit completed in September 2018 and noted this was thorough and included checks of the environment, care plans and that people who lived in the home were happy with the care they received. We saw that required actions had been completed by the managers in the home. In addition to the peer audits, the provider completed regular health and safety audits to highlight any improvements necessary in the home.

The registered manager and deputy manager told us they completed regular 'spot checks' at the home to ensure staff were carrying out their roles as required and people were receiving safe care and support. They told us they did not currently document these checks but would do so in the future to provide a record of their findings and any required actions by staff.

We saw evidence that the service worked in partnership with a variety of other agencies. These included, GPs, opticians, dentists, hospital staff, speech and language therapists, dietitians and social workers. This helped to ensure that people had support from appropriate services and their needs were met.

We noted the provider was meeting the legal requirement to display the rating from the most recent inspection in the home and on their website; this is so that people, visitors and those seeking information about the service can be informed of our judgements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure people were provided with the correct equipment to allow them to mobilise safely in the home. Reg 12(2)(e) Medicines were not always safely managed. Reg 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure governance systems in place were effective in monitoring the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure people were safely recruited and suitable to work with vulnerable people.