Four Seasons Health Care (England) Limited

Springfield Care Home

Inspection report

Preston New Road
Blackburn
Lancashire
BB2 6PS

Tel: 01254263668
Website: www.fshc.co.uk

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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

This inspection took place on 11 and 12 January 2017. The first day of the inspection was unannounced. We had previously inspected this service in October 2015 when we identified two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because there were not robust recruitment procedures in place and there was a lack of accurate records in relation to the care people who used the service required.

Following the inspection in October 2015 the provider wrote to us to tell us the action they intended to take to ensure they met all the relevant regulations. This inspection was undertaken to check whether the required improvements had been made.

Springfield Care Home is a purpose built service which is registered to accommodate up to 69 people who have nursing or personal care needs. The service is split into four separate floors. Two floors provide specialist rehabilitation services. The service also has a residential unit and a unit for people living with a dementia. On the days of our inspection there were a total of 61 people using the service.

The service had a registered manager in place as required under the conditions of the provider's registration with CQC. 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 in the day to day running of the service by a deputy manager.

People who used the service told us they had no concerns about their safety in Springfield Care Home. Staff had received training in safeguarding adults. They were able to tell us of the correct action to take if they witnessed or suspected abuse. Policies were available to provide staff with information about possible indicators of abuse and reporting procedures. Staff told us they would be confident to report any poor practice they observed, using the whistleblowing procedure if necessary. We noted the registered manager had taken appropriate action following concerns being raised regarding the conduct of two staff.

There were sufficient numbers of staff available to meet people's needs in a timely manner. People who used the service told us staff were always kind, caring and respectful of their dignity and privacy; this was confirmed by our observations during the inspection. Our discussions with staff showed they had a good understanding of people's needs and were committed to providing high quality care. We saw that people were supported to maintain their independence as much as possible.

Systems were in place to help ensure the safe handling of medicines. Staff responsible for the administration of medicines had received training for this role. The competence of staff to administer medicines safely was regularly assessed.

People's care records contained detailed information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified, such as the risk of falls, pressure sores and poor nutrition. We saw that plans were in place to help reduce or eliminate the identified risks. Risk assessments had been regularly reviewed to ensure they fully reflected people's needs.

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

Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely. Care staff were able to access additional training to further their professional development and enable them to carry out higher level tasks.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was aware of their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

Systems were in place to help ensure people's health needs were met; this included regular input from two GPs, each of which was attached to one of the rehabilitation units. Good working relationships existed between staff employed at Springfield Care Home and community based professionals.

People who used the service told us the quality of the food was generally good. We saw that robust monitoring systems were in place to ensure people's nutritional needs were met. Where necessary staff made referrals to specialist services including dieticians and speech and language therapists (SALT).

People were provided with the opportunity to engage in a range of activities to promote their well-being. Most of the activities provided on the rehabilitation units were carried out on a 1-1 basis and were aimed at assessing and improving people's daily living skills to enable them to return home.

People had a number of opportunities to comment on the care they received in Springfield Care Home, including the completion of I-pad based surveys. Systems were in place to investigate and respond to any complaints received. All the people we spoke with told us they would know how to make a complaint although they had not had a reason to do so.

Staff told us they enjoyed working in Springfield Care Home. They told us the registered manager and senior staff were approachable and supportive. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

There were a number of quality assurance processes in place. The registered manager showed us how the information generated from audits, feedback, complaints and incidents was used to drive forward improvements in the service. The registered manager demonstrated a commitment to continuing to improve the quality of care people received.

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 is safe.

People were cared for by sufficient numbers of staff who were safely recruited.

Staff had received training in safeguarding adults. Systems were in place to ensure people were properly protected from the risk of abuse,

People were cared for in a safe and clean environment. Risk assessments were in place to help ensure people received safe and appropriate care.

Is the service effective?

Good

The service is effective.

Staff received the induction, training and supervision required to enable them to carry out their roles effectively.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

Systems were in place to help ensure people's health and nutritional needs were met. People told us the quality of food was generally good.

Is the service caring?

Good

The service is caring.

People told us staff were always kind, caring and respectful of their dignity and privacy. We saw that, wherever possible, staff supported people to maintain and develop their independent living skills.

Staff demonstrated a commitment to providing high quality personalised care. They had a good understanding of the care needs of people who used the service.

Is the service responsive?

Good

The service is responsive.

Care records contained good information to guide staff on the support people required. A 'resident of the day' system was in place to ensure these records were regularly reviewed and updated.

A range of activities were provided to help maintain people's well-being and to promote their independent living skills where appropriate.

Systems were in place to ensure people were able to provide feedback on the care they received in Springfield Care Home.

Is the service well-led?

Good

The service is well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to driving forward improvements in the service.

All the people we spoke with told us the managers in the service were very approachable and always willing to listen to any suggestions to improve the service.

Robust systems were in place to assess and monitor the quality of the service provided to help ensure people received safe and effective care.

Springfield Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 12 January 2017. The first day of the inspection was unannounced. We informed the registered manager we would be returning on the second day.

The inspection team on the first day of the inspection 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 for older people. The second day of the inspection was carried out by one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning. We also contacted the local authority safeguarding team, the local Healthwatch organisation and the local authority commissioning team to obtain their views about the service.

During the inspection we carried out observations in the public areas of the service. We also undertook a Short Observation Framework for Inspection [SOFI] observation during an armchair exercise session delivered on the unit for people living with a dementia. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with seven people who used the service and three visiting relatives. On the second day of the inspection we observed the multi-disciplinary meeting held to review the care of people on the residential rehabilitation unit and the heads of department meeting led by the registered manager.

We spoke with a total of 16 staff. These were the registered manager, the deputy manager, the three unit

managers, one registered nurse, six members of care staff, the activities organiser, the chef, the housekeeper and a domestic. We also spoke with a health professional who visited the service on a regular basis.

We looked at the care and medication records for six people who used the service. We also looked at a range of records relating to how the service was managed; these included seven staff personnel files, staff training records, quality assurance systems and policies and procedures.

Good

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe in Springfield Care Home. Comments people made to us included, ""Can't say I've been ill-treated at all" and "Never had any problems at all which shows in my sleep. I get regular 8-10 hours' sleep uninterrupted; no worries".

None of the visitors we spoke with had any concerns about the safety of their family member. Comments visitors made to us included, "She's kept safe and looked after" and "Everything has been spot on."

Staff told us they had received training in safeguarding adults; this was confirmed by the records we reviewed. All the staff we spoke with were aware of the procedure to follow should they witness or suspect abuse. Policies and procedures were available for staff which included information about the possible indicators that abuse was occurring.

We noted that the registered manager had introduced a system of 'topic' supervision. Records we reviewed showed that a number of staff had received supervision on the topic of safeguarding. This should help ensure they were aware of how to protect the people they supported. We observed that any current safeguarding issues were also discussed in the daily Heads of Department meeting; this helped to ensure staff had taken the appropriate action in response to any concerns raised.

We were aware that prior to the inspection staff had raised concerns about the conduct of colleagues with senior managers in the service; this showed that staff felt confident in using the whistleblowing policy in the service to report poor practice. The registered manager had taken appropriate action to investigate these concerns.

We looked at the systems in place to ensure staff were safely recruited. We reviewed the personnel files for seven staff and found these contained an application form with full employment history, at least two references and confirmation of the person's identity. We saw that the registered manager followed up references received to confirm the identity of the referee. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw that staff were employed on a probationary period and that this period was extended where necessary until staff complied with the requirements set by the provider.

We asked people who used the service if there were sufficient staff available to meet their needs in a timely manner. All the people we spoke with told us that staff were often busy but that any requests they made for support were responded to promptly. Comments people made to us included, "There are plenty of staff. If I press the buzzer they come", "There are easily enough staff to look after me; there always seems to be plenty of people flying round. Someone is there instantly if I ring the buzzer. Staffing at night is brilliant" and "I think there are enough staff to look after me. They are always busy but I can't grumble at all."

During the inspection we observed that staff responded to call bells in a timely way. We also saw staff responded immediately when an emergency occurred on one of the units. The registered manager told us they or the deputy manager would always investigate if they heard call bells ringing for more than a couple of minutes. We noted that the deputy manager also attended the morning handover session during the week at which any staffing issues were discussed. A number of bank staff were employed by the provider to cover for sickness and annual leave.

We reviewed the systems in place to ensure the safe administration of medicines. We saw that there was a policy and procedure in place to guide staff regarding the safe handling of medicines. We saw that written protocols were in place for 'as required' medicines. These protocols provided guidance for staff to help ensure people always received the medicines they needed. We noted all staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

We saw that required meetings had taken place to discuss whether it was in an individual's best interests to have their medication administered covertly (i.e. in food and drink without the person's knowledge). This helped to ensure people's rights were properly protected.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, lounge/dining rooms, bathrooms and toilets were clean. All the people we spoke with told us they had no concerns regarding the cleanliness of the environment. One person who used the service told us, "Staff clean my room regularly; they're brilliant". A visitor also commented, "It's always spotless. Every time I go up there, they [staff] are doing the room out or vacuuming." Our observations during the inspection showed staff used appropriate personal protective equipment (PPE) when carrying out tasks. Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection.

Care records we looked at contained information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. It was clear from the care plans how many staff were required to safely support people with particular tasks. Risk assessments had been regularly reviewed and, where necessary updated to reflect people's changing needs.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Springfield Care Home.

Inspection of records showed that a fire risk assessment was in place and regular fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

Records were kept of the support people who lived at Springfield Care Home would need to evacuate the building safely in the event of an emergency. Each unit had an emergency grab bag in place which contained the information and equipment staff would need to help keep people safe in the event of an emergency at the service We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

Good

Is the service effective?

Our findings

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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 had a policy which explained to staff what the MCA and DoLS were and guided staff on their responsibilities. The registered manager and staff we spoke with demonstrated a good understanding of MCA and DoLS. Care records included guidance for staff about how they should best communicate with people who used the service in order to ensure they were supported to make decisions about the care they needed. All the staff we spoke with told us they knew the wishes and preferences of people who used the service. Staff also told us how they had regard to both the verbal and non-verbal communication of people to help ensure they had their consent before they provided any care or support.

Records we reviewed contained assessments regarding people's ability to consent to their care and treatment in Springfield Care Home. We saw the registered manager had submitted the necessary applications to the local authority to ensure any restrictions in place were legally authorised; this helped to ensure people's rights were protected and upheld. At the time of this inspection 29 applications had been submitted with 6 being assessed and approved by the local authority. The registered manager told us they continued to contact the local authority on a regular basis to check on the status of the applications they had submitted.

Records showed 91% of staff had received training in the MCA and DoLS. Our discussions with staff showed most had a good understanding of the principles of this legislation. Staff told us they would always support people who used the service to make their own choices and decisions. This was confirmed by our conversations with people who used the service. Comments people made to us included, "Usually staff come and ask me if there is anything I want or that I want doing; they don't pressure me at all" and "Yes, I get to make my own decisions; there are no restrictions in place."

We were told by the registered manager that when staff started to work at the service they received an induction. Records we reviewed showed this included an introduction to policies and procedures as well as mandatory training including moving and handling and health and safety. Staff also shadowed experienced staff on several shifts and were allocated a mentor to support them during the induction period. We saw that, following their induction, new members of staff met with either the registered manager or deputy

manager to provide feedback on the induction process. We noted positive feedback had been documented on all the records we reviewed.

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. This included areas such as infection control, safeguarding adults, moving and handling, first aid and food hygiene. A training matrix allowed the registered manager to monitor the training completed by all staff. We were told the provider expected a compliance rate for all training of at least 90%; staff at Springfield Care Home had achieved a compliance rate of 94% overall.

We saw that the provider had a system in place to support care staff to develop their knowledge and skills. Selected staff were invited to enrol in a 12 week Care Home Assistant Practitioner (CHAP) course. Staff on this programme were required to complete a comprehensive portfolio which demonstrated their ability to undertake particular tasks to a required standard. We were also told that two care staff on the residential rehabilitation unit were attending training to enable them to deliver exercises under the supervision of a physiotherapist. This showed staff were supported to continue their professional development in the service.

Staff we spoke with told us they felt supported in their roles. They told us they had regular supervision. They also said they could approach senior staff in between supervision sessions if they needed additional support. The registered manager told us since the last inspection they had concentrated on providing staff with 'topic' rather than individually focused supervision to help ensure they were fully aware of their role and responsibilities in relation to particular areas; these included safeguarding, infection control, nutrition, whistleblowing, incident reporting and the MCA. We saw that supervision had also been used to provide immediate feedback to staff when a practice issue had arisen. The registered manager told us they planned to complete a supervision matrix to identify who was responsible for providing supervision which focused on learning and development to each staff member and to record when sessions had been completed.

All the staff we spoke with told us they considered they had received sufficient training for their role. One staff member commented, "There are always different courses going on. We are asked if we want to do particular courses." We noted that staff on the unit for people living with a dementia had recently requested training in how best to manage behaviour which might challenge others and that this training had been provided the week prior to this inspection.

People who used the service told us they considered staff understood their needs and had the skills necessary to provide them with the necessary support. One person told us, "Staff all seem to be competent." A visitor told us how staff knew how their relative liked to be cared for and as a result they had, "Blossomed here, especially in terms of improved eating, mobility and socialising".

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained a care plan which identified each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We spoke with the chef on duty who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us they always made meals with fresh ingredients and took care to ensure people received a balanced diet. They told us they were happy to accommodate any requests which people made for meals which were not on the menu. This was confirmed by one person who told us, "I get a choice for meals; they [staff] will make you a sandwich if you don't want a meal." We noted drinks

and snacks were served to people throughout the inspection.

We found the kitchen was clean and tidy. The service had received a 5 rating from the national food hygiene rating scheme in October 2016 which meant they followed safe food storage and preparation practices.

Most of the people we spoke with told us the quality and presentation of the food was good. Comments people made to us included, "Staff come round regularly with cups of tea; they keep you well hydrated. They gave me sandwiches with white bread to begin with. I told them I wanted brown bread and I get this now", "Very good really; you get what you want to eat" and "I have got to have everything pureed which they do." One visitor told us they considered the temperature of the food served on the unit for people living with a dementia was not always hot, particularly at breakfast time when food was served from a tray rather than a hot trolley. The unit manager told us they were aware of this issue and had made attempts to resolve it with the kitchen. We discussed this with the registered manager who told us the issue had not been brought to their attention but they would ensure that all meals were served in a hot trolley.

Staff told us they were always made aware of any changes to the care a person needed through the handover which took place at the start of every shift. Staff also commented that they would regularly check the care records for people to ensure they were updated about any changes to the support required. One staff member told us, "I always look at care records, particularly if I have been off for a couple of days."

People who used the service had access to healthcare services and received ongoing healthcare support. We noted that the two rehabilitation units each had a GP who was responsible for the healthcare of everyone who was placed on the unit. This helped to ensure people received consistent care while they were using the service. Care records contained evidence of visits from and appointments with district nurses, GPs, speech and language therapists and dieticians.

We saw that there was specialist equipment in place on the rehabilitation units to promote the independence of people who used the service. Physiotherapists and occupational therapists were also employed to provide specialist support and advice to staff and people who used the service.

We noted that there was some signage in the service to promote the independence of people living with a dementia. Pictures and objects on display throughout the home were used to encourage people to discuss past events and interests. The manager on the unit providing specialist dementia care told us there were plans to further improve this environment by developing themed areas relating to music, theatre and industry.

Good

Is the service caring?

Our findings

All the people we spoke with provided positive feedback about the caring nature of staff. Comments people made to us included, "Staff are very kind. I feel like I'm in a holiday camp. Staff listen to you and don't walk away", "They treat people how they want to be treated", "Staff are spot on. Physios and carers do a lot of rushing about to take care of everyone; they're terrific" and "Hope they [staff] all have a happy and good life for all the good they do for everybody here".

People told us staff always respected their dignity and privacy when providing them with personal care. One person commented, "When staff are helping me to shower they check with me first to see everything's ok". Another person told us, "I'm very particular when I'm having a shower. They [staff] listen to what I want".

During the inspection we observed warm and friendly interactions between staff and people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. We noted that staff spoke with people discreetly to ensure their personal care needs were met in a timely manner.

Our observations and discussions during the inspection showed staff supported people to be as independent as possible, particularly on the rehabilitation units. This was confirmed by our discussions with people who used the service. One person commented, "I still feel self-control rather that staff control". Another person told us, "I'm one of those people that like to do it myself and I do".

Care records we reviewed contained information about people's likes and dislikes as well as recording important social relationships and interests. This information should help staff form meaningful and caring relationships with people who used the service. The registered manager and staff we spoke with knew people who used the service very well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people affectionately and compassionately. Staff also demonstrated a commitment to providing high quality, personalised care. Comments staff made to us included, "Generally we give people their confidence and independence back. I enjoy seeing people come in and the journey they take to going home. It's a privilege to take part in that journey", "It's a good home. The standard of care and the person centred approach of the home is excellent" and "I think people get good care. I wouldn't work here if I thought that was not the case."

We saw that a number of relatives visited the service during the inspection. We observed that all visitors were made welcome by staff. We noted that staff communicated with relatives to update them regarding any changes in their family member's condition.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

We asked the manager about arrangements in place to help ensure people received the care and support they wanted at the end of their life. The manager told us that several staff had completed the Six Steps to

Success programme. This programme helps to ensure that people are supported to have a dignified and pain free death.

Good

Is the service responsive?

Our findings

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. The registered manager told us that when people were admitted directly from hospital to the rehabilitation units, the service received a copy of the Trusted Assessment Document completed by health professionals. The unit manager from one of the rehabilitation units told us they would always complete an additional telephone assessment with hospital staff to help ensure the service was able to meet a person's needs. They told us this system generally worked well. They told us they had also developed excellent working relationships with the hospital social work team which helped to ensure people received the care they required when they were admitted to the service. In cases where people were admitted from home or transferred from other services, an assessment was completed by senior staff from Springfield Care home.

The registered manager told us that, in order to be responsive to the recent pressures experienced by the local hospital, the service had relaxed the admission criteria by designating a number of beds as 'recovery' rather than rehabilitation beds. This had allowed people to be admitted to the home who might otherwise have remained in hospital unnecessarily. The registered manager told us this flexibility of approach had worked well and had been appreciated by the local Clinical Commissioning Group (CCG).

We saw that the initial assessments completed by staff were used to develop person-centred care plans and risk assessments. These included information about people's needs in relation to personal care, mobility, health conditions, communication, medication, skin care and eating and drinking. The records we looked at provided good information for staff about how to respond to people's individual needs.

People who used the service told us they always received the care and support they needed. Visitors we spoke with confirmed they considered their family member's care needs were always met by staff.

We asked the registered manager about the systems in place to ensure people who used the service or where appropriate their relatives were involved in reviewing the care provided in Springfield Care Home. We saw that a letter was included in the pack given to people on admission which included information about the 'resident of the day' system in place and invited people to use this day to discuss and amend care plans. We noted that the resident of the day was discussed in the Heads of Department meeting we observed to ensure care records had been updated and the person had been offered pampering treatments to make them feel special.

During the inspection we observed the multi-disciplinary meeting held to review the care people required on the residential rehabilitation unit. We noted that all professionals worked well together and had a focus on ensuring that people received the most appropriate care and support for their needs.

We looked at the opportunities available for people to participate in activities. We noted that activities on the rehabilitation units were provided mainly on an individual basis and were aimed at assessing and developing people's independent living skills to facilitate their return home. Comments made by people

who used the service about the activities included, "I like reading, watching TV. We all sit in a room together and sing. A nurse will go with you if you want to go outside. I like to sit quietly" and "If I'm not eating I will be in a chair somewhere. I like watching activities going on."

During the inspection we observed an exercise session which was led by the activity organiser on the people living with a dementia although people from other units also attended. We saw that the activity was clearly enjoyed by all people who attended the session.

Staff we spoke with on the unit for people living with a dementia provided positive feedback about the activity organiser and the input they offered to the unit both on an individual and group basis. We were told there were plans to recruit a second activity organiser for the service.

We looked at the systems in place to manage any complaints received in the service. We noted there had been a total of eight complaints received since the last inspection. Records we reviewed showed that all complaints were investigated and responded to by the registered manager. The provider also maintained a record of all complaints so that any themes could be identified and addressed.

All the people we spoke with during the inspection told us they would feel confident to raise any concerns or complaints they might have with either the unit manager or the registered manager. They said they were certain that they would be listened to and their concerns taken seriously. One person told us, "I tell the nurse if something's wrong". Two visitors told us that although their relatives had only recently been admitted they were aware of the complaints procedure and felt staff always listened to them and their family member.

The registered manager told us they had held a number of resident/relative meetings since they commenced employment at the service but that these had not usually been well attended. They told us that in order to be able to respond quickly to any concerns people who used the service or their relatives might have, they held weekly resident/relative surgeries.

We saw that numerous 'Thank you' cards were on display throughout the home, particularly on both rehabilitation units.

Good

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. They were supported in the day to day running of Springfield Care Home by a deputy manager.

The registered manager completed daily walk rounds on each of the units to ensure they were able to check on the quality of care people received. Staff told us both the registered manager and deputy manager were very visible in the service and provided good leadership to staff. Comments staff made to us included, "I see [name of registered manager] and [name of deputy manager] all the time. They are very approachable", "[Name of registered manager] walks round here on a daily basis. I wouldn't think twice about approaching her if I needed to" and "The manager and deputy always come round the unit first thing in the morning. They ask us if everything is ok."

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating.

We asked about the systems in place to monitor and review the quality of the service. The provider had an audit system in placed based on the five key questions asked by CQC during inspection. Information inputted about the service by the registered manager, staff and people who used the service added to the overall rating for each key question; this included information relating to complaints, accidents/incidents, safeguarding referrals and audits. We saw that the provider's audit tool rated four of the key questions at green with well-led being rated as amber. The registered manager explained this was probably because some negative comments had been inputted by staff who had been unhappy at disciplinary action taken against them by the provider.

The registered manager told us the service used a Quality of Life audit tool in May 2015, which was iPad based. We were told that there was a target of having seven surveys completed per week, including at least three from staff. The registered manager told us they allocated the iPad each day to different staff so that they could complete surveys with people who used the service and relatives. There was also a 'portal' available in the reception area which people who used the service, visitors and staff could use to record their comments anonymously. We saw that a total of 363 questionnaires had been completed by people who used the service since February 2016, with an overall satisfaction rating of 95.46% achieved.

In addition to regular audits completed by the registered manager, the area manager also completed monthly provider visits to check on the quality of the service. The registered manager showed us evidence that they had taken immediate action to address any issues identified during these visits.

We asked the registered manager about the key achievements in the service since the last inspection. They told us they had worked hard to improve communication across the service and had introduced a series of meetings and systems to support this. We observed the daily Heads of Department meeting introduced by the registered manager and saw this was used to check on clinical issues including weight loss and pressure areas, to provide advice and guidance for staff and to discuss any lessons learned from incidents which had occurred. The registered manager told us that due to a small number of incidents in which people had missed attending hospital appointments due to poor communication, unit managers were now required to attend the Monday meeting with details of any scheduled appointments people needed to keep; this helped to ensure sufficient numbers of staff were available to support people to attend if required. This demonstrated the registered manager used learning from incidents to drive forward improvements in the service.

Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to. Comments staff made to us included, "We have regular staff meetings and can put our views forward", "We are always asked if we have anything to say at staff meetings" and "We get together for staff meetings and can always speak freely."

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included complaints, safeguarding, whistleblowing, infection control, medicines management, health and safety, MCA and DoLS. One staff member told us, "Managers are good at rolling out new policies and procedures."