Anchor Trust

Springfield Nursing Home

Inspection report

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Website: www.anchor.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding ☆
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected on 2 March 2016. Springfield Nursing Home has a total of 98 beds and is part of Anchor Trust. It provides accommodation and personal care and caters mainly for older people. The home no longer provides nursing care with this element of the service phased out within 2015. Accommodation is spread over three floors with a specialist unit on the lower ground floor for people living with dementia. There are numerous communal areas such as lounges and dining rooms and an enclosed garden.

On the date of the inspection 61 people were living in the home.

A registered manager was in place. 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.
People and relatives generally spoke positively about the service and said people received good quality care. They said staff were kind and caring and treated them with a good level of dignity and respect. During the inspection we saw some good interactions between staff and people, with care delivered by staff who knew people well.

Medicines were managed safely and people received their medicines in a timely manner. However the process for managing covert medicines needed to be more robust.

There were sufficient staff available to ensure people received safe care. Robust recruitment procedures were in place to help ensure staff were of suitable character to care for vulnerable people.

People told us they felt safe using the service and staff had a good understanding of how to recognise and act on allegations of abuse. Safeguarding procedures were in place and we saw these had been followed to help keep people safe.

Risks to people's health and safety were appropriately assessed and managed with detailed plans of care put in place for staff to follow. Following incidents appropriate preventative measures were put in place to help protect people from harm.

The premises were safely managed. The home had been adapted to meet the needs of people living with dementia for example through the use of pictorial displays, and a secure garden which provided a sensory environment where people could also reminisce.

The service had a strong focus on promoting good hydration and nutrition. People had access to an excellent range of food which could be cooked to order. Personalised menus had been developed for people based on their individual preferences. The menu and food was presented to people using a range of creative methods to encourage people to maintain good nutrition.

Health professionals provided excellent feedback about the quality of the service and said the home was effective in meeting people's needs and achieving positive health outcomes. The service had set up a contract with local health professionals to receive in depth training and support.

Several mechanisms used by the service to improve and monitor people's health outcomes had been adopted by other organisations due to their success in Springfield Nursing Home.

The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)

Staff had received a range of training and support and were up-to-date with mandatory training topics for example safeguarding and manual handling. Specialist training and support had been provided to staff to develop their skills in areas such as nutrition and dementia care.

Mechanisms were in place to listen to and act on people's feedback. This happened on both a formal and informal basis by a range of staff groups.

A system was in place to record, investigate and manage complaints. People and relatives we spoke with generally said they were happy with the service.

Systems were in place to assess, monitor and improve the quality of the service. Management and head office staff undertook a range of audits which identified issues and ensured continuous improvement of the service. People's feedback was regularly sought to identify how satisfied they were with the service.

We identified some really good care practice on the lower ground floor and ground floor. However we identified the general atmosphere and attentiveness of staff was not as exceptional on the upper floor of the home. The registered manager told us they were currently looking at developing the care and support strategy on the upper floor.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Staff understood how to identify and report concerns and we saw the service had taken effective action to investigate concerns to keep people safe.

There were sufficient staff to ensure people received a safe level of care. Robust recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Outstanding

The service was very effective.

The home had used creative methods to promote and ensure good nutrition and hydration amongst people who used the service. People had access to an excellent choice of food throughout the day.

The service had strong links with external health professionals and used their advice to further improve the effectiveness of the service. Health professionals all provided excellent feedback about the quality of the service.

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

Is the service caring?

Good

he service was caring.

People spoke positively about the care and support they received. We observed care and saw staff treated people with dignity and respect.

The home had sought information on people's life histories to better understand how to deliver personalised care. The service had put in place effective methods to communicate with people.

People's views were listened to by the service.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and appropriate plans of care put in place. We saw evidence these plans of care were followed by staff.

A range of activities were available to people provided by the activities co-ordinator or external entertainers. Some people felt there wasn't enough to do on the top floor of the home.

A system was in place to record, investigate and respond to any complaints made about the service.

Is the service well-led?

Good

The service was well led.

Most people and relatives praised the quality of care provided at the home. Staff told us morale was good and they felt listened to and valued by the management team.

A range of audits and checks were undertaken to assess, monitor and improve the quality of the service. A service improvement plan was in place and the management team was committed to continuous improvement of the service.

Springfield Nursing 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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 March 2016 and was unannounced. The inspection team consisted of five 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, in this case experiences of services for older people.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 17 people who used the service and eight relatives. We spoke with five team leaders, five care workers, the registered manager, the care manager, catering staff and the activities co-ordinator.

We looked at eight people's care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting the local authority contracts and safeguarding teams.

We also spoke with five health and social care professionals who regularly worked with the service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned to us in a prompt manner and we took the information provided into account when we made judgements in this report.

Good

Is the service safe?

Our findings

People and relatives told us people felt safe living in Springfield. For example one person told us "Yes I feel safe, I'm not worried, I would tell them if there was anything." A relative told us, "I have no concerns at all it feels safe, and the security and staff are good." Another relative told us, "I have total faith in the staff here and the security is good."

We spoke with five members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All staff were able to tell us about different types of abuse and said they would report any concerns to the registered manager or care manager. This gave us assurance that safeguarding was dealt with appropriately by the service. We saw information about safeguarding vulnerable adults was displayed on the notice boards within the home. Safeguarding and whistleblowing policies were in place and staff were encouraged to raise concerns with management or through the whistleblowing hotline. Where safeguarding incidents had taken place, we found appropriate liaison took place with the local authority and thorough investigations were undertaken to help keep people safe and reduce the likelihood of a reoccurrence. Disciplinary processes were in place and we saw these had been followed to keep people safe.

We concluded there were sufficient staff deployed to ensure safe care. A health professional told us "Staff are approachable, helpful and very informative they are visible and seems to be enough to manage the ratio of patients." The manager told us the service was fully staffed in terms of care workers and as a result there were no care worker vacancies. People's dependency was used to inform safe staffing levels. Rotas' provided evidence that safe staffing levels were consistently maintained from day to day. Staff we spoke with said that there were enough staff to meet people's needs and that there was an appropriate skill mix within the staff team to help them work effectively. People who used the service and their relatives told us they thought there were generally enough staff on duty. They said that care and support was provided promptly when requested. One relative told us "There are always staff around when I visit." Another relative said, "There is always a member of staff in the lounge when I visit. I think sometimes they are a bit pushed at weekends." However we did note one person had to wait 20 minutes to be taken to the toilet on the upper floor. We fed this back to the registered manager who told us they would review this as part of a review of overall care provision on the upper floor of the home.

A new nurse call system had recently been installed. This had the effect of reducing the amount of call alerts heard around the building, making the living environment more pleasant. The registered manager was able to monitor response times to call buzzers as an additional mechanism to assess whether staff were deployed in the right areas at the right times.

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form and detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. The registered manager told us they had just begun an initiative to involve people who used the service in the recruitment of staff. As this

was in the early stages we were unable to review the affects people's input had on recruitment decisions.

The premises were safely managed. We completed a tour of the premises and inspected people's bedrooms, toilets, bathrooms and various communal living spaces. Many areas of the home had been recently refurbished to a high standard with new décor and furniture in place. Further areas were in the process of being refurbished. There were pleasant communal areas for people to spend time such as a choice of lounges and space to eat meals. All hot water taps were protected by thermostatic mixer valves to protect people from the risks associated with very hot water. Heating to the home was provided by covered radiators thus protecting vulnerable people from the risk of a burn from a hot surface. We saw fire-fighting equipment was available and emergency lighting was in place. We saw fire escapes were unobstructed. We saw upstairs windows had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows. We found all floor coverings were appropriate to the environment in which they were used; were well fitted and as such did not pose a trip hazard. We inspected records of the lift, gas safety, electrical installations, water quality, pest control and fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out.

Overall, we concluded medicines were managed safely. Medicines were administered by staff who had received training in medicines and their competency was assessed to ensure they had appropriate skills and knowledge to administer medicines safely. All people were assessed as to their capability to self-medicate. We saw one person had been found capable of administering some of their prescribed medicines; the process demonstrated the provider was attempting to maximise people's independence.

We looked at medication charts and reviewed records for the receipt, administration and disposal of medicines. We found these were generally well completed demonstrating people had received their medicines as prescribed. We conducted a sample audit of eight boxed medicines to check their quantity. Whilst we found two errors we established these amounted to care staff failing to count correctly rather than maladministration.

We were informed one person received their antipsychotic medicines covertly and here we found some variance with good practice. Whilst a mental capacity assessment had been conducted by a doctor and a best interest meeting had been conducted. We saw the decision to administer these medicines covertly had been reviewed within the last month by the community psychiatric nurse who had knowledge of the person. However we saw no evidence of advice from a pharmacist. Care staff told us how they disguised the medicine following crushing of the tablets yet this was not from advice from a pharmacist. The registered manager agreed to immediately seek the advice of the pharmacist.

We observed staff supporting people to take their medicines in line with their individual prescriptions. People were not hurried and staff demonstrated they knew people's individual preferences.

We saw all 'as necessary' (PRN) medicines were supported by written instructions which described situations, frequency and presentations where PRN medicines could be given.

We saw evidence people were referred to their doctor when issues in relation to their medication arose and any changes to medicines recorded in care plans and on MAR sheets were signed by the GP. Where medicine errors had occurred we saw evidence appropriate action was taken to plan and take action.

Allergies or know drug reactions were clearly recorded on each person's medicine records.
Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These

medicines are called controlled medicines. At the time of our inspection a number of people were receiving controlled medicines. We inspected the contents of the controlled medicine's cabinet and controlled medicines register and found all drugs accurately recorded and accounted for.

We noted the date of opening was recorded on all liquids, creams and eye drops that were being used and found the dates were within permitted timescales. Creams and ointments were prescribed and dispensed on an individual basis.

We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. Drug refrigerator and storage temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures.

Outstanding ☆

Is the service effective?

Our findings

We identified some outstanding practice with the service maintaining strong links with external health professionals, both to skill staff and enable their advice to be imbedded into care practices. Feedback from people, relatives and health professionals about the effectiveness of the care was very positive. People told us food was "cooked to order", one person told us, "The food is very good, the kitchen will get you anything you want." A health professional told us "I have also worked closely with management and have found them to be innovative and dedicated to developing the service and as a result the quality of care delivered. For example, supporting the nutritional and hydration needs of residents, thus reducing the risks associated with eating, drinking and swallowing difficulties and preventing harm."

The service contributed to best practice guidance which was shared and adopted by other organisations and the service ensured a strong emphasis on the importance of eating and drinking well. People, relatives and health professionals spoke very positively about these aspects of the service.

People spoke positively about the food and said there was plenty of choice. One person told us they liked their bacon crispy and the staff always made sure this was the case when they brought their sandwich in the mornings. Laminated menus with pictures of the range of food and drinks on offer were on display on the dining room tables to help people make choices. In the unit where people were living with dementia there were cartons of juice and cereals on the table to aid decision making. Staff greeted people by name as they came into the dining area and then allowed them plenty of time to make their choices.

We observed both the breakfast and lunchtime meals and saw people were given time to eat their meals in a relaxed atmosphere. Jugs of juice were freely available throughout the inspection and there was a picture of the correct fruit on each jug to highlight the flavour i.e. oranges for orange juice. This helped people with cognitive impairment to make independent choices about their preferred drinks. Tiered cake and sandwich stands were also used to aid presentation of food.

We observed that there were plenty of staff available at mealtimes and some sat with people to assist them with food, or to chat over the meal. Various creative methods had been utilised to increase people's nutritional input. 'Snack stations' were positioned throughout the home where people could help themselves to crisps, biscuits, fresh fruit or choose a tin of soup, or dessert for staff to prepare for them. This was an excellent way to promote nutrition and ensure people received extra calories. Sweet vending machines were also positioned around the home. Milk shakes and fruit platters were provided during the afternoon and Horlicks, cocoa and Ovaltine were offered in the evenings. High tea was served every Thursday which enabled people to participate in a special social occasion with cakes, sandwiches and drinks. A classically designed shop was present on the ground floor which sold people additional snacks should they require it.

Kitchen staff were happy to 'cook to order' and this happened a number of times during the inspection. For example at breakfast time we saw one person requested and was served a baked potato. They said, "People may think it's a strange meal to request at breakfast but I am really enjoying it." At lunchtime, one person

requested a chicken burger and skinny fries for their lunch which was made for them. They told us, "It was lovely. Straight from the frying pan – delicious!" The service had worked with individuals who had not been keen on the standard menu to develop personal menus. These people were provided with a personalised menu in a pictorial format with all their preferences listed. We looked at these and saw they displayed an extensive range of snacks and main courses which differed from the main menu. This helped support people to maintain good hydration and nutrition.

Where people were deemed to be at risk nutritionally food/fluid folders were in place. These included clear pictorial representation on the front sheet including people's likes and dislikes and any special requirements. Nutritional care plans and risk assessments were in place. We saw people were weighed at least monthly unless staff were concerned about their dietary intake in which case they were weighed weekly. We reviewed a number of care records and saw risk assessments in place for people with clear strategies for dealing with nutritional risks.
Staff received in-house training around food/hydration support which included a test. Staff were very aware of the dietary needs, likes and dislikes of the people and any specific requirements.

The chef was fully aware of the dietary needs of people and received weekly dietary information from the Care Manager. They used a variety of ways to supplement dishes, including milk powder, butter, potato pearls, full fat milk, cream and lentils in mince and ensured the cooks tasted the dishes before serving to ensure quality. When the chef prepared fruit platters for afternoon snacks, they sprinkled icing sugar over the top to enhance the smell and flavour of the fruit for people. This demonstrated a real desire to offer an enhanced food experience for people.

People, relatives and health professionals told us that staff were competent and knowledgeable. For example a relative told us, "New staff work with an experienced carer and quickly come up to a good standard." A health professional told us, "I have found staff to be very knowledgeable about the individuals that they support, striving to ensure that personal needs and preferences are both identified and met. I feel confident that staff have the skills and motivation to complete therapy plans and follow recommendations to provide effective care and positive outcomes."

The service worked in partnership with others to make sure they trained staff to follow best practice guidance. For example the home had recently become the first in the Bradford area to enter into a contract with a local health professional team to provide an enhanced package of training and support. This focused on weekly visits by the team to help support staff with nutrition, swallowing and communication with people living with dementia. We saw evidence this had assisted in the development of high quality care plans and enhanced staff understanding of these topics.

The service was also working in partnership with a local university to contribute to research around delirium and hydration. Staff had received training as part of the project and once complete, the home would be provided with additional recommendations to help ensure good hydration and manage and reduce the effects of delirium. In addition, the 'dolly initiative' had been introduced by the home to increase staff awareness of the need for good hydration. This consisted of people who required support with hydration having a discrete water droplet placed on their door to inform staff that they needed additional support with fluids. We found staff had an excellent appreciation for ensuring people were well hydrated, with fluid charts well completed and people offered a range of different drinks throughout the inspection period. Creative training material had been used to boost staff knowledge and raise awareness in a number of subjects. For example an eye catching poster on the signs and symptoms of Sepsis, had been produced and placed around the home. Due to its success, the registered manager told us it had been shared by commissioners for use in other homes. A commissioner of the service confirmed to us systems and material produced used

by the home had been used as best practice to train managers and staff in other homes.

Staff had a good understanding of the subjects and topics we asked them about. For example senior staff had sound understanding of safeguarding and Deprivation of Liberty Safeguard (DoLS) procedures which were demonstrated on several occasions as situations arose. The service took care to place care workers on set units of the home to enable them to develop strong relationships with people who used the service and build up a good level of skill and knowledge. This was particularly important for people living with dementia. Staff In the unit where people were living with dementia demonstrated an in-depth knowledge of the people they were caring for.

New staff without previous experience were required to complete the care certificate. This ensured that new staff received a standardised induction in line with national standards. Staff also were inducted to the organisation's policies and procedures and undertook a period of shadowing experienced staff before working on shift. Staff received regular training updates in subjects such as manual handling, safeguarding, nutrition and Mental Capacity Act 2005. The staff we spoke with told us the training they received was good and they could request specific training if it was required to meet peoples assessed needs. One health professional who delivered specialist training to the home told us staff were, "Motivated and engaged throughout with a clear interest in developing their skills in order to support residents."

Staff told us they had formal one to one supervision meetings with their line manager on a regular basis and were well supported by senior management .Records provided evidence that a number of quality issues were discussed at these for example completion of care records, safeguarding and Mental Capacity Act 2005. There had also been a recent focus on developing staff knowledge and competence in the application of topical creams. This was underpinned by a competency assessment in skin care and observations of practice. This helped ensure effective care.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

We saw 13 standard authorisations had been submitted to the supervisory body for current residents. Five authorisations were in place, some with attached conditions. We looked at the care plans for three people who had DoLS in place with conditions. We saw the conditions had been translated into effective care planning. For example one person's conditions required them to be given access to go outside with supervision. Care plans recorded the person had been out on a number of occasions both with staff and family. During our inspection we saw the person accessing the secure gardens.

Our discussions with the registered manager and the care manager demonstrated they had a thorough understanding of the MCA and how it had to be applied in a care home setting. Care plans showed the provider was ensuring inclusive consent procedures were being enacted in determining people's care needs.

Adaptions had been made to the premises to make it suitable for people living with dementia.

The unit where people were living with dementia had a number of French patio doors to a secure garden area which were kept unlocked and people were encouraged to access on their own. This allowed people access to a safe and varied environment. The garden was arranged to help people maintain their independence for example through a potting and allotment section as well as a 'village green' and sensory area. Some bedrooms had direct doors into the garden. Thought had gone into the adaption of rooms to meet people's individual needs. For example a married couple had the use of two rooms with one converted into a pleasant lounge so they could have access to private communal area. In the unit where people were living with dementia bedrooms had lights which automatically came on when the person got up from bed and LED lights around light switches to help orientate people. A Health professional told us, "One specific area that I would like to commend Springfield Care Home on is that provisions for residents with a diagnosis of dementia. Staff are responsive and compassionate to the needs of each individual. The setting itself is tailored to create a relaxed, welcoming and dementia friendly environment and is a pleasure to work in."

In the eight care plans we looked at we saw people had been seen by a range of health care professionals, including GPs, speech and language therapists, community matrons, district nurses, specialist nurses and podiatrists. The relatives we spoke with told us staff always informed them if there were any significant changes in people's needs and were quick to seek advice from other healthcare professionals if they had concerns. One relative said, "Mum is happy and healthy here." The service had developed a "return from hospital "form which robustly monitored people's health condition on admission and discharge from hospital. Due to the success of this document it had been adopted by West Yorkshire Ambulance service, and local commissioners.

We received excellent feedback from health professionals about the effectiveness of the service. For example one health professional told us, "Any queries that were raised by either myself or the general practitioners I worked with were addressed swiftly and appropriately within the home. Overall standards of care were high within all units of the home. I was pleasantly surprised at the level of professionalism and knowledge demonstrated by senior care staff within the home and their proactive approach to care delivery was a credible role model for more junior members of their team." Another health professional told us, "I have regular input at this setting. I have found the staff at all levels dedicated to ensuring a high quality of care is delivered."

Good

Is the service caring?

Our findings

People who used the service spoke positively about staff. For example one person told us "I am kept warm and dry, good in all things that matter, enough to eat and drink, they make sure I'm ok. I'm more than satisfied, I am happy." Another person said "I've always been looked after here, kind and helpful, never any problems". A third person told us, "Oh he's very capable is [name of carer]." Another person said, "I can't find fault I think they do very well." A relative told us, "[Name of care worker] goes the extra mile and is a real star." Another relative told us, "The staff are brilliant. They are friendly, accommodating and caring."

Health professionals spoke positively about the service. For example one told us "The service has a strong focus on person centred care which promotes independence, autonomy and quality of life. Staff always have time for the residents, family members and professionals such as myself, which supports the development of a good working relationship. This helps to promote dignity and respect."

We observed care and support and found generally care was delivered in a friendly and pleasant atmosphere. Care on each unit was delivered by a set team of staff. This allowed familiar staff to develop positive caring relationships with people. During the inspection we saw it was one person's birthday. Care staff spent time with the person chatting to them and helping them to make their day special. We observed staff had regard for people's privacy and dignity for example knocking on doors before entering. Staff attitude was monitored through supervision, service user satisfaction surveys and observational audits undertaken by the management team.

We saw some very detailed life histories in people's care files. Staff were able to tell us about people's past lives and experiences and how this information helped them understand the individual and offer appropriate support. This showed us staff valued the lives and experiences of people in their care. An "all about me" document was completed for each person. This was in an easy read format and provided staff with personalised information about people and their needs.

The service used effective methods to communicate with people. We saw a 'communication book' in one person's bedroom which contained pictures, symbols and phases to help staff understand how the person was feeling or what they wanted. We looked at this book with them and saw, for example, it had pictures of their family members with their names and their relationship. Information was displayed in pictorial formats for people. For example information on the role of health professionals had been provided to people. "Let me tell you what I like to do" and "How I am feeling" pictorial leaflets were in place for staff to use to better communicate with people. One person spoke a different language and a communication phrase leaflet was in place.

We saw that people looked well cared for, clean and well groomed. We saw people wearing matching clothing and wearing clean spectacles. This showed us staff had taken time to support them with their personal appearance.

We saw people being encouraged to maintain their independence. For example, people were encouraged to

'help themselves' to drinks and milk at breakfast time and people were given plate guards and special drinking cups so they could eat and drink independently.

We also saw wherever possible staff gave people choices and encouraged them to make decisions. For example, we heard staff ask "Would you like tea or coffee", "Would you like to eat something else?" and "Would you like some help?" Catering staff regularly listened to people comments about the menu and asked for feedback on a daily basis. People's views were sought through the residents meetings, regular audits, quality surveys and more informally by staff.

Visitors told us they were made to feel welcome. One person told us, "I visit most days and sometimes I bring the dog because people like to see him. We are always made to feel welcome." We saw this visitor was given a slice of cake their relative had helped to make the previous day. Another person said "I really enjoy coming to visit my relative; the staff are wonderful and always make feel welcome no matter what time I visit."

Plans were in place to ensure people had a dignified end of life experience. We found some people had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) order in place. These had been completed by relevant clinicians. There was evidence of involving family members in the decision. Staff we spoke with had an accurate knowledge of which people had DNACPR arrangements in place.

Good

Is the service responsive?

Our findings

People who used the service and relatives spoke positively about the care provided at Springfield. We spoke with one visitor who told us they had looked at 10 or 11 homes and Springfield had been their first choice. They told us as their relative had lived out of the area staff from another home operated by the same provider had visited them to complete an assessment. They said they had not been let down and were very happy with the care and support being provided. Another person told us they had moved their relative from another residential home to Springfield because it was recommended to them and because it had a good reputation in the local community.

Health professionals spoke positively about the standard of care provided. For example one told us "I think Springfield is one of the better larger homes we cover. They are all good at keeping information up to date and seek advice and support as required. "

We looked at care files and saw people had been assessed before they moved in to make sure staff could meet people's care needs. We found the care files we looked at were easy to navigate and followed a standardised format. The files contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking and continence. We saw additional assessments had been completed when other risks had been identified, for example, insulin dependent diabetics. The risk assessments had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk. For example, we saw one person could become distressed and the care plan gave clear advice to staff about the things they could do to reduce this person's anxiety.

We saw care plans were reviewed on a monthly basis to check if any change were needed to the way people's care and support was being delivered. Five visitors we spoke with told us they were involved in their relatives care plans monthly reviews. One told us. "I am here to do Mum's monthly review today and have been fully involved in her care plan." We saw the reviews gave a good overview of people's well-being for the previous month and identified any issues.

Throughout the time of our inspection we saw staff (ground and lower ground floor) responded appropriately to people's needs for support. We noted wherever people were involved in their care and staff always explained what they wanted to do and asked for people's consent before carrying out care or giving support. We found staff on the ground and lower ground floor to be more attentive and responsive to people's needs than on the upper floor of the home. We informed the registered manager about this who said they were looking at how to further improve the care and support on the upper floor of the home.

Arrangements were made with local clergy to host spiritual events in the home to ensure people's religious needs were met. These also forged links with the local community as members of the public were invited to the service.

People were provided with a range of activities. A relative told us, "They really try to stimulate people and encourage people to live and enjoy life in the moment. Yesterday there was a display for St David's day, with

the Welsh flag and daffodils. One of the people living here is Welsh and they had a game of bingo with the numbers called in Welsh. They mark out special days and there are good music and movement activities. In January when it snowed people enjoyed watching the children building a snowman outside. Staff also organise trips out recently people have been to the new shopping centre in Bradford and to the Industrial museum."
A very positive feature on the lower ground floor was people could open the door in the lounge/diner and go outside into the garden. Some of the people on this floor also had patio doors in their bedrooms so they could access the garden from their bedroom. We saw one person opening the door to see what the weather was like; it was snowing for part of our visit. We also saw a member of staff take someone out for a walk.

On the morning of the inspection we saw some people were making buns in the ground floor dining room/kitchen area. In the afternoon a local voluntary group showed a film of old Bradford which was enjoyed by many people who used the service and their visitors. An activities co-ordinator was employed and we saw they provided people with a range of activities. We observed this and saw it was well received. The activities co-ordinator told us if people did not want to join in group activities they were engaged on a one to one basis to ensure they did not become isolated. The service utilised volunteers to help provide additional social companionship and activities to people that used the service.

We saw the level of activity and engagement with staff varied across the three units. On the lower ground floor staff used every opportunity to engage with people and planned activities were interspersed with impromptu dancing and singing. We saw the same level of engagement on the ground floor unit. However, on the top floor we saw there was less interaction with staff and we saw a lack of stimulation provided to people at times. Some relatives we spoke with told us the home could do with more activities, this view was more prevalent from the upper floor of the home.

There was a complaints procedure in place. We observed that the home had received and acknowledged a number of complaints over the last few months and that these had been dealt with in a timely manner. We saw that a full record had been made of any complaint, action taken and outcome. For instance, a meeting had been arranged with a relative to discuss an issue raised and this appears to have been handled by management in a sensitive manner. People told us generally they were satisfied with the service and that management listened to them. For example one relative told us, "I had a minor complaint about a pair of trousers going missing I spoke to the laundry staff and they found them straight away." Another relative told us if they had any concerns they would tell one of the team leaders. We saw that there were a number of compliment letter/cards, including comments such as "I just wanted to thank you for the standard of concern, care and professionalism which you have demonstrated" and "You helped X to feel safe, loved and as comfortable as possible" and "I always knew X was in safe and caring hands" "All the carers have gone the extra mile, really getting to know something of the person X was."

Good

Is the service well-led?

Our findings

A registered manager was in place. They were supported by a team of senior staff which included team leaders and the care manager. Specialist advice and input was also available from other departments and individuals within the organisation. For example, a Care and Dementia Specialist was available and the provider had an internal safeguarding team who we saw had been involved in a recent investigation to ensure it remained independent from the home. In addition a team leader with experience in dementia care worked an additional 12 hours on the lower ground floor to help ensure a high quality of dementia care.

People and relatives generally told us that the service provided good quality care. For example one person said "They look after you. On the whole, it's very good." Most people and relatives we spoke with said they felt they could go to the management with any issues and they would be addressed.

Staff spoke positively about working at Springfield and said morale was good. One member of staff told us, "There have been lots of changes for the better. Registered manager is a good manager their door is always open and they are very approachable and supportive." Another staff member said, "I love it here. I have had amazing support from [registered manager] and [care manager]. I am learning all of the time and never feel silly if I ask them a question. We are here to make people's lives better and have a good staff team. There are some weak links but we work with them giving extra support to help them improve." A third member of staff said, "The management are very good I get a lot of support." A fourth staff member told us, "The manager walks around and speaks to people. She is very approachable, responsive to requests and you can go to her if you have any concerns and she listens."

Health professionals spoke positively about the way the service was managed. For example one told us "I was made most welcome by both managers on commencing work with the home and was made to feel a valued member of their team during my time there."

During the inspection we observed that the lower ground floor and ground floor had a more pleasant atmosphere with more responsive staff than the upper floor. We saw a lot of the high quality and creative ideas around the home were very focused on the lower ground floor rather than upper floor. We raised this was the registered manager who told us they were undertaking a piece of work to further improve the quality of the care experience on the upper floor of the home.

Systems were in place to assess, monitor and improve the quality of the service. For example care plan audits were regularly completed and there was evidence they were identifying issues which were assigned to senior care workers to address. Audits took place in a range of other areas to ensure the quality was robustly assessed such as infection control, catering and the environment.

Periodic internal audits of the medicines management system were undertaken. Whilst these were effective in identifying some issues, and robustly monitoring stock levels, we noted they did not audit whether covert medicines were being given in line with recognised guidance. An external medicines audit was conducted by a local pharmacy. This identified some issues which the registered manager told us they were working

toward, however the action plan was not completed to demonstrate the timescales for completion.

Night monitoring visits were undertaken by the registered manager to ensure staff were working appropriately during the evening and night time.

Audits were undertaken by staff from the head office. These included visits by the area manager , regional support manager and the care and dementia specialist. For example a mock CQC inspection had been conducted to assess the overall quality of the home. As well as examining paperwork they had also asked people for their views on the quality of care they received. These resulted in an action plan being produced for the registered manager which they worked through on an ongoing basis. This action plan formed the service improvement plan to help ensure continuous improvement of the service. The service improvement plan showed a number of further improvements were planned. For example the home was introducing a 'twilight' shift on the ground flor to help provide a higher quality of care in the evenings. The service was contributing to research/best practice as it was participating in a study around delirium and hydration within the home and looking to achieve external accreditation in End of Life Care and dementia care.

The registered manager was required to submit information to head office on a regular basis to provide assurance on events occurring within the service. For example the number of pressure sores, complaints and safeguarding notifications. This helped the provider monitor the performance of the service.

Incidents and accidents were recorded and investigated with clear preventative measures put in place. The number of falls people experienced was regularly audited to look for any trends or themes.

Staff performance was robustly monitored through supervisions and appraisals and observational audits. These demonstrated the organisation was committed to continuously improving the quality of its workforce.

People's views were regularly sought and used to make decision regarding the running of the home. For example, regular relative meetings were held. A 'You said, we did' board was on display which showed what issues people had raised and the action that had been taken to address these. We observed the chef and kitchen staff engaging with people about their enjoyment about the meals and recording this on a daily feedback record which the chef uses to inform choice for future menus. The chef told us they spot check in the dining room every week to check meals are served individually and people are given time to eat their food. We saw the engagement file that one of the kitchen staff has implemented to get further information and feedback from people. This included comments such as "X likes the fish pie". This showed people's views were sought and used to make positive changes to the service.

The home also sought the views of people through an annual satisfaction survey. We looked at the 2015 survey. We saw whilst the results in some areas were below the provider's regional average most people were satisfied with the service. A plan had been formulated to improve the results and address issues raised by people. For example snack trolleys had been introduced and there was a push on improving staff access to national qualifications in health and social care.