

# SheffCare Limited

# Springwood

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Springwood is registered to provide accommodation and personal care. The home can accommodate up to 38 older people, some of whom are living with dementia. It is situated in the S5 area of Sheffield, close to local amenities and bus routes. The home is purpose built over three floors, accessed by a passenger lift. All of the bedrooms are single. Each floor has communal lounges and dining areas. The home has an enclosed garden and a car park.

There was a manager at the service who was registered 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 and associated Regulations about how the service is run.

Our last inspection at Springwood took place on 1 July 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 11 February 2016 and was unannounced. This meant the people who lived at Springwood and the staff who worked there did not know we were coming. On the day of our inspection there were 35 people living at Springwood.

The registered manager was not present during our inspection visit and the deputy manager was in charge of the home.

People spoken with were positive about their experience of living at Springwood. They told us they felt safe and staff were "Smashing" and "Lovely". They told us they could talk to staff and if they had any worries or concerns they would be listened to.

Relatives spoken with had no concerns regarding their relative's care. They told us they knew staff well and they were always kept them up to date with any news.

Healthcare professionals spoken with also made positive comments. Comments included, "The staff are very caring" and "This is a really good home."

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards

(DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so their health was promoted and choices could be respected.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via questionnaires, the results of these had been audited to identify any areas for improvement.

## 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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

### Is the service effective?

Good ●

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

A range of activities were provided for people which were

meaningful and promoted independence.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff told us they felt they had a good team. Staff said the registered manager and senior staff were approachable and communication was good within the home. Some staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

# Springwood

## **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 checked whether the registered 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 February 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by 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. The PIR was returned as requested.

We contacted Sheffield local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted nine health professionals who had contact with the service including District Nurses, a GP and CPN's (Community Psychiatric Nurses). All of the comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with 11 people living at the home and three of their relatives or friends to obtain their views of the support provided. We spoke with eight members of staff, which included the deputy manager, the administrator, care workers, an activity worker and ancillary staff such as catering and domestic staff. We also spoke with a health professional who was visiting the home during our inspection.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

All of the people living at Springwood that we spoke with said they felt safe. Comments included, "I think we are all safe here. I'm better off here than living on my own," "They [staff] go out of their way to help. I'm never frightened to ask for anything" and "They [staff] have got our best interests at heart. They treat us like family and I feel very safe."

People told us that if they did have a worry or any concern they would tell a member of staff and they were confident they would deal with the concern appropriately and involve the right people.

Relatives spoken with said they had no worries or concerns about the safety of their relative living at Springwood.

All of the staff asked said that they would be happy for a relative or friend to live at the home and felt they would be safe.

People told us they thought there were enough staff to deal with their care needs.

People told us they received their medicine on time and staff supported them to take their medicines. One person said, "It's a big help now they [staff] give me my tablets. I know I would forget. I get them when I should and I am very grateful." Another person told us, "They [staff] wear a red pinny (tabard) when they give out tablets. Its' safer because everyone can see and they don't get bothered by anyone."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse, or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the manager or senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed that procedures to keep people safe were followed.

We saw that a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

Employment records were held at the services head office, but these were available to view on the services computer system. We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw the company had a staff recruitment policy so that

important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date.

The service had a policy and procedure on safeguarding people's finances. We spoke with the administrator who managed the records for people's money. The administrator explained that each person had an individual record and could access funds from a petty cash float. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. The administrator informed us that the registered manager checked all receipts against records and countersigned these each month as part of auditing the financial systems. We saw that the manager had signed the receipts to evidence they had checked them. This showed that procedures were followed to help protect people from financial abuse.

At the time of this visit 35 people were living at Springwood. We found that six care staff, the deputy manager, a team leader, an activities worker and ancillary staff that included domestics and a cook were on duty. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the deputy manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the four weeks prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met. The deputy manager explained that two staff were always provided on each of the three corridors and a team leader was available in addition to the care staff to provide any additional support where needed.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and were following the correct procedure for administering and managing medicines. We found that a pharmacist had inspected the medicines systems in February 2015 and recommendations made had been acted upon. The pharmacist had recommended that each person had information relating to any allergies placed with their photograph and MAR. We found that this had been completed and clear information was provided.

We found identified staff were designated to administer medicine. We observed staff administering part of the lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard staff asking people if they needed their pain relief and respecting their responses.

We found that night staff were trained to administer pain relief medicines so that people's needs were responded to in a timely manner.



We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. We found Springwood was clean. One domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed that procedures were followed to control infection.

## Is the service effective?

### Our findings

People living at Springwood said their health was looked after and they were provided with the support they needed. Comments included, "I couldn't do without it. It's lovely here," "We see everybody, chiropodist and opticians as well as the doctor. It's marvellous" and "The doctor comes every Wednesday and in between if he's needed. Staff will get the doctor straight away if they need to. We've no worries at all about that."

We found that questionnaires had been sent to people living at Springwood, to obtain their views of the support provided. 16 people had completed the questionnaire. When asked 'Are you satisfied with the care that you receive/', all 16 respondents stated they were 'satisfied'.

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their loved one. Comments included, "[Name of person living at [Springwood] went into hospital a few months ago. We couldn't wait for them to get back here [Springwood] so that they were properly looked after. When they came out of hospital they couldn't walk. Now with the help from the staff they can walk with a frame. We are really pleased and that is down to the dedication of the staff. We can't praise them enough," "I can't say better than 100 percent for this home" and "The staff always let me know if [name of person living at Springwood] is ill or has had to see the doctor. It's good because I don't worry."

We found questionnaires had been sent to relatives in May 2015, to obtain their views of the support provided. We saw that 13 relatives had responded. The questionnaires asked how satisfied relatives were with the service provided. Eight respondents stated 'excellent' and five respondents stated 'very good.' All 13 respondents said they would recommend the home to others.

We spoke with a visiting healthcare professional during our inspection. They told us they had no concerns about Springwood and commented, "People are really well looked after. It's a good home."

Prior to our inspection we received comments from a variety of healthcare professionals who were equally positive about Springwood. They told us, "Springwood in a word is excellent. Staff are very aware of the mental capacity act, and the need to take advice for decision making. Staff are very health conscious, walking is prioritised for all residents, even when a chair would be quicker and the GP is waiting. Staff are very good at spotting when environmental factors (e.g. resident mix on a corridor) is causing behaviour problems, and will vary room allocation to resolve issues. Staff are very aware of skin care for the less mobile residents, and quick to involve community nurses where needed. There is always a team leader available when GP visits. I have yet to meet a relative who is not happy with the care offered," "I have had lots of input with patients over the last four years at Springwood and have always found the staff I have dealt with to be very caring and empathetic with people. The staff team particularly the manager; deputy manager and team leaders who I have mainly dealt with appear to be very responsive to any changes in people's mental health which may require a referral to our services for further assessment/treatment. The staff team seem motivated to ensure care is delivered to a good standard" and "The staff are always keen to ensure people's needs in terms of any mental health problems are addressed and appear to communicate these well with people's families. Communication in general appears to work well amongst the staff team which I often find

a big problem in lots of other homes."

We found that questionnaires had been sent to stakeholders in May 2015 and six completed questionnaires had been returned. We saw all responses were positive. In the questionnaires, when asked 'If you provide advice or instruction to the staff is it followed?' and 'In your opinion is the care provided to the service user satisfactory?' all six respondents said 'Yes'.

People told us the food was good and they enjoyed the meals. Comments on the food included, "There is always plenty and they do nice homemade cakes" and "There is always a choice and you can ask for different. They know what I like to eat."

In their questionnaires, when people living at Springwood were asked 'Are you satisfied with the variety, quality and service if your meals?' all 16 respondents said they were satisfied.

In their questionnaires, relatives were asked 'How would you rate the meals at Springwood?' Five respondents said 'excellent', seven said 'very good' and one said 'good'.

We saw some people in one dining area at lunch time. The room was clean and bright. There were clean table cloths on the tables and we saw meals were nicely presented; the food looked appetising. People said they were enjoying their food. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. People were allowed to eat at their own pace and we saw people had different meals according to personal choice. No one was left waiting for help and the staff were cheerful and encouraging. People were sat in various dining areas of the home to eat their meals according to personal choice. This showed a flexible approach to providing nutrition.

People told us there were plenty of warm and cold drinks served during the day. We observed drinks being regularly taken into the various lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. The cook told us they had recently spoken to each person living at Springwood on an individual basis to obtain their likes and dislikes to help in reviewing the menus at the home. We looked at the menu for four weeks and this showed that a varied diet was provided and choices were available at all mealtimes. This demonstrated that staff had a good knowledge of the people in their care and people's opinion had been sought.

Staff told us the training was 'good' and they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene, equality and diversity and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job. The deputy manager told us that a recent training event had taken place for all night staff which covered the topics of security, health and safety, hospital attendance, action to be taken in the event of a fire, report writing, handover and communication. This ensured night workers were provided with important information to uphold people's health and safety.

In the stakeholder questionnaire, when asked 'Do you believe that staff have been sufficiently trained to meet the needs of service users?' All six respondents said 'yes.' One professional commented in their survey, "Yes as far as I am aware my client and family are happy with the Springwood Team."

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The deputy manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The deputy manager informed us that where needed DoLS had been referred to the Local authority in line with guidance.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw care plans had been signed by the person or their representative to evidence their agreement.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where identified as needed. Food charts were completed for people identified as needing this support to maintain their health. Those seen had been fully completed so that accurate information was available.

# Is the service caring?

## Our findings

People told us they were happy living at Springwood. Comments included, "They [staff] are lovely, really caring. Nothing is too much trouble for them" and "It is smashing here. I've no worries. I'm well fed, warm and looked after."

In the questionnaires to people living at Springwood, when asked 'Do the staff treat you in a dignified and respectful manner? And 'Do you feel staff treat you as you wish to be treated?' all 16 respondents said they were 'satisfied.'

Relatives told us the care staff were kind and caring. Their comments included, "We are really happy. The staff care for [name of person living at Springwood] as if she was their mum. They are all genuine people and we've no worries at all" and "What I like most is that they [staff] always keep in touch. I've got to know them all; they always make me feel welcome. They are great."

In the questionnaires to relatives, when asked 'How welcoming, polite and helpful are the staff when you visit or call?' nine respondents said 'excellent' and four said 'very good.'

In the questionnaires to stakeholders, when asked 'Do you consider staff's approach to service users to be dignified, caring and respectful?' all six respondents said 'satisfied.' One healthcare professional commented in their questionnaire, "Yes, very helpful and caring."

Healthcare professionals contacted prior to our inspection commented, "The home is caring. Staff appear to have a genuine concern for each of the residents, and know them well" and "I always find Springwood's care staff very welcoming. It's an old school type environment very caring and supportive."

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. It was clear that staff had built positive relationships with people and they demonstrated care and compassion in the way they communicated with and supported people. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We saw a care worker encouraging a person to walk at their pace in a patient manner. We saw care workers knock on bedroom doors before entering. We saw care workers listened patiently to people and gave them the time to say what they wanted. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

All of the staff spoken with said they would be happy for their loved one to live at Springwood.

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so that health professionals could see them in private. We heard staff speaking to people and explaining their actions so that people felt included and considered. People told us

they chose when to get up and go to bed, what to wear and what they ate and this was respected by staff.

We did not see or hear staff discussing any personal information openly or compromising privacy.

We found the home had a dignity champion and an end of life champion whose roles were to share good practice with staff. Staff told us that the topics of privacy and dignity were discussed at training events and they found these informative and helpful.

We saw a leaflet 'when a loved one dies' in the information point in reception which provided practical advice and words of comfort should relatives choose to use this. Staff spoken with were very clear that end of life care was individual to the person.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

People who used the service could not recall being involved in their care planning, but none of the people we spoke with wanted to be more involved. Relatives told us they felt fully involved in the care planning when their loved one had first gone to live at the home and were fully informed and updated by staff.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on advocacy services was on display at the information point in the reception area. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

The deputy manager said that visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service. Relatives spoken with said that they visited regularly and at different times of the day. We saw the home was busy with visitors throughout the day and all were greeted warmly by staff that knew them.

## Is the service responsive?

### Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, "Sometimes I like to get up a bit later and it's never a problem. I can get my breakfast still and don't have to worry," "I like joining in some activities but they [staff] don't push you" and "It is my choice what to do. Staff always ask to make sure you are okay, but decide. "My hobbies are watching TV and going to the local pub for a pint," "I can get up and go to bed when I like" and "I enjoy having my hair done and a manicure."

In the questionnaires to people living at Springwood, when asked 'Are you satisfied with the amount and variety of activities?' all 16 respondents answered 'satisfied.'

Relatives told us they found the home very responsive. Comments included, "You can go to any staff, it doesn't matter who is around. They will all listen to you and do what they can" and "The staff take time to ask. Nothing is too much trouble."

We found an activity worker was employed for 35 hours each week. We found a variety of leisure opportunities were provided for people to enjoy as they chose. The home had access to a minibus to facilitate trips out of the home so that people were provided with more leisure opportunities. We saw a calendar of activities on display and people told us the activities provided included quizzes and games, trips out, visiting entertainers, and crafts. We observed people speaking with the activities worker during the morning of our inspection. The activities worker had a good rapport with people who enjoyed their company. Some people told us they were looking forward to a sing song that was planned for the afternoon.

Staff told us a church service was held each month for people to celebrate their faith.

Staff told us that one person living at the home was nearing a significant birthday. They had spoken to the person about their preferences to celebrate their day. The person had said they did not want a big party at the home and staff knew that the person would not enjoy this as they liked their privacy. In response to this, staff had organised a visit to the pub that the person used to visit a lot for a small group of friends. This showed a responsive approach from staff that considered individuals interests.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink and if they would like to join in activities.

Peoples care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. Whilst all of the plans seen contained a range of information, one plan seen

had not been fully completed in the new format seen which was easy to read and well set out. The deputy manager told us that the staff responsible was in the process of completing this.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw that one person needed a specific piece of equipment to support them. We checked the person's care plan and found clear details and explanation for this. We found another person had a specific health need. We checked their care plan and also found clear details of this and the actions required of staff at the home and the intervention from other healthcare professionals to support the person. These examples showed that care planning was person centred care plans contained relevant and accurate information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and 'Tell us how it really is' leaflets on display in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Springwood. This showed that people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was maintained and we saw records of appropriate action being taken in response to a complaint and the outcome of the complaint. The deputy manager informed us there were no current complaints about the home. People living at the home and their relatives spoken with all said that they could speak to staff if they had any worries. This showed that people felt they would be listened to and any concerns taken seriously. In the questionnaires to people living at Springwood, all 16 respondents said they were 'satisfied' and had not had to complain about the service they received within the last 12 months.



# Is the service well-led?

## Our findings

The manager was registered with CQC.

People living at Springwood provided consistently positive feedback about the staff and management and said they would recommend the home. Comments included, "It is very good here. I know all the staff and they know us. If we did have any problems they would be sorted out straight away. The manager and top ones [senior staff] would see to that" and "{Name of manager} and [name of deputy manager] are always around. We can go to them with anything, just for a chat."

We saw that people living at Springwood knew the deputy manager by name and all appeared to have a good rapport with them. When asked, people knew the manager by name and said they were approachable and "Lovely."

Relatives told us that staff were approachable, friendly and supportive.

A healthcare professional spoken with told us, "The home is well organised."

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was approachable and supportive. Comments included, "I can go to seniors or the manager and they would listen," "I enjoy it here. It is a nice clean home" and "[The manager] and my colleagues are very supportive."

During our inspection we saw good interactions between the staff on duty, visitors and people who lived in the home. We observed the deputy manager around the home and it was clear that they knew the people living at the home very well. We saw that people living at the home and staff freely approached the deputy manager to speak with them.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw the area care manager had undertaken monthly visits to check procedures within the home. In addition to routine audits, each quality assurance visit had a different focus. We saw that future monthly visits had a planned focus on health and safety and safeguarding.

We saw that checks and audits had been made by the registered manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits. Some health and safety checks were undertaken as part of the managers daily walk arounds and the area care manager's monthly visits. However, we found that 'monthly health and safety checks' had not been undertaken on the prescribed monthly basis for two of the three corridors in the home. We found that in the last 12 months, 13 'monthly health and safety checks' had been undertaken on one corridor, and seven and five respectively for the other two corridors. We discussed this with the deputy manager who gave assurances that these would take place at the frequency identified by the provider.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns. We saw records of a 'daily walk around' that the registered manager completed to check and audit the environment to make sure it was safe.

We found that questionnaires had been sent to people living at the home, their relatives and professional visitors. Information from the returned questionnaires has been reported on throughout this report. We saw the results of the questionnaires had been audited. The deputy manager told us that if any concerns were reported from people's surveys these would be dealt with on an individual basis. Where people had identified any improvements needed, an action plan would be developed to act on this. We found that all of the returned questionnaires were positive. One person had said they would like more trips out in the minibus and the deputy manager confirmed that these would take place in warmer months.

Staff spoken with said staff meetings took place so that important information could be shared. Senior meetings and 'corridor' meetings took place so all staff could be involved in these. Records showed corridor meetings had taken place between three and ten times in the previous 12 months for different corridors. We found that ten senior meetings had been held in the previous six months. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

We found that regular 'residents meetings were held to share information and obtain people's views. Records seen showed that ten, eight and four 'residents meetings' had been held on the three corridors respectively in the last 12 months. In addition, the provider holds a 'residents forum' for representatives from all care homes within the provider group to meet and share ideas and information. We saw that two representatives from Springwood had attended the most recent forum and the next forum was planned for March 2016. This example showed an open culture within the home.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

We saw that all policies and procedures were available in the large function room so that they were accessible. In addition, we saw a range of guidance materials were available to support staff's understanding and knowledge. These included guidance on specific health issues, end of life care and mental capacity. The policies and procedures were up to date. This meant any changes in current practices were reflected in the home's policies. The deputy manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The deputy manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.