

Scio Healthcare Limited

Springfield Nursing Home

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

About the service:

Springfield Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Springfield is registered to provide care for up to 46 people, including people who are under a temporary rehabilitation arrangement. At the time of the inspection, there were 36 people living at the service, some of whom had a diagnosis of dementia.

People's experience of using this service:

People were happy living at Springfield Nursing Home and received a good standard of care.

There were enough staff to meet people's needs and they had been recruited safely. Staff received appropriate training and support to enable them to carry out their role effectively.

Individual and environmental risks to people had been assessed and were monitored regularly to keep people safe. The service was clean, well maintained and procedures were in place to protect people from the risk of infection.

Medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored and administered appropriately.

Staff treated people with kindness and compassion. Staff had developed positive relationships with people and knew what was important to them.

People had access to health and social care professionals where required and staff worked together co-operatively and efficiently. The service worked in partnership with other organisations to share awareness of the client group and to ensure effective, joined up care.

People had clear, detailed and person-centred care plans, which guided staff on the most appropriate way to support them. People were involved in deciding how they wished to be supported and in reviewing their care plans when needed.

Staff encouraged and supported people to take part in a wide range of activities which promoted their self-esteem and wellbeing. Staff were creative in ensuring that people were engaged and stimulated.

The registered manager sought feedback about the service from people, their relatives and staff, and this information was used to improve the service.

The registered manager and provider carried out regular checks on the quality and safety of the service.

The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection:

The service was rated as Requires Improvement at the last full comprehensive inspection, the report for which was published on 03 May 2018.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

Follow up:

There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Springfield Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was conducted by one inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Springfield Nursing Home is a care home registered to accommodate up to 46 people who require nursing or personal care. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We did not give notice of our inspection.

What we did:

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:

- Thirteen people using the service
- Four relatives of people using the service
- The registered manager and the assistant manager

- Members of the provider team; including the chief executive officer, the regional manager, the quality support manager and the brand coordinator
- Four members of care staff, four nurses, two housekeepers, the activities coordinator and a maintenance staff member
- Four health and social care professionals
- Eight people's care records
- Staff training and recruitment files
- Records of accidents, incidents and complaints
- Audits and quality assurance reports

Following the inspection, we gathered further information from:

- One external health care professional

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe living at Springfield Nursing Home. One person said, "Oh yes, it's very safe" and a relative said, "It is most definitely safe. When we go home, we don't worry, [our relative] is in safe hands."
- There were appropriate policies and procedures in place to protect people from abuse. Staff had received training in safeguarding and knew how to recognise and report abuse to protect people. One staff member said, "I would escalate a concern immediately to the nurse in charge and I would take it higher to CQC if I needed to." Staff told us they had confidence in the management team to act on and resolve any safeguarding concerns they raised.
- There were robust processes in place for investigating any safeguarding incidents. We saw records which confirmed that where abuse was suspected, action had been taken immediately and thoroughly investigated. There were systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.

Assessing risk, safety monitoring and management: add more about individual risk assessments:

- Risk assessments were recorded clearly in people's care plans and identified how staff should support people and what equipment, if any, was needed. For example, where people had been identified as at risk of malnutrition, a risk assessment was in place which detailed the actions staff should take to encourage the person's food and drink intake, monitor their weight appropriately and contact health professionals as required.
- Other potential risks to people had also been considered and recorded within people's care plans, including: mobilising around the home, pressure injuries and falls. Risk assessments were reviewed monthly and updated when required.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, staff described to us how they followed people's care plans and received updates about any important changes via a confidential electronic care system, which they accessed by a secure mobile phone.
- The environment and equipment were safe and well maintained. A maintenance staff member was in post to ensure any repair works were followed up promptly.
- Risks from the environment had been assessed and each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building in the event of an emergency.
- Staff had a handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to people's health, personal care received and any professional visits. This meant that staff were fully up to date with essential information.
- Emergency equipment, fire extinguishers and electrical items were regularly inspected and tested. Staff received regular fire training and regular fire drills were carried out. This meant they knew what actions to

take to protect people in the event of a fire. Monthly health and safety checks were undertaken in all areas of the home, with actions taken to address any issues identified.

- Business continuity plans were in place to ensure that consideration was given to how people would receive essential support in an emergency situation.

Staffing and recruitment:

- There were enough staff available to meeting people's needs and keep them safe. A relative commented, "There seem to be enough staff and [my relative] doesn't have to wait."
- We observed that people were given the time they required and were not rushed by staff. When people rang their call bell for assistance, this was answered promptly by staff. One person said, "I ring the bell and within a minute or two, they're here."
- The registered manager reviewed staffing levels on a regular basis, according to people's needs and staff experience and skills. Short term staff absences were covered by existing staff members, staff from two other sister homes run by the provider and a regular team of bank staff. This meant that people continued to be supported by staff they knew.
- Robust recruitment procedures were followed to ensure that new staff employed were suitable to support people living at the service.

Using medicines safely:

- People told us that they received their medicines as prescribed. One person said, "Medication is always exactly right and on time."
- Staff received training in medicines and had their competency checked to ensure their practice was safe. One staff member, who was new to the service, told us, "I did a supervised round and online training to make sure I was ok to work alone."
- During the inspection, we observed staff supporting people with their medicines in a safe and unhurried manner. They wore a red tabard to highlight they should not be disturbed during the medication round and explained what people's medication was and what it was for before supporting them.
- Procedures were in place to ensure medicines were ordered, stored, administered and disposed of safely. The assistant manager had taken on the role of medicines champion for the service and was committed to ensuring best practice guidance was followed and medication administration records (MAR) were accurate.
- Where people had been prescribed 'as required' medicines, a clear protocol had been developed which outlined key information, such as dosage and the desired effect of the medicine, to ensure this was administered appropriately.
- Where people were living at the service on a temporary basis, staff worked with them to ensure they were safe to manage their medicines once they had returned home; a person told us, "My medication is always right, they are supervising me to make sure I get it right."

Preventing and controlling infection:

- People were protected from the risk of infection. Staff had received training in infection control and had adequate stocks of personal protective equipment available, such as gloves and aprons. People confirmed staff wore these as appropriate.
- The home was clean, odour free and well maintained. There service employed a team of housekeeping staff, who worked with care staff to ensure the environment was hygienic and the risk of infection was minimised. For example, one housekeeper described the additional action they took when people had urinary tract infections (UTIs) or were receiving barrier care.
- The registered manager was aware of the appropriate action to take in the event of an outbreak and told us about a flu outbreak that had occurred in the months prior to the inspection. A health care professional commented positively on the way this was managed; they said, "Springfield dealt very well with this, they put in all the necessary precautions. I didn't come into the home, but they kept me up to date and I knew

exactly what was happening, they were great." They further commented on the high standard of cleanliness within the home, stating "[The staff] are very attentive to hygiene, they go over the top to make sure it's done properly."

- Since the previous inspection, significant improvements had been made within the kitchen and food storage areas. New equipment was in place and a comprehensive schedule of cleaning checks were completed regularly. The service had achieved a 5 stars hygiene rating (the highest available) during a food hygiene inspection three months prior to the inspection.

Learning lessons when things go wrong:

- Where accidents and incidents had occurred, these were recorded and analysed to ensure learning took place and prevent a reoccurrence. For example, where people had fallen, immediate action had been taken to establish the cause of the fall, reassess the person's mobility needs and contact medical professionals if required.
- A clear system was in place to monitor accidents and incidents in order to identify patterns and trends. The registered manager produced a monthly summary of all incidents and accidents that took place within the service. This meant that any patterns or trends could be easily and quickly identified to ensure people's safety.
- Staff were informed of any accidents and incidents and these were discussed and analysed with staff where required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- People spoke positively about the skills, knowledge and understanding of staff. One person said, "[The staff are] very competent, first class" and another person said, "They know how to help me and do it willingly."
- New staff completed a comprehensive induction programme when they started working at Springfield. Senior care staff had worked with the registered manager to develop a 'taster day' for potential staff before they started their induction; this included shadowing another staff member, understanding a typical day as a member of care staff and learning about the vision and values of the service.
- People were involved in recruiting new staff, and influencing which staff were appointed. For example, they were given the opportunity to meet potential new staff and give their feedback to management. One person had taken part in a recruitment interview panel, which had helped to decide if staff were suitable for employment with the service.
- Staff completed regular training in key subjects such as moving and handling, fire safety, infection control and safeguarding. Staff were encouraged to complete qualifications in care and additional training relevant to people's needs, such as dementia, mental health awareness and end of life.
- Staff spoke enthusiastically about the training they received. One member of staff said, "The training is great here. If there is any training we are interested, we can tell [the registered manager] and she gets something organised." A health professional commented, "[The staff] were straight on it. If you send through training, they retain it. They're very professional."
- The provider and management team were committed to promoting continuing development of staff skills in order to deliver a good standard of care and enhance staff wellbeing. For example, the registered manager told us about the support provided to a new member of nursing staff. This was delivered through a training programme developed by the registered manager and the assistant manager, who were qualified mentors. We spoke with the staff member, who said, "It was a great way to learn. [The managers] explained things to me and I was observed doing medication and other tasks. It was very useful because I knew exactly what I had to improve on."
- Staff felt supported to carry out their roles effectively. One staff member told us, "[The managers] are all very supportive and very approachable. They always take the time to listen to you." Another staff member, who had also attended university alongside their employment at Springfield, said, "I feel very supported. I wouldn't be where I am without them. They have given me so much support to achieve what I want to do." Individual supervision meetings and staff appraisals helped staff to identify further training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to maintain a balanced diet. Throughout the inspection, we saw that people were offered drinks and snacks regularly. One person said, "There is always a cup of tea or coffee available

anytime."

- The service had introduced a new 'dining experience' which aimed to focus on personalisation and promoting a culture of eating and drinking well. The new dining experience included updated menu options following people's feedback and using pictures to show people which meals were available. In addition, catering staff had attended training in the presentation of pureed and soft foods, to ensure everyone's experience of mealtimes was considered.
- Meals were of good quality and there was a variety of different options available each day. People's comments of the food included, "The food is very good", "I can have what I like and it's never any trouble" and, "The food is smashing."
- Staff were aware of people's individual preferences and patterns of eating and drinking. A board was used in the kitchen which clearly highlighted key nutritional information, such as people's likes, dislikes and allergies. Furthermore, catering staff had implemented a 'menu card' for each person, which provided further detail about their special dietary requirements and whether they needed specific equipment to help them eat.
- Where people had a diagnosis of diabetes, specific foods were available to ensure their dietary needs were met, including offering diabetic cakes. A person said, "There is delicious food, especially the diabetic cakes."
- There was positive feedback from dietetic professionals, who told us that staff asked for advice promptly and appropriately. One healthcare professional described how staff had successfully supported a person to work towards eating a soft diet, after they had previously been fed through special tubing into their stomach; they told us, "I was really impressed. They [staff] were absolutely on board with everything, they kept a log of it all. They were amazing."
- People's weights were monitored monthly. Where people were identified as losing weight, appropriate and prompt action was taken, such as notifying the GP and offering homemade snacks and milkshakes.

Staff working with other agencies to provide consistent, effective, timely care:

- We received positive feedback from health care professionals about the effectiveness of staff at Springfield. Comments included, "The staff here are stable. They take advice on board and they are easy to work with. It's a very good experience" and, "We work closely, we have good relations with the nurses and carers."
- Staff had developed good working relationships with external professionals and knew when to contact them for advice. One health care professional said, "The staff are fantastic when working with me. They often come to me for advice and feedback to me when required." Another professional commented, "They are a really good team, they do a great job. They are the best of many places."
- Staff worked with professionals to ensure care was provided in a consistent and timely manner. For example, one healthcare professional described how staff had created a clear system of documenting changes to people's needs, which required the visiting healthcare professional to review. This meant that the provision of people's care was delivered in an effective, multi-agency approach.

Supporting people to live healthier lives, access healthcare services and support:

- Staff had various lead roles, to champion best practice within the service and to make sure people experienced good healthcare outcomes. Lead roles included areas of care such as safeguarding, diabetes, falls and dementia. Staff with lead roles completed additional training which they shared with staff across the service. For example, following a diabetes training workshop, a new diabetes protocol was developed and shared with nursing staff, in line with best practice evidence.
- People had regular health checks such as sight and hearing tests, dentist and chiropody appointments. Staff worked with local health and social care professionals such as local GP's, community nurses, speech and language therapists and specialist nurses.
- Where people had specific health needs, staff took action to improve their care and support by implementing best practice. For example, a healthcare professional described how staff had provided support to a person when they moved to the service from hospital with an illness. They commented. "The

staff were really good. The [person] improved dramatically. Without the support from the nurses, this wouldn't have happened."

- People were encouraged to make choices about their health and how it should be monitored and managed. A relative told us, "[Our relative] won't go to the hospital ever again. She's made it clear and her choice is respected."

Ensuring consent to care and treatment in line with law and guidance:

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were knowledgeable about how to protect people's human rights in line with the MCA and received regular training on this topic.
- During the inspection, we observed staff seeking people's consent before assisting them with all aspects of their care. One person told us, "They always explain what they are going to do and ask for permission first."
- Where people were able to, consent forms had been signed and recorded in their care plans regarding the care and support they received.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- The management team has developed a tool to gain a clear understanding of people's level of mental capacity. This was used to complete further detailed and specific mental capacity assessments and best interest decisions where required.
- We checked whether the service was working within the principles of the MCA and found that they were. DoLS applications had been made where appropriate and others were awaiting assessment by the local authority. The registered manager had a system in place to ensure that all DoLS authorisations did not exceed their expiry date.

Adapting service, design, decoration to meet people's needs:

- The home was adapted to meet the needs of the people living there. All bedrooms were for single occupancy and most had ensuite facilities with a walk-in shower. People's bedrooms were decorated to their taste and individual interests, with personal possessions, furniture and photos.
- There was an ongoing programme of redecoration planned within the home, including renovation of people's bedrooms and communal areas. Where people were able too, they were included in decisions about changes to the environment, such as colour themes.
- People had access to a large, pleasant garden area, which was suitable for those with limited mobility.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us they were supported by kind, caring and compassionate staff. Comments included, "[Staff member] goes above and beyond. That carer should have a halo and wings, she's an angel!", "I can honestly say that I have never met such a nice bunch. They are so good, I think they are wonderful" and, "All the staff are marvellous and caring."
- People's relatives described staff as 'friendly and caring' and felt their loved ones were treated well.
- The registered manager worked hard to build positive relationships with people's friends and families. For example, the service held a 'Hartford Family Day' which was an opportunity for people's families and friends to spend quality time with their loved ones. One relative said, "They are very kind to us as well as to our relative, there is tea and coffee any time we're here." Where appropriate, people told us they were kept informed of any changes or updates in their relative's care. A healthcare professional commented, "The [registered manager] has a knack of making sure family feel reassured."
- Throughout the inspection, we observed consistently supportive and caring interactions between staff and people. For example, whilst supporting a person to mobilise along the corridor, a staff member stopped to talk with them about a collection of photos on the wall, which were of past activities and event days held within the home. The person clearly enjoyed reminiscing about the events and they were not rushed by staff to carry on moving along the corridor. We saw that staff always stopped to say 'hello' and ask how people were, whilst going about their duties.
- It was clear that staff had built positive relationships with people; they took the time to engage with people on a personal level, even if they were occupied with another task and always greeted people warmly with a smile. A healthcare professional commented, "The staff are lovely people. They are always smiling, which you don't always see in most places." Furthermore, we saw 'thank you' cards from people, or their relatives, who had received care at Springfield; one of which a person had addressed to staff as, "To all my friends at Springfield."
- People's cultural and diversity needs had been assessed and were detailed within their care plans. This included people's needs in relation to their culture, religion, sexuality and gender preferences for staff support. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's individual needs and choices were met.

Supporting people to express their views and be involved in making decisions about their care:

- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices about what they would like to do and where they would like to spend time.
- People confirmed they were able to make their own day to day choices according to their preferences. For example, one person said, "I eat in my room because I prefer that." When offering people choice, staff spoke

with people clearly and did not rush them to make a decision.

- Records and conversations confirmed that people, or their relatives where appropriate, were involved in meetings to discuss their views and make decisions about the care provided. A relative said, "Everything is discussed and explained to us and our relative."
- The registered manager was aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. We saw examples in people's care plans where advocates had supported people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence:

- Staff were considerate of people's dignity and acted promptly and discreetly to support them. For example, where staff supported people with personal care, a sign on their bedroom door was used to notify other staff or visitors of this, so that the person's privacy was protected.
- Staff described how they took action to protect people's dignity and privacy when supporting them with personal care, such as covering them with a towel and closing the door. A staff member commented, "I always pull the curtains and the turn round the sign on door. I talk to them and tell them exactly what I'm doing, I ask them if it's ok and cover them too."
- People and their relatives confirmed that their privacy was protected by staff appropriately. One person said, "When they help me they always explain first and ask me if that's ok" and another said, "They are always very good, they always knock [on the door]."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests:

- People told us they had support from staff which was individual to them and met their needs. One person said, "I've been so well looked after, I've got no complaints" and another said, "[The staff] are very kind, you can ask for anything, and I do, and they always do it for me." External professionals commented on the way that staff focused on people's particular needs, one said, "The staff think about the residents first, it is a refreshing attitude to see."
- Assessments were completed before people moved into the service, to determine whether their needs could be met appropriately. These were used to develop detailed and person-centred care plans for each person.
- Care plans contained clear guidance for staff about the level of support people needed with their personal care and daily routine. This took into account people's preferences and wishes around how they wished to receive support. Care plans were reviewed on a monthly basis and were updated appropriately where people's needs had changed. Staff were given time to read through people's care plans and used this information to help ensure they supported people in line with their preferences.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care. One staff member said, "I like to sit and talk to [people], I get to know who their family and friends are. It can be a scary thing living somewhere else that's not your home. I try to be as open and honest as I can and just be a nice, caring person, so I show I have got time for them."
- We saw plans for a 'Life story group', in which people and their families were invited to tell 'their story' and share this information with others. The registered manager explained how this would help to further understand people's past histories and what interests they may have or wish to follow.
- People commented positively on the variety of events and activities held at the service. A full-time activities co-ordinator was employed by the service and was committed to implementing new activities to allow people to follow their interests. People were given the opportunity to suggest what kind of activities and events were held within the home through weekly individual meetings and group resident meetings.
- People were provided with the opportunity to participate in a range of activities, including: bingo, pamper sessions, arts and crafts, cooking, reminiscence sessions, music and visits from a therapy dog. As part of the programme of activities available, the registered manager and activities staff had worked hard to make links with organisations in the community. For example, a local nursery visited the service regularly and took part in activities such as singing and seasonal events.
- An arts project had been held in which people living at the service had produced their own artwork with a local arts charity. A display of the artwork was held at one of the provider's other service in the local area, and people were invited to attend an exhibition of their art pieces.
- The service was responsive to considering people's interests and how this impacted upon their wellbeing. For example, we spoke with a person who had impaired mobility and was therefore unable to participate in

some activities. In response, the registered manager had arranged for a therapy dog to be brought to see the person in their bedroom, which they told us they had been "delighted" by.

- The provider complied with the Accessible Information Standard (AIS). This is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, pictorial aids were used to help people when choosing meals and drinks. People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information.

Improving care quality in response to complaints or concerns:

- People, their relatives and staff knew how to raise a complaint. They felt confident that their concerns would be taken seriously and responded to by management.
- There were robust systems in place to deal with complaints, including a comprehensive complaints policy. Information about how to make a complaint was displayed clearly in the reception area of the service and in each service user guide.
- We viewed records of a concern raised by a person using the service. This demonstrated that the management team were open and honest in their approach and tried to resolve any issues promptly. We spoke with the person, who told us they felt listened to and was satisfied with the outcome.

End of life care and support:

- At the time of the inspection, two people living at Springfield were receiving end of life care. Individual end of life care plans had been developed for these people, which gave clear information for staff about how to meet their end of life goals and outcomes.
- The registered manager and staff were able to provide us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death. Staff had received training in end of life care and demonstrated that they understood this. Other people's care plans contained detailed information about their individual end of life wishes. This included information about where the person wanted to be at the time of their death and how they wished their body to be cared for.
- We saw 'thank you cards from people's relatives, which confirmed their loved ones had been treated with respect, compassion and support at the end of their lives. One commented, "[My relative], who became increasingly ill, was made very comfortable and all his needs were met with compassion and dignity." Another said, "We cannot thank you enough for making [our relative's] move to Springfield another chapter, instead of 'the end'."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Since the previous inspection, there had been changes to the management team of the service. Throughout the inspection, it was evident that the new registered manager in post and her team were passionate and committed to delivering high-quality care. One healthcare professional told us, "[The registered manager] has made wonders to the place. She and [the assistant manager] work so hard. They are always working overtime" and another said, "[The registered manager] has given the staff here the confidence they need to do a great job."
- There was a clear management structure in place and staff promoted high quality, person centred care. People, staff and professionals had confidence in the management team's ability to lead the service and commented on how well they worked together.
- Staff were complimentary about the registered manager and could not praise the level of her commitment to the service enough. Comments about the registered manager included, "She is firm but fair, she'll bend over backwards to help you. We couldn't have wished for anyone to be more supportive", "She is so enthusiastic about everything and so passionate, caring and approachable" and, "[The registered manager] is absolutely amazing, what she has done for this place has been incredible. She has been through such a change, I've had a lot of managers, but she blows me away. I think she is so brilliant."
- Throughout the inspection, we saw that the registered manager had built respectful and genuine relationships with staff across all levels and departments within the service.
- The registered manager and her team were supported by the provider and their team of representatives, who visited the service regularly. We saw the positive impact that the level of this support had on the registered manager's leadership style. They told us, "I'm very lucky to have the support from [provider's representative]. I'm proud to work for Hartford."
- There was positive commitment to promoting an open, transparent and motivated culture. The provider's mission to provide 'care, comfort and companionship' was embedded into the day to day running of the service. A brand co-ordinator was employed by the provider to visit staff on a regular basis, promote the vision of the service and deliver brand training to enhance their understanding. Staff had been given 'flashcards' to carry round with them whilst they worked, which reminded them of key and relevant information to their roles; such as the principles of the mental capacity act, duty of candour responsibilities and the values of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At the previous inspection in April 2018, we found that the provider had failed to notify the CQC of certain

incidents which occurred within the service. At this inspection, we found that the provider had taken action and all notifications had been sent in a timely and appropriate manner.

- Without exception, all feedback from people and their relatives about the registered manager was positive. One person said, "We know the manager and she is wonderful!" and another said, "[The manager] is hands on and we see her every day. If something is wrong, it is sorted out straight away."
- Staff were motivated within their roles and told us they were proud to work at Springfield. One staff member said, "It's a lovely place to work, everyone just gets on with what they need to do and we all work so well together. I am very proud to work here, I would never leave. I see people leave and a lot of them come back!"
- The management team were actively involved in the day to day running of the home and each worked shifts as a member of nursing staff regularly. This ensured that the management team were aware of any issues or concerns and could easily identify areas of improvement.
- The home had comprehensive quality assurance processes in place. A range of audits were undertaken on a regular basis to ensure that a high-quality service was being provided. Areas audited included health and safety, medication, infection control, care planning and accidents and incidents.
- The provider and compliance officer carried out informal inspections, spot checks and quality assurance visits, to ensure people received consistently good care. They provided documentary feedback of their findings to the registered manager who then acted on this where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered manager sought feedback from people about the service in a range of ways, which included daily interactions, meetings, care plan reviews and annual surveys. Surveys showed high levels of satisfaction from people using the service, staff and external professionals.
- Staff were given the opportunity to vote for an employee of the month and a rewards system called Perkbox was in place which provided them with discounts at local shops and travel tickets. The service had a number of long-standing staff members, which was recognised and respected by the registered manager, they commented, "We have staff who have been here for 20 years, these people deserve our respect. I am so proud of them all, we work together, and we pull together on the bad days."
- The provider held a recognition scheme for staff called 'Hartford Heroes' which praised staff for their hard work, commitment and loyalty to the organisation. The registered manager had been nominated for this award as a leader of the service.
- The service had developed positive links with the local community and held regular events to invite visitors and members of the public into the service. For example, staff organised regular coffee mornings, summer fetes and a national care home open day to enhance a spirit of community within the service. In addition, efforts were made to raise money for a local charity each year, which was reflected by the needs and preferences of people and staff.

Continuous learning and improving care:

- There was an emphasis on the importance of continuing improvement, which was driven by the registered manager and the management team. Throughout the inspection, we saw examples of lessons learnt from incidents, new research and innovative practice.
- Visitors and professionals commented on the management's prompt manner of dealing with issues to ensure that a high standard of care was delivered. One professional said, "[The registered manager] is so 'on it'. If anyone notices anything, she deals with it, she doesn't leave for the next day. For example, if there are any issues around the building, she would call the maintenance man and its dealt with there and then."
- The registered manager attended regular meetings with other registered managers of services run by the provider. This provided them with the opportunity to share best practice, learn from incidents and lessons and develop positive working strategies through 'leadership training'. The registered manager also met with

management of services run by the provider in the nearby area, to discuss more local issues and share ideas for improvement.

Working in partnership with others:

- The service worked in partnership with other health and social care professional to make sure they followed current practice and provided a safe service for people. These included GP's, specialist nurses, social workers and older persons mental health professionals.
- Healthcare professionals described their working relationships with the management team and staff as 'exceptionally professional' and described instances of successful joined-up care for the benefit of people living at the service.