

Norse Care (Services) Limited

Springdale

Inspection report

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Norwich
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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?	Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 30 October 2018 and was unannounced.

Springdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Springdale is registered to accommodate up to 36 people. Care is provided over two floors. There are communal areas that people can reside in along with space for dining on the ground floor. At the time of our inspection visit, 32 people were living in the home.

A registered manager worked in the home. 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.

At the last inspection of Springdale, we rated the home overall as Requires Improvement. This was because some equipment that people used such as commodes were unclean, staff were not consistently caring and improvements were needed to the provider's governance systems. This resulted in three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of safe, caring, responsive and well led to at least good. At this inspection we found that improvements had been made in most areas and therefore, the provider was no longer in breach of any regulations. The overall rating for the home has now changed from requires improvement to good.

People received care from kind, caring and compassionate staff who treated them with dignity and respect. Systems were in place to protect people from the risk of abuse. Staff had received sufficient training and supervision to provide people with effective care and they had sought people's consent in line with the relevant legislation.

Most risks to people's safety had been assessed and managed well and there were enough staff available to meet people's individual needs and preferences.

People had received their oral medicines appropriately however, some people had not received their prescribed creams as they should have done.

There were several activities that people could participate in to enhance their wellbeing and people had choice and control over how they wanted to receive their care.

The home had been adapted to meet people's needs and regular checks were in place to ensure it was safe for people to live in. It was also clean as was the equipment that people used such as commodes, wheelchairs and crash mats. Staff used good practice to reduce the risk of the spread of infection.

A culture of treating people as individuals and of providing compassionate care had been instilled within the home. The provider, staff and management had a drive to continuously improve the quality of care people received. This was achieved by consulting people who lived in the home, relatives and with outside professionals and the community.

Staff had good morale, received clear direction and leadership and were happy working in the home. There was an open culture where people living in the home, relatives or staff could voice their opinion that would be listened to and respected.

Most of the provider's governance systems had been effective at monitoring the quality and safety of care people received. However, these had not identified all issues which had exposed people to the risk of avoidable harm. The registered manager took immediate action to correct this during our inspection of this service.

Although improvements had been made within the home since the last inspection, the current registered manager had only been appointed temporarily and was the third manager to run the home since 2014. Therefore, a period of stability is required to ensure that the improvements witnessed at this inspection are sustained.

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.

Systems were in place to protect people from the risk of abuse and avoidable harm.

There were enough staff available to meet people's needs and to keep them safe.

People received their oral medicines when they needed them. However, not everyone had received their prescribed creams correctly.

The home and equipment that people used was clean and systems were in place to protect people from the risk of infection.

Learning had occurred in most areas when any incidents or accidents had taken place.

Is the service effective?

Good ●

The service was effective.

Staff had received training and supervision to provide people with effective care.

People received enough food and drink to meet their individual needs and had access to appropriate services to help them maintain their health.

The environment had been adapted to meet people's needs and people's consent had been sought in line with the relevant legislation.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate. They treated people with dignity and respect.

People's views on their care was encouraged and they were

offered choice and had control over their care.

Staff encouraged people's independence.

Is the service responsive?

The service was responsive.

People's received care that was based on their individual needs and preferences. They had access to various activities to enhance their wellbeing and quality of life.

People's concerns and complaints had been listened to and used to improve the quality of care they received.

People received support at the end of their life to ensure it was dignified and pain free.

Good ●

Is the service well-led?

The service was not consistently well led.

The current governance systems in place had not identified that some people had not received their prescribed creams correctly. Also, some risks to people's safety had not been assessed.

There was a registered manager in place. However, there is a need for consistent leadership within the home to ensure that improvements are sustained.

There was a drive for continuous improvement within the home. People and staff's feedback was used to improve the quality of care people received.

Good community links were in place and some innovative projects were being explored for the benefit of people living in the home.

Requires Improvement ●

Springdale

Detailed findings

Background to this inspection

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

This inspection took place on 30 October 2018 and was unannounced. The inspection team consisted of two 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.

Prior to this inspection we reviewed the information we held about the service. This included important events the service must tell us about by law, previous inspection reports, any information we received from the public about the service and the provider's Provider Information Return (PIR). The PIR is a document completed by the provider that tells us what they feel they do well and what improvements they plan to make to the service.

We spoke with six people who lived in the home, eleven relatives and five staff which included care, kitchen and domestic staff. We also spoke with the deputy manager, registered manager and three people who represented the provider. These were the dementia lead, wellbeing lead and the regional director.

The records we viewed included seven people's care records, five people's medicine records, two staff recruitment records, staff training records and other information in relation to how the provider and registered manager monitored the quality of care people received.

Is the service safe?

Our findings

Following our last inspection of this area in July 2017, we rated safe as requiring improvement. At this inspection we have rated safe as good.

At our last inspection in July 2017, we found the provider was in breach of regulation 12. This was because some equipment that people used such as commodes were unclean and staff had not always followed good practice to reduce the risk of the spread of infection. At this inspection we found the required improvements had been made. Therefore, the provider was no longer in breach of this regulation.

All the people and relatives we spoke with told us they felt the standard of cleanliness within the home was good. One person said, "My room is kept clean." Another person told us, "They clean my room nicely." Relatives said they always found their family members rooms and the home clean and tidy.

The staff we spoke with had a good understanding of how to protect people from the risk of the spread of infection and we saw them put this into practice. For example, wearing gloves and aprons when providing people with care. The equipment we viewed that people used such as wheelchairs, commodes and mattresses were clean as were people's rooms and the communal areas within the home.

All the people we spoke with told us they felt safe living in Springdale. One person told us, "I am very safe and comfortable here. I've no worries at all." Another person said, "They look after me well so I don't worry about anything." Most relatives agreed with this. One relative told us, "I leave [family member] confident that things will be alright. I trust everyone here to look after her." Another relative said, "[Family member] is comfortable and safe here."

Systems were in place to protect people from the risk of abuse. All the staff we spoke with knew how to keep people safe from this risk. They were clear about what types of concern to raise and the reporting structure they needed to follow when doing this. This included to authorities outside of the provider. The registered manager demonstrated they had reported and investigated any potential safeguarding concerns appropriately. Safeguarding posters and leaflets were prominently placed around the home for people to access should they wish to raise a concern themselves.

Risks to people's safety had been assessed in several areas including falls, skin integrity, eating and drinking and choking. Where a person had been deemed as being at risk, action had been taken to reduce the risk as much as possible. For example, one person who had experienced falls in their room who did not understand this risk, had a pressure mat in place to alert staff when they got up. This was so staff could assist them to keep them as safe as possible. People could take an informed risk if they wished to do this. For example, one person told us they sometimes used the stairs. They said they knew this was a risk and that they might fall and injure themselves but they chose to do this. The staff respected this person's choice and their right to make their own decisions.

Where people's may become regularly upset or distressed, staff demonstrated a good understanding of how

to support people safely and appropriately. Some people had 'distressed behaviour management' care plans in place, which contained information for staff to help them support the person safely with this. This included how any distress was expressed, the possible causes or triggers and what action should be taken to help reassure the person.

During the inspection we became aware of an issue in relation to the use of the call bells. We spoke with the registered manager about this. They told us there was a design issue with the call bell system whereby if a person had a pressure mat as well as a call bell, there was no facility to plug both items in. Therefore, this could either leave the person without a facility to call for assistance if needed or not alert staff when a person who was at risk of falls, was mobile. The registered manager told us they were liaising with the provider regarding this matter and were looking to issue people with mobile call pendants or bracelets if they wanted them. This issue affected a small minority of people in the home and in the interim, extra checks had been put in place to ensure people were safe.

During our walk around of the home, we found some toiletries and items such as razors in people's rooms. The registered manager told us the risks associated with these items being unsecured had not been assessed in relation to possible misuse or accidental ingestion. They immediately assessed this risk and secured some items within people's rooms which they felt may have been a risk.

Risks to the premises were managed well. For example, regular checks of the fire system had taken place and staff had been trained in what to do if they needed to deal with a fire. The water systems had been checked for the risk of Legionella bacteria. Lifting equipment that was used had been regularly serviced to ensure it was safe to use.

We received mixed views from people regarding staffing levels in the home. Four out of six people said they felt that on occasions, there was a shortage of staff. One person told us, "It is true there are times when I have to wait for them to respond to my buzzer. Certainly, it was half an hour once, but I think a shortage of staff is to blame." Another person said, "I know at times they are very busy and that makes me a bit anxious if I might need help. For example, the overworked staff means the coffee trolley might not come around, or if it does it's just before lunch." However, another person said, "They answer my bells."

Seven relatives told us they felt the staffing levels were adequate but four had concerns in this area. A relative told us, "Bells are always answered in reasonable time." However, another relative said, "I feel there should be criticism of the time [family member] does sometimes have to wait to be taken to the toilet. It could be 15 minutes."

All the staff we spoke with told us they felt the staffing levels were good and had recently improved due to more staff being on shift. They said there were enough of them on duty to meet people's needs. On the day of the inspection visit, there were enough staff to meet people's needs and we did not hear the call bells ringing for a long time.

Due to some people's and relatives feedback about staffing levels, we discussed this with the registered manager. They told us they were aware of some people's concerns regarding staffing levels in the home. They had therefore recently re-assessed people's requirements and increased the number of staff working in the morning and at night. The registered manager told us they were keeping the staffing levels under constant review. If there were any shortfalls in staffing levels due to planned or unplanned absence, bank or agency staff were used where possible to fill the gaps to ensure that people were kept safe. The registered manager also confirmed that call bell times were monitored and action taken where appropriate.

People's medicines were stored securely for their safety. This included where prescribed creams were kept in people's rooms. Staff had received training in how to provide people with their medicines and there was sufficient information in place to guide staff on how to do this safely. The medicine records we checked demonstrated that people had received their oral medicines correctly. However, we found some gaps in four of the five people's records we checked in relation to prescribed creams.

The deputy manager immediately investigated into these omissions from the records. They told us that most creams had been applied correctly with the gaps in the MAR being a recording error. However, two people had not had creams applied as prescribed. Neither of these people had come to any harm because of this. We also found that the temperature at which medicines were being stored had not been regularly recorded to make sure they were safe to give to people.

Records showed and staff told us they had received training in how to give people their medicines and their competency to do this safely had been assessed. However, in view of our findings the registered manager agreed to discuss these concerns with the staff so that lessons could be learnt and improvements made to the current medicine management processes.

Staff understood they needed to record most incidents and all accidents that occurred. The registered manager had thoroughly investigated these and put measures in place to reduce the risk of reoccurrence. However, not all medicines incidents such as gaps in the MAR had been reported in a timely way so that these could be investigated and improvements made to the management of people's medicines. From the incidents or accidents that had been reported we saw that lessons had been learnt from them. For example, the registered manager was currently looking at making changes to the call bell system. Also, where people had fallen referrals had been made to a falls prevention team for specialist advice.

Is the service effective?

Our findings

Following our last inspection of this area in July 2017, we rated effective as good. At this inspection we have continued to rate effective as good.

People's needs and choices were assessed in a way that ensured each person had their individual holistic needs met effectively and without discrimination. Their care records showed that people's strengths and what they could do themselves had been considered as well as their individual preferences and wishes.

Technology was being used to improve the quality of care people received and to help staff deliver effective care. This included the use of smart speakers so that people could instantly choose the types of music they wanted to listen to, be told of the weather or listen to the news. Staff had walkie talkies so they could communicate with each other across the home. They could then be asked to provide support to another staff member quickly if required.

All the people and relatives we spoke with told us they felt the staff working in the home were well trained. Some people and relatives commented they felt that agency staff when used, were not as good as the staff employed by the home. A relative told us, "She's in good hands here. I am confident that the staff know what they are doing." Another said, "The staff seem well trained and know what they are doing. They seem to handle residents appropriately and ensure everything is done safely." One person living in the home told us, "The staff seem well trained. The regular carers are very skilled at everything they do."

All the staff told us they felt the training they received was good and gave them the skills they needed to provide people with effective care. Records showed that most staff training was up to date and current. The provider's mandatory subjects included but was not limited to; moving and handling, infection control, safeguarding adults, dementia care and end of life care. Training had been delivered both face to face and by e-learning. New staff completed the Care Certificate which is an industry recognised qualification and were only able to work on their own with people once their competency to do so safely had been assessed. All the staff told us they felt supported in their role and that they received regular supervisions. During our observations we saw staff using safe and effective practice when supporting people although some staff had not completed medicine records correctly.

People told us they enjoyed the food and that they had a choice although two commented that they felt there were too many stews on the menu. One person told us, "The food is okay, with two good choices. The regular chef is good but if agency staff are in, the standard is lower. One thing though, we get too many stews. I'd like far less of them." Another person said, "I like the food and I know they'll make me something else if I don't know what's on offer. They're so good." A further person went on to say, "The meals are excellent. They are so tasty and I eat everything up. I am always happy with the food they offer me. The menu is good."

The relatives agreed that the standard of food was good and that their family members received enough to eat and drink with plenty of choice. One relative said, "The food is excellent. I should know as I regularly have

a meal here." Another relative told us, "The food is very good and [family member] is happy with it. I'd be happy to eat here."

We observed the lunchtime meal. This was a social occasion and there was a nice atmosphere with people chatting and enjoying their time together. The dining room was well lit and clean and effort had been made with table settings such as fresh carnations in small vases. The meal looked to be nutritious and plentiful and people were observed to enjoy the food. To facilitate choice, there were menus on the tables with pictures of what meals were on offer. Also, people were shown two different meals that they could choose from.

If people did not like either of the meals, an alternative was made for them. Where people needed assistance, or prompting to eat and drink, staff provided this. People had access to regular snacks and drinks throughout the day that included fresh fruit and a choice of drinks.

Staff demonstrated good knowledge and understanding of people's individual dietary requirements, including cultural and religious needs. The staff respected and accommodated these individual needs. The kitchen staff showed us an up to date list they had, which highlighted people's specific dietary needs such as diabetic, vegetarian, soft or pureed. Information regarding any allergies was also included so staff could be alerted to this.

Referrals had been made to the relevant healthcare professionals when staff had been concerned about people not eating and drinking enough. This included to GPs, Speech and Language Therapists (SALT) and Dieticians. Any guidance these healthcare professionals had given had been followed. For example, SALT had deemed that one person required a soft diet due to their difficulty swallowing and they received this. Other people received regular supplements and/or snacks to help them maintain or put on weight where this was required.

All the staff told us they worked well as team. They were knowledgeable about people's healthcare needs and told us about the healthcare professionals they worked with to meet these needs. Records showed that people's health care needs had been assessed and were being met. People regularly saw the GP or district nurse if needed. Some had had their eyes tested when required and others had seen the dentist for a check-up. People were also being supported to exercise regularly if this was something they wanted to do, to improve their general health and mobility. Recent feedback obtained from several visiting healthcare professionals showed that they felt staff were responsive to people's healthcare needs and always followed their instructions or guidance.

The home had been adapted to meet people's needs and further refurbishment had been planned. Communal toilets were accessible and there was safe access into a very pleasant enclosed garden area that people could use. There were many different communal areas for people to reside in along with quieter areas around the home. New chairs had recently been purchased for use in the communal areas. Some people we spoke with told us they found these chairs uncomfortable. We made the registered manager aware of this. They told us people had been involved in choosing the types of chairs they wanted but would speak to people about this again as they wanted to ensure their comfort.

People's rooms were personalised to their individual taste. Clear signage was in place around the home to help people find their way to communal areas. People's names were written on their doors to also help them with this. The home may benefit from the installation of memory boxes outside people's rooms which could enhance some people's ability to recognise their room if they are living with dementia or require support with their memory. The corridors had hand rails that people could use when walking but there were

no pictures or areas of interest on the walls that people could look at. The registered manager told us this was being considered as part of the refurbishment plan.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The people we spoke with and their relatives told us that staff always asked for consent before performing a task. One person told us, "They do tell me before they do anything for me, like having a bath and they ask permission." A relative told us, "They tell [family member] when things are going to happen."

Staff understood the importance of helping people to make their own choices regarding the care and support they received. Throughout this inspection we observed staff obtaining people's consent before providing support to them. For example, we heard a member of staff ask a person where they would like to have their lunch, to which the person replied that they would like to go to the main dining room. The member of staff then checked whether the person was ready to go and got the person's consent to take them before moving them in their wheelchair.

The care records we looked at showed that, where a person's mental capacity was in question, capacity assessments had been recorded and reviewed regularly. For some people, who had variable capacity or capacity which fluctuated, information was clearly recorded to explain which decisions people could make by themselves and for which they needed assistance.

Is the service caring?

Our findings

Following our last inspection of this area in July 2017, we rated caring as requiring improvement. At this inspection we have rated caring as good.

At our last inspection in July 2017, we found that the provider was in breach of regulation 10. This was because staff practice had not always been consistently caring and some people's dignity had been compromised. At this inspection we found the required improvements had been made. Therefore, the provider was no longer in breach of this regulation.

People and relatives told us the staff were kind and caring. One person said, "I watch the way staff relate to residents. There is a lovely relationship between them. Carers are dedicated, caring and committed. There are some lovely carers here, there really are." Another person told us, "I can have a joke with the staff. We talk about their family life and they call me by name. You get a nice feeling when it seems they want to be your friend, not just someone who helps you out." A further person said, "The carers are very nice. They try to get time to chat a little bit, some more than others. They tell me what they are up to, how their relationships are and so on."

One relative told us, "The staff are absolutely lovely." Another relative said, "The regular staff are brilliant, wonderful. They are so lovely to her."

Staff demonstrated that they knew people and their histories well. They were observed to treat people with kindness and compassion. Staff had time to interact with people and took every opportunity to do so. We heard staff using people's preferred names and regularly engaging in meaningful conversations and interactions with the people they were supporting. We heard a member of staff engage in conversation with one person and noted the light-hearted exchanges. The person clearly enjoyed this interaction, as they were smiling and laughing throughout their conversation.

A member of staff told us, "It's important that we remember that the people living here are just the same as us, just a little older. Everybody's lived a different life and it's important we help keep their memories alive. It doesn't take anything to be kind and respectful and just give a few minutes to listen. I think it helps let people know they're still special and cared about."

When speaking with people, staff always got down to people's eye level and spoke to them in a respectful manner. Comfort was given when appropriate in the form of gentle touch to the arm or a hug. People were observed to be content and happy in staff presence. Over the lunchtime meal, staff were attentive to people and sat down and joined people to make it a nice and pleasurable experience.

The staff had recently received feedback from several professionals who visited the home. Comments such as, 'very friendly, approachable and polite staff', 'staff are always kind and respectful to people', 'atmosphere is welcoming and homely' and 'impressed with the level of care given' had been made.

The staff had introduced a 'wish tree' within the service. They had found out from people what they wished

for and tried their best to make it come true. One staff member had taken time to contact a sporting organisation when they found out a person was a keen fan. This had resulted in the organisation sending the person some memorabilia that had been signed by sports people. The staff told us the person had been extremely happy to receive this. Another person had received a signed book from their favourite author.

Other people had received signed photographs from various television personalities or been provided with their favourite food dish. The registered manager told us this was an ongoing process and that they tried to meet as many people's individual wishes as they could. Plans were being made to take two people out on a boat trip they had requested. This demonstrated a caring approach to enhance people's wellbeing.

Staff had been encouraged to spend 'golden moments' with people when they were supporting them with care. This could be something as simple as spending five minutes with a person reminiscing with them during personal care or reading them a letter that had arrived. We saw that staff wrote these 'moments' onto a golden ticket which was displayed within the home. Staff were recognised if they had been judged to go above and beyond what was expected of them.

People and their relatives were actively involved in making decisions about their or their family member's care. Regular reviews of people's care had been held to ensure they were receiving the care in the way they wished. Staff were observed to involve people in making day to day decisions by offering them choice such as where they wanted to reside within the home, what to eat and drink or if they wanted to participate in activities.

People were treated with dignity and respect. One person told us, "They are always respectful." A relative said, "They know [family member] well and are so respectful. When they use the hoist they do it in such a gentle and kindly way. They pull her skirt down to retain her dignity." Staff were observed to close people's doors when supporting them with personal care, and ensured that people's dignity was protected when hoisting them in communal areas.

People were encouraged to maintain their independence. One person told us, "They help me get into the wheelchair but they know I want to be independent so I try it myself and they watch me with a helping hand close by." Another person said they had been asked to help run the Christmas fayre and that they were looking forward to this. A relative told us, "The residents are included in the fund-raising activities, folding raffle tickets for example." Another person had been encouraged to administer some of their own medicines.

The staff told us that some people liked to carry out daily tasks if they were willing. For example, one person liked to clear the cutlery away from the dining table. Another person would make their own bed. A further person regularly told us during the inspection when visitors had arrived who would like to speak to us. Over the lunchtime meal, we observed staff encouraging people to be independent. One staff member was heard to be encouraging to a person whilst they were eating their lunch. They said to the person, "You're managing well but can I help you to cut up your food? Let's do it together." This showed that the staff member did not take over but gave the person choice and respected their right to be as independent as they could be. The registered manager told us of another person who staff had used a new 'hand under hand' technique to help the person feed themselves rather than staff doing this for them.

Is the service responsive?

Our findings

Following our last inspection of this area in July 2017, we rated responsive as requiring improvement. At this inspection we have rated responsive as good.

At our last inspection in July 2017, we found that there was an inconsistent approach to ensuring that people received care based on their individual needs. We asked the provider to improve in this area. At this inspection, we found the necessary improvements had been made.

All the people we spoke with told us that the care received met their needs and preferences. The relatives we spoke to agreed with this. Where they were able, people had contributed to the planning of their own care. If required, relatives had also been involved. Some of the relatives we spoke with confirmed this to us. There was clear information within people's care records to guide staff on how to provide people with the care they wished to receive. People's communication needs had been assessed. Staff told us how they recognised if people who could not verbally tell them if they were in pain or discomfort.

Most people told us they enjoyed the activities that were on offer although some said they would like to experience more trips out. Some relatives also made this comment. One person told us, "We get some visitors in to do things with us. We do exercises. I spend my time doing crossword puzzles and reading. There's enough to do but we don't get trips out. That would cheer me up." Another person told us, "There are activities going on but most of them I am not interested in like bingo. I enjoy the exercises and the painting. If only we had trips out, say to the coast." A further person told us, "They help me up and out of bed. The times suit me. I'm never bored here. I try the exercises but I find watching TV keeps me occupied."

A relative told us, "They know [family member] well and her needs and they support her very well, always taking care. They come into her room and check she is all right. [Family member] doesn't always want to join in though she likes singing and the Church services. I can't criticise what's on offer. The fayres they put on are lovely and involve the residents." Another relative said, "I think there's enough going on and I know mum enjoys the Church service. Trips out are something lacking here." Another relative said, "The regular staff know [family member] really well and always call her by her first name. They know her preferences and I am involved in her care plan. There are no trips out and that's a negative. Daily there's singing, exercises and bingo. She's never bored and much happier here than when she was struggling at home."

Activities to enhance people's wellbeing were provided three times per day, seven days a week. This was either by an activities co-ordinator or the care staff. On the day of the inspection, we observed some people playing a game of hoopla and others were involved in sorting some clothing for a Christmas Fete that was being planned. On the previous day, people had been involved in making some decorations for Halloween and pumpkin carving had taken place.

The Wellbeing lead for the provider told us of a current project that was taking place where they were working with an outside organisation to enhance people's access to activities based on their own individual needs and preferences. The aim of this was to enhance people's well-being. People's life history in most

cases had been gathered and their interests and experiences divided into different categories such as sensory, cognitive and active. This helped the staff to discuss with the person what type of activities they may enjoy. For example, for people who had a preference for activities that stimulated the mind, they had attended quizzes or reading. For others who like social activities, they had attended group activities such as bingo, gardening, flower arranging or church services. For those that preferred to be alone, they were offered one to one chats and activities on a one to one basis. This project was currently in progress and we saw that not everyone had yet had these individual needs assessed but this was due to be completed soon.

Staff and people were provided with a document called the 'weekly sparkle'. This contained information that people could read to help them recall past events and items. Staff could use it to strike up conversations with people about these areas as there were several questions that could be used as prompts to facilitate conversation.

On the day of our inspection visit, many relatives came to visit their family member who was living in Springdale. Relatives told us they were encouraged to visit their family member regularly and could visit the home at any time. They added that they were always made to feel welcome. This helped to reduce social isolation and encourage feelings of wellbeing.

People and relatives told us they did not have any complaints but felt comfortable raising concerns and were confident these would be dealt with. One relative told us, "I go to the office if I'm unhappy. They are very nice and seem to listen." Another relative said, "The place is open and all my questions are answered."

Records showed that any complaints or concerns that had been raised with the registered manager or provider had been responded to in a timely way and fully investigated. The registered manager was proactive in obtaining feedback from people about the care they received so they could deal with any concerns they had in a timely manner. People could raise concerns or complaints in several ways. This included speaking directly to staff or the registered manager, or writing their comments anonymously in a book if they wished to. A complaint had recently been made about the number of stews that were on the menu. The registered manager had spoken to the chef about this and changes had been made to the choices offered to people.

People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals had been consistently sought and people were provided promptly with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives.

We observed that staff were very respectful of one person who was nearing the end of their life. The staff frequently spent time with the person quietly in their room, checking that they remained comfortable and were not in any pain. The staff's actions were in accordance with the guidance we read in the person's care plan. The service also offered care, support and reassurance to people's families and friends before and after their loved one died.

Is the service well-led?

Our findings

Following our last inspection of this area in July 2017, we rated well led as requiring improvement. At this inspection we have continued to rate well led as requiring improvement.

At our last inspection in July 2017, we found that the provider was in breach of regulation 17. This was because the provider's governance systems were not robust at ensuring people received good quality care. At this inspection we found some improvements had been made. Therefore, the provider was no longer in breach of this regulation. However, further improvements are required to ensure the service is consistently well-led.

The governance system in place was effective at monitoring and improving the quality of care provided in some areas. The registered manager completed regular audits in areas of care for example in staffing levels, care records and infection control. Where improvements were required, action had been taken. For example, the registered manager had identified that some people had not been weighed as often as they should have been to enable the staff to monitor their health. They had reminded the staff of the importance of this and put a new system in place to ensure it took place at the appropriate frequency in relation to the risk of the person not eating. However, we found the system in place to monitor that people had received their medicines correctly had failed to identify several gaps in people's medicine records and that temperature checks of medicines had regularly not been recorded. Therefore, these issues had not been investigated.

The registered manager acknowledged that this existing system to monitor medicines had not been as robust as it should have been. They also acknowledged that they were behind with the monthly auditing of the records. Following the inspection visit, the registered manager told us they would audit all the medicine records for October 2018 where we found concerns and act where required.

The provider or registered manager had not assessed that certain items kept within people's rooms may have been a risk to their safety. Swift action had been taken once we advised of this concern but this had only occurred in view of our findings.

The registered manager had been working at the home for approximately two months. They were an experienced manager who had worked in some of the provider's other services. They were supported by a deputy manager, team leaders and the other staff working in the home and had been instrumental in facilitating improvements within the home. However, there have been three different registered managers working at Springdale since May 2014 and the provider told us that the current registered manager was there on a temporary basis until a new manager is recruited. A period of stability is therefore required with regards to the leadership in the home to ensure that any improvements seen at this inspection are sustained.

People told us they were happy living at Springdale and the relatives echoed this. They told us they felt the management of the home had improved recently. One person told us, "I have no worries, but lots to be

grateful for here. I don't know who runs things but it all seems okay." Another person said, "In the time I have been here, I've settled in well and am very happy and secure. The home is so much better now. The place is much cleaner and staff seem happier. The new manager is approachable." A further person said, "The carers are kind so make me feel everything will be all right."

A relative told us, "[Registered Manager] is picking the place up. You can feel that the atmosphere is improving." Another relative said, "I can't really fault the place and it has improved more recently and the new décor is very nice." A further relative told us, "The new manager is lovely and has lifted the place. The staff wave when I come in and make me feel confident about the place."

Relatives told us that communication about their family member's needs was good and that they were kept informed of any accidents or incidents. One relative told us, "They let us know if [family member] has any falls, however serious." Another relative said, "[Family member] has been here a while now and I have always felt she is safe and comfortable here. It helps me know the staff are so good and reassuring and will ring me if they are concerned."

There was a drive for continuous improvement within the home. The registered manager analysed areas such as falls, complaints and other incidents each month to ensure that risks to people's safety was reduced as much as reasonably practicable. They checked that referrals had been made to various healthcare professionals to support people with their health.

A new meeting had recently been put in place called a 'flash meeting'. This was used to discuss people's needs with staff so the registered manager could monitor this. This also provided the opportunity for the registered manager to tell staff about where things had gone wrong and how they could improve the quality of care people received.

The management team had made several changes within a short space of time, particularly in relation to activity provision within the home. They were very person focused and passionate about providing care to people based on their individual needs and to enhance their wellbeing. This culture had been instilled within the staff and was evident through some current projects that were being worked on within the home.

The registered provider and manager had been pro-active engaging with outside organisations for the benefit of people living in the home. One example of this was the working with an organisation on a project to improve people's wellbeing through activities that were based on their individual needs and wishes. The success of this project was being closely monitored in terms of people and staff satisfaction, staff turnover and the number of falls people experienced. The registered manager said current statistics showed a reduction in falls by 45% between July and August 2018 but that further analysis was needed to be able to contribute this to the activities that people were now completing such as regular exercise. A wishing tree and 'golden tickets' had also been introduced for the benefit of people living in the home which demonstrated an innovative approach to enhancing people's well-being.

The provider and registered manager were also exploring how technology could improve the care people received. They were in the final stages of introducing an electronic care record system with the hope of enabling staff to have more time to spend with people. Other areas such as the use of tablets and smart speakers were being used and trialled in various ways.

The local community and people living in the home were involved in the running of the home through the 'friends of Springdale' committee. People who formed this committee included relatives, friends, people living in the home and people from the local community. Regular committee meetings had been held to

discuss areas such as the quality of care provided and exploring fundraising ideas for the home. Other community links included with the local brownies and a local shop that brought around a shopping trolley on a regular basis that people could purchase things from.

In line with our duty of candour regulations, the registered manager had offered an apology when things had gone wrong and involved the person and/or their relative in any investigation into the incident.

Staff told us they felt valued and supported and that everyone pulled together to work as a team. A culture of providing people with care based on their individual needs and preferences had been instilled by the registered manager. Staff understood their individual roles and responsibilities. They told us that communication was good and that regular meetings were held to discuss people living in the home, any best practice or concerns. We saw a copy of the minutes of a meeting held in August 2018 with staff. These were comprehensive and the theme throughout was how the staff and registered manager could work together to continuously improve the quality of care people received. We also saw that staff were praised and thanked for doing their job well.