

# Care service inspection report

## Springboig Care Home Care Home Service Adults

150 Larchgrove Road  
Springboig  
Glasgow  
G32 0AD

Inspected by: Linda Kemp

Julia Bowditch

Type of inspection: Unannounced

Inspection completed on: 24 May 2011



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### **Service provided by:**

Care Homes (Scotland) Ltd

### **Service provider number:**

SP2007008815

### **Care service number:**

CS2007142131

### **Contact details for the inspector who inspected this service:**

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The service provided a very good standard of care and support to people using the service, and the residents we met with looked well.

The environment of the home was clean, bright and homely and further improvements had been made to the standard of decor and furnishings.

There was a warm and friendly atmosphere within the home, and the service was providing an individual approach to service provision. The service had undertaken a lot of work with its staff to improve their skills and competencies.

The staff team was consistent and appeared motivated and committed.

Most of the service users and carers we talked to told us they were very satisfied with the standard of the service provided by Springboig and were complimentary about the quality of the staff and the management team.

### What the service could do better

Further work needed to be done to ensure that all residents could access activities that were meaningful to them and to provide them with more opportunity to do things outside of the care home.

### **What the service has done since the last inspection**

The service was given a 'Weak' grade for the quality theme care and support following our last inspection in September 2010. We issued the service with a number of requirements. The service asked us to reassess this quality theme in December 2010, and we assessed the service as having made significant improvement to regrade this theme to a 'Good' grade.

We were pleased to note during this inspection that the quality of care and support of people using the service had further improved.

### **Conclusion**

We saw evidence of continued service improvements during our inspection. The environment was being developed, and care and support was being delivered to a very good standard. The staff group was motivated and were committed to delivering a quality service.

We saw evidence of effective management and leadership within the care units, and robust management systems were in place to monitor the quality of all aspects of the care home.

### **Who did this inspection**

Linda Kemp

Julia Bowditch

**Lay assessor:** N/A

# 1 About the service we inspected

Social Care and Social Work Improvement Scotland (SCSWIS) regulates care services in Scotland. It awards grades for services based on the findings of inspections. These grades, including any that services were previously awarded by the Care Commission, are available on [www.scswis.com](http://www.scswis.com)

Springboig Care Home is a home for older people, based in a residential area. There are 70 places within three units. Unit 1 aims to care for service users who do not require nursing care. Units 2 and 3 aim to care for older people who require 24 hour nursing care and Unit 3, in addition, aims to specialise in care of older people with dementia.

A short term agreement has been made that the service can supply respite care to four service users overall. A maximum of two service users at any time have been agreed for respite in Units 2 and 3.

All of the bedrooms are single rooms apart from two which are larger shared rooms. All bedrooms have en-suite shower, toilet and wash basin. There are communal lounge and dining areas and access to a garden area from Unit 2. There is parking for a limited number of cars to the front of the building.

The mission statement for this service is as follows: "Springboig Care Centre strives to provide consistent high standards of care at all times."

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April this service continued its registration under the new body, SCSWIS.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.scswis.com](http://www.scswis.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

This unannounced inspection was undertaken by Linda Kemp and Julia Bowditch, SCSWIS inspectors. The inspection was carried out during the day on 19 May 2011. The service was given the inspection feedback on 24 May 2011.

We carried out a high intensity inspection of this service as we had been previously concerned about aspects of the care and support of people using the service at Springboig.

Before our inspection, the service provided us with an annual return and a self assessment as requested by us. We used some of this information to plan our inspection activities.

We also asked the service to distribute 30 of our Care Standards Questionnaires to residents and their carers, and most of these were returned to us.

During our inspection we gathered information from various sources including the relevant sections of policies, procedures, records and other documents, including:

Evidence from the service's most recent action plans and communications to us

Personal plans of people who use the service

Medication records

Training records

Accident and Incident records

Complaints records

Staff rotas

Minutes of meetings which had been held for relatives, service users and staff

Newsletters

Menus

The service's own quality assurance documents.

We also had discussions with various people, including: the service provider, the service manager, nurses, care assistants, catering and housekeeping staff, and residents and their carers and visitors.

We also talked to visiting care professionals.  
We observed staff working with residents.  
We also looked at the home environment.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)



### **What the service has done to meet any requirements we made at our last inspection**

#### **The requirement**

1. Care reviews must be fully minuted and outline the discussions, views and agreements made by the participants which includes the service user and their representatives. The service must introduce a process which will ensure that actions agreed are taken forward and recorded clearly. SSI 114/2002 Reg 5 (2) - (Personal Plans) Timescale: Two months.

#### **What the service did to meet the requirement**

All residents and their representatives had been involved in a care review within the previous six months. The service had introduced a scheduling and monitoring system to ensure that these reviews would be undertaken every six months. The review minutes were detailed and there was evidence of actions being taken forward.

**The requirement is:** Met

#### **The requirement**

2. The provider must undertake a review of the meal time experience for residents taking the preparation, presentation, timing and delivery of meals into consideration. The meal times must be consistently managed effectively. Appropriate adapted cutlery and crockery must be provided to those service users who would be assisted by such equipment. The service must ensure that there is consistent application of the tool used to assess for risk of malnutrition, and that there is effective support and monitoring of those service users at risk. Timescale - To start immediately and to be completed within one month. SSI 2002/114- regulation 4(1) (a) - Welfare of Service Users and regulation 12 - Facilities in Care Homes. Standard 13 of the National Care Standards - Care Homes for Older People.

#### **What the service did to meet the requirement**

Most residents were maintaining their weight.

The MUST tool and guidance were being used to assess for risk of malnutrition. A weekly report was submitted to the manager identifying residents at risk of malnutrition and outlining the actions being taken.

Directions regarding the support for residents with a high level of nutritional need were available to staff, and we noted that staff had a good knowledge of individual needs.

Appropriate care and support plans were in place.

The menu had been reviewed, considering residents' preferences, and had been nutritionally assessed.

A dining room management system had been introduced: one member of staff was assigned responsibility for co-coordinating the dining experience at each meal time. The dining rooms were well presented.

We observed staff assisting and encouraging residents at meal and snack times.

Residents we talked to told us the meals had improved and that there was plenty of choice.

We noted good provision of meals and snacks for people with special dietary needs.

All residents with swallowing difficulties had recently been assessed by the speech and language therapist, and we saw evidence of their advice being actioned.

**The requirement is:** Met

### **The requirement**

3. The provider must ensure that care plans record all the health and welfare needs of residents and how those needs are to be met. Timescale: To start immediately and be completed within one month. SSI 114/2002 Regulation 5(1) - Personal Plans and Standard 6 of the National Care Standards - Care Homes for Older People.

### **What the service did to meet the requirement**

The personal plans that we looked at and reviewed with staff were relevant to the care and support needs of residents. Relevant care and support plans were in place, and we saw evidence of these being reviewed and updated regularly to reflect change.

We saw evidence of resident and carer involvement in care planning and care reviews

**The requirement is:** Met

### **The requirement**

4. The provider must ensure that service users with agitated behaviour have an appropriate assessment, and receive an individualised plan of care to support their behaviour changes.

If behaviour modifying medication is prescribed on a regular or 'as required' basis there must be frequent medical monitoring of the dosage and continuing need, therefore a clear review date must be set. Such medications must be used for the shortest period of time and must be demonstrated to be of benefit to the service user. Timescale: Within one month. SSI 2002 /114 Regulation 4.1(a) - health and welfare of service users.

### **What the service did to meet the requirement**

Staff had been made aware of best practice guidelines in this respect. We observed staff to be effective in supporting people who were agitated and anxious. Relevant care and support plans were in place.

Most of the residents who were prescribed behaviour modifying medication had been reviewed by the medical staff and many prescriptions had been discontinued. Remaining prescriptions were being reviewed regularly.

**The requirement is:** Met

### **The requirement**

5. The provider must develop and implement a system which regularly assesses the ongoing and changing needs of service users, taking account of a service user's mental, physical, social, emotional and medical needs. Newly identified needs must be recorded within the service users' personal plan of care, and appropriate risk assessments undertaken. Timescale: To start immediately and be completed within one month. SSI 2002/114 Regulation 2 Principles and SSI 2002/114 Regulation 4 - welfare of service users.

### **What the service did to meet the requirement**

The personal plans and risk assessments that we looked at and reviewed with staff were relevant to the needs of the residents.

There were systems in place to monitor the quality of care and support plans.

**The requirement is:** Met

### **The requirement**

6. The provider must demonstrate that the wound care needs of residents are regularly assessed and adequately met. In order to do this the provider must; - Ensure that the assessment and monitoring of wound management is robust and up to date. The provider must ensure that strategies are implemented to monitor and sustain performance regarding wound management.

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Timescale: To start immediately and be completed within one month. SSI 2002/114 regulation 4(1) (a) - Welfare of Users.

### **What the service did to meet the requirement**

There were systems to identify residents at risk of developing pressure ulcers. Appropriate interventions were in place to minimise the risks, including attention to diet, position changes, skin care, and provision of pressure relieving equipment.

Appropriate care and support plans were in place, and we noted that these were updated as changes occurred. There were care and support plans in place for those service users with wounds. The care home's Liaison Nurse provided additional support to staff in respect of skin and wound care.

**The requirement is:** Met

### **The requirement**

7. The provider must review the existing staffing and management arrangements to ensure the current staffing and management structures and practices are sufficient to satisfactorily meet the aims and objectives of the service and the needs of the service users. This should include the development of more robust quality assurance systems. SSI 2002/114 Regulation 7(1) and (2) - Fitness of Managers and Regulation 13 - Staffing. Timescale - To start immediately on receipt of this report.

### **What the service did to meet the requirement**

There was evidence of good management and leadership practices within the service. There was a designated manager for each care unit, and the management and quality assurance systems were robust. This had resulted in improved outcomes for people using the service.

**The requirement is:** Met

### **What the service has done to meet any recommendations we made at our last inspection**

1. The service should continue to develop its participation strategy. The service should consider how best to ensure that service users with communication difficulties are able to participate. National Care Standards for Care Homes for Older People - Standard 11: Expressing Your Views.

The service had made good progress in this respect as reported in quality theme 1.

2. The provider should consider the provision of a designated budget to ensure that all the people who use the service are offered a range of appropriate, purposeful activities on a regular basis. National Care Standards for Care Homes for Older People - Standard 17: Daily Life.

There was a designated budget for the activities provision and this was being used to purchase equipment and provide entertainments.

3. The service should consider improving the decor and signage within the dementia care areas for the welfare and benefit of service users. National Care Standards for Care Homes for Older People - Standard 4: Your Environment.

Some dementia and reminiscence features had been installed. The signage was better.

4. The service should consider undertaking a training needs analysis: this should inform the staff training plan for the coming year. National Care Standards for Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

A training needs analysis had been undertaken, and this was informing training plans.

5. The provider should consider in more depth the way that service users and carers can influence the development of the service with meaningful input into management decisions. National Care Standards for Care Homes for Older People - Standard 11: Expressing Your Views.

The service had done a lot of work to develop this area of participation.

6. The provider should review quality assurance systems to ensure they are more robust, and when there are indications of poor care, action taken swiftly. National Care Standards for Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

The service had developed good effective quality assurance systems

7. The service should consider how it may involve staff, service users, and key stakeholders in the next self evaluation and grading exercise. National Care Standards for Care Homes for Older People - Standard 5: Management and Staffing and Standard 11: Expressing Your Views.

The service had included feedback from some key stakeholders in its recent self assessment exercise and there were plans to further develop this.

## **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic.

## **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service submitted a self assessment as requested by us before this inspection. The self assessment described the service's strengths and areas for development. The self assessment was fairly accurate and descriptive.

## **Taking the views of people using the care service into account**

11 people using the service returned our questionnaires. We also talked to people using the service during our inspection. Here are some of their comments:

'I am very happy here, and can have a wee drink when I want it'

'The staff are very good and help me in every way they can'

'The food is very good and you can ask for what you like'

'I'd like to get out a bit more'

'It would be nice to get away for the day'

The majority of the people using the service strongly agreed that they were happy with the standard of the service.

## **Taking carers' views into account**

15 carers returned our questionnaires. We also talked to carers during our inspection. Here are some of their comments:

'I've had my training now and am a volunteer in the home'

'I enjoy my visits, I'm made to feel very welcome, everyone is so friendly'

'The service my mum gets is great'

'Staff members do a great job, my mum is very well cared for'

The majority of carers strongly agreed they were happy with the standard of the service.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Overall grade awarded for this theme: 4 - Good

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

We found this service was performing to a good standard in the areas covered by this statement. We concluded this after we:

- talked with the manager, deputy manager, care staff, residents and visitors
- looked at information in residents' personal plans
- looked at the minutes of residents' and carers' meetings
- looked at the service's newsletter
- looked at the activities programme and documentation about events that had taken place within the service.

We noted that the service users looked well and they told us they were being well cared for.

Most of the people who use the service told us that they felt they were kept well informed about developments in the service by the manager. There had been service user and carer meetings, and minutes were available.

Carers told us that the service had been responsive to any concerns raised, and that there was good communication from staff.

We saw evidence of the six month reviews being carried out and there was evidence of service users and their carers being involved in this process.

Service users and carers were involved in forums such as catering and activities, and we saw evidence of the service responding positively to this feedback.

The service's satisfaction survey sought feedback about the quality of care and support: the outcomes of the survey were being distributed to people using the service.

### **Areas for improvement**

Work still needed to be done to ensure that those people using the service who had communication support needs could be fully included in all participation activities. We were pleased to note that staff were being trained in dementia care including communication skills: this training was ongoing.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 2**

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

#### **Service strengths**

We found this service was performing to a good standard in the areas covered by this statement. We concluded this after we:

- talked to residents
- talked to the activities staff
- talked to care staff
- looked at the activities programme
- looked at the minutes of resident and carer meetings
- looked at personal plans
- observed staff working with residents.

The activities staff team was highly motivated and committed. One of the staff was undertaking accredited training in activities provision for older people. We were pleased to note that care staff were also involved in providing recreational and personal activities to the residents.

The activities programme had further developed, and residents' goals and aspirations were being supported through the service's 'hopes, wishes and dreams' activity: action plans had been determined and were being followed through.

Some service users' life histories and interests had been noted, and the staff had been working with service users' families.

There were activities care plans and records of activities in most of the personal plans.



We saw service users participating in activities to promote independence and well being, including armchair exercises, relaxation activities and massage: this was clearly of benefit and was being enjoyed by people using the service.

A quiet room had been established which included sensory equipment, and we saw this being used to benefit residents who were distressed or agitated, or who just wanted to be in a quieter environment.

Further equipment had been purchased and there was a designated budget for activities.

The service was developing links with other community services such as local schools, and the school children had been working with the residents to decorate a themed wall in one of the care units.

The service had moved to a more person centred approach to delivering care and support, and we noted that staff throughout had a more individualised approach when delivering the service, with service users being offered more choice and variety.

### **Areas for improvement**

Some residents told us they would like the opportunity to participate in activities outwith the home more often. Also we noted that the activities provision was limited for those service users less able to participate. The dementia training which is scheduled for the staff may be of benefit in this area.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

We ensure that service user's health and wellbeing needs are met.

#### **Service strengths**

We found this service was performing to a very good standard in the areas covered by this statement. We concluded this after we:

- talked to residents
- talked to care staff
- talked to visiting care professionals
- looked at personal plans
- observed staff working with residents
- observed meal times
- looked at staff training records

- looked at the service's quality audit systems.

The service users that we met with looked well and told us that they were well looked after at Springboig.

We noted that there was valuable input from a variety of external health and care professionals and that their advice was being actioned.

Service users experienced few falls and accidents.

There was very good care and support of service users at risk of malnutrition and at risk of developing pressure ulcers.

Staff had been given specialist training in end of life and palliative care, and we saw evidence of best practice in this area.

We noted the standard of meals and snacks was very good, and that all tastes and dietary requirements were being catered for. Service users were positive about the standard of catering and told us it was improving all the time.

We observed staff to be empathetic and caring whilst undertaking their care duties.

The personal plans we looked at contained relevant risk assessments and care plans, and we saw evidence of regular care reviews. Care and support plans were being updated as changes in needs occurred.

The appropriate documentation was in place for most of the service users deemed incapable of making decisions about their care and welfare.

The home was very clean and we saw good practice in the control of infection.

### **Areas for improvement**

The service should continue to ensure that staff have access to appropriate training to assist them to continue to adopt best practice guidance in undertaking their duties.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

#### Service strengths

We found this service was performing to a good standard in the areas covered by this statement. We concluded this after we:

- talked with the manager, deputy manager, care staff, residents and visitors
- looked at information in residents' personal plans
- looked at the minutes of residents' and carers' meetings which had been held
- looked at the environment including communal areas and bedrooms.

We saw evidence that residents had been consulted in the choice of decor for communal areas and their own bedrooms. Most of the bedrooms we looked at were clean, bright and had been personalised and recently decorated.

Residents had been involved in decorating a themed corridor in the care units: this had received press attention, of which the residents were very proud.

Residents and carers were being involved in developing the garden areas. We noted that the front garden and patio areas were being well used by service users and their visitors.

The service's questionnaires asked people to comment on the standard of the home environment and we noted that the manager followed up any comments.

Everyone we talked to was happy with the environment at Springboig and pleased with the standard of comfort and cleanliness.

#### Areas for improvement

The service had plans to incorporate raised sensory flower beds in the garden areas and to establish a cafe area in one of the communal rooms. The service users and carers that we talked to were enthused by these developments.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

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## Statement 2

We make sure that the environment is safe and service users are protected.

### Service strengths

Performance in relation to this statement was good. We concluded this after we:

- talked to residents
- talked to care staff
- looked at personal plans
- observed staff working with residents
- looked at staff training records
- looked at accident and incident records
- looked at the service's quality audit systems
- looked at the service's health and safety systems.

Everyone we talked to told us they felt safe and secure living in the home.

There were policies and procedures in place to protect vulnerable adults and the staff we talked to were able to discuss these with us.

We noted that there were appropriate risk assessments in place in the personal plans, and that these were reviewed promptly as necessary.

There was a good range of well maintained equipment to assist staff to care for service users.

Accidents and incidents were recorded and analysed; we noted there were very few service users experiencing falls.

There was a range of health and safety policies and procedures to guide staff, and the health and safety committee met regularly.

There were maintenance records for essential equipment and a system in place to ensure that essential repairs were undertaken promptly.

The service was ensuring that it was compliant with the legislation concerning adults who were considered incapable of consenting to their care and medical treatment. Most of the necessary certification was in place.

We noted positive interactions between staff and service users, and there was a friendly, relaxed feel to the home.

The service was operating with the correct numbers of staff. The manager regularly assessed the care needs of service users and had adjusted staffing accordingly.

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## Areas for improvement

The service should consider, as part of its quality assurance review, the system of undertaking environmental safety checks to ensure that these are compliant with current health and safety legislation.

The service should consider developing a health and safety 'Champion' who would provide guidance to staff on a day to day basis.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

The environment allows service users to have as positive a quality of life as possible.

### Service strengths

Performance in relation to this statement was good. We concluded this after we:

- talked to residents
- talked to care staff
- looked at personal plans
- observed staff working with residents
- observed meal and snack times
- looked at the environment
- looked at the service's quality audit systems.

We noted that there was a relaxed, warm and homely atmosphere in all of the care units at Springboig.

Staff interactions with residents were friendly and positive. We noted open lines of communication between staff, service users and visitors.

Staff were polite and courteous to everyone they had contact with. Care was delivered recognising residents' need for privacy and dignity.

The care home was very clean and the fabric and furnishings were in good condition. There was a variety of sitting areas and there was ample provision for privacy when receiving visitors. Some residents received their visitors in their bedrooms, and the staff were happy to provide refreshments.

We noted that service users moved freely around the care units and that appropriate adaptations were in place to assist mobility.

Service users had suggested a budgie for one of the lounges, and this had been installed.

Some sensory and dementia friendly features, including reminiscence items and memory boxes had been installed and these were of positive benefit to those living in the home.

The residents and carers we talked to were happy with the environment at Springboig, and told us they felt quite at home there.

### **Areas for improvement**

The manager was consulting with service users about the layout and decor of the dining areas and lounges to create a more 'domestic' style environment.

We noted that there was no call bell in the smoke room, however we did observe staff at all times supervising residents who were using this room: the service should consider the provision of a call bell system in this facility.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service Strengths

Performance in relation to this statement was good. We concluded this after we:

- talked to residents
- talked to care staff
- looked at the minutes of meetings
- observed staff working with residents
- looked at the minutes of care reviews
- looked at the service's quality audit systems.

The service had continued to devise systems of obtaining feedback from service users and carers about the quality of the staff. The residents and carers we talked to were complimentary about the quality of the staff, and told us they found them to be friendly and helpful.

We noted that the service had been responsive to concerns previously raised about the quality of staffing.

Residents that we talked to told us that the staff group was more consistent, and that it was better to have the same staff caring for them as they were known to them and knew what their care needs were.

#### Areas for improvement

The manager recognised that this area of participation still needed more development and there was a need to be able to better evidence and detail the outcomes for those using the service.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

## Service strengths

Performance in relation to this statement was very good. We concluded this after we:

- talked to residents
- talked to care staff
- looked at personal plans
- observed staff working with residents
- looked at staff training records
- looked at the service's quality audit systems.

The service had undertaken activities to assess the competencies and learning needs of staff and to identify priorities for training and development.

There had been a lot of staff training since our previous inspection, and we saw that the standard of care and support of residents was better in all key care areas. Staff were more skilled in supporting those residents with dementia.

Training in key areas such as falls prevention awareness and moving and assisting was extended to non care staff.

Residents and carers we talked to told us they felt that the quality of care had improved.

Best practice information was available on the care units.

Most of the staff had a recognised care qualification.

The staff induction programme had been revised and new staff were given a full induction which included best practice guidance in care and the service's policies and procedures.

Clinical leads had been trained to provide support and guidance to staff in key areas such as Continence Promotion, Palliative Care, Nutrition, Moving and Assisting.

We observed most staff to be caring and empathetic in their work with residents.

We also observed the staff to be well organised in undertaking their care and support duties.

The staff we talked to told us they were happy working at Springboig and that they were working well as a team. They told us that they were being given good guidance and support by the senior staff.



We noted that there were regular staff briefings and meetings: staff reported much improved communication amongst the team which was of positive benefit.

### **Areas for improvement**

The service was considering further development of senior staff to enhance supervisory and leadership skills: the staff we talked to told us this would be of benefit.

The service had undertaken a staff training needs analysis and was undertaking work to ensure that staff supervisions would be performance and outcome focused. This should be pursued as this will be beneficial to the development of the service.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

### Service strengths

Performance in relation to this statement was good. We concluded this after we:

- talked to residents and carers
- talked to care staff
- talked with the service manager, deputy manager, unit manager and provider
- looked at the minutes of meetings and care reviews
- looked at the service's quality audit systems.

The service users and carers that we talked to and who returned our Care Standards Questionnaires told us that they felt the management team had been receptive and responsive to their feedback. They told us that they were happy with the current management structure, and were confident to raise any concerns.

We saw evidence of regular meetings between the management team and people using the service. Residents and carers had been asked to participate in a variety of committees to inform further service developments.

The service's newsletter gave people using the service good information about the service, residents, staff, service activities and developments.

The suggestions box was displayed to give maximum access, and there was a very good leaflet which encouraged people using the service to make comments and suggestions.

During the inspection we noted that the manager maintained a high profile in the care units, and exercised good open communication with service users, visitors and staff.

### Areas for improvement

The provider should consider in more depth the way that service users and carers can influence the development of the service with meaningful input into management decisions.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

To encourage good quality care, we promote leadership values throughout the workforce.

### Service strengths

Performance in relation to this statement was very good. We concluded this after we:

- talked to residents and carers
- talked to care staff
- talked with the service manager, deputy manager, unit manager and provider
- talked to visiting care professionals
- observed staff undertaking their duties
- looked at the service's quality audit systems
- looked at staff supervision and training records
- looked at staff training plans
- looked at staff rotas.

The management had recognised and actioned areas for development with regard to staff support and supervision, and this was being undertaken regularly.

Sickness absence was being addressed and this was of benefit. The staff group was consistent and well known by the people using the service.

We saw evidence of junior members of staff being coached and supported.

All of the staff that we talked to told us they were happy working at Springboig, and felt they were being given the opportunity to shape the development of the service.

We noted that the staff were well organised in carrying out their duties and they appeared to be working well as a team.

The staff we talked to told us that they feel they were being given clear direction and support, and had opportunity to contribute their opinions and suggestions.

We saw evidence of robust management and leadership practices within the home, which was having a positive impact on the quality of the service and the care and support outcomes for service users.

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## Areas for improvement

The service should consider the benefits of undertaking a further staff survey to further involve staff in the strategic direction of the service.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

### Service strengths

Performance in relation to this statement was very good. We concluded this after we:

- talked to residents and carers
- talked to care staff
- talked with the service manager, deputy manager, unit manager and provider
- talked to visiting care professionals
- looked at the minutes of meetings and care reviews
- looked at the service's quality audit systems.

The service had developed a service improvement plan following last year's inspections, and this helped the service to focus on the areas for improvement and to track progress. Residents, carers and staff had been kept updated of progress.

Regular audits had been undertaken since we last inspected the service, and we saw evidence of outcomes being actioned.

There were internal systems in place to ensure that management was aware of risks, and of the actions being taken.

The unit managers were involved in the day to day delivery of care and support and this was clearly of benefit.

We noted a good improvement in the service's performance: this was confirmed by the testimonies from service users, carers and staff.

Information on SCSWIS was displayed in the home which meant that service users and carers were informed about the new regulatory body.

Satisfaction questionnaires had been distributed to residents and carers asking them to grade the service against our quality themes, and this information had been considered when the service completed their self assessment.

### **Areas for improvement**

The area of staff and stakeholder feedback had been recognised as an area for further development. The manager had plans to involve all key stakeholders in the service's next self assessment exercise. See Recommendation 1

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The provider should ensure that there is further development of the service's quality assurance systems which should continue to be focused on improved outcomes for people using the service. This should include the involvement of all other key stakeholders to include visiting professionals and the service staff.

National Care Standards for Care Homes for Older People - Standard 11: Expressing Your Views and Standard 5: Management and Staffing Arrangements.

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

N/A

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 3	5 - Very Good
<b>Quality of Environment - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 3	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
15 Dec 2010	Re-grade	Care and support 3 - Adequate Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
29 Sep 2010	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

## Inspection report continued

29 Apr 2010	Announced	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory 2 - Weak 2 - Weak 2 - Weak
12 Nov 2009	Unannounced	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory 1 - Unsatisfactory 2 - Weak 2 - Weak
11 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 3 - Adequate 2 - Weak
19 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate
4 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate
21 May 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.



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This inspection report is available in other languages and formats on request.

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هه بایتسد میم ونابز رگید روا ولکش رگید رپ شرازگ تعاشا هی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخأ تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشنملا اذه

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Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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