

Spring House Residential Care Home

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Inspection report

Spring House
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

Spring House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. Spring House is registered to provide personal care for up to 25 people.

We carried out an unannounced comprehensive inspection on 15 and 21 November 2018. On the first day of the inspection there were 22 people living at Spring House.

At the last inspection in February 2016, the service was rated as 'Good' overall, with the key question caring rated as 'Outstanding'. At this inspection, we found the service had developed further and was now 'Outstanding' as two key questions, caring and responsive are now rated as 'Outstanding'.

There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Some parts of this inspection report are written in a shorter format because the rating of some key questions have not changed since our last inspection.

There was a registered manager working at the home. A registered manager is a person who has registered with the CQC 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. The registered manager has been in post since November 2017. Prior to this they worked as the deputy manager at the home. People and visitors commented on the warm and welcoming atmosphere of the home. People said, "I'm so well looked after, we are treated as people" and "I don't have to think about it, the care is good."

Since our last inspection, the registered manager and the staff group have continued to develop how they respond to people's individual needs. For example, staff recognised people's different responses to moving to a care home and tailored routines for people's social and emotional needs. Staff went the extra mile to ensure people had a varied social life and still felt part of the local community. One person said these types of activities "Make me feel part of society, I'm not separate...I'm useful."

People received an exceptionally personalised and responsive service. One person was very active and liked to be kept busy. The registered manager and staff established when the person became frustrated and worked out an individual routine to keep them occupied, which included going out for a walk each day. We met with the person and saw they looked contented and fulfilled, chatting and laughing with other people and helping around the home, such as laying the tables.

People living at the service and their relatives said staff had outstanding skills and had an excellent understanding of people's life history. People's care plans were created with them, and where appropriate their friends and families. Their social history had also been recorded in their care plan. We saw staff used

this information to connect with people and make them feel valued.

The service continued to provide an outstanding level of care that was person-centred. The service sustained its strong culture of supporting people as individuals and people continued to be provided with support that was kind and compassionate by a caring and dedicated team.

People and relatives were consistently positive about the caring approach of the registered manager and staff. People's well-being was valued. For example, one person said, "I feel I am among friends, staying with friends and given everything I want." Relatives said how much they valued "the kindness and friendliness" of the staff.

The service continued to be well-led. People visiting or living at the home said, "Oh yes they are very well led", "I think this place [Spring House] deserves a lot of praise", "Yes, I do think they are well led", "Well yes it's very well managed" and "It must be well managed; the staff are always good so it must be." We saw how visitors, people living at the home and staff came into the registered manager's office and were welcomed. People told us staff were approachable and they felt confident concerns or complaints would be addressed.

The registered manager had a clear understanding of their responsibilities; they were organised and knowledgeable about meeting the emotional, social and physical needs of the people living at the home. They had worked in care all their working life and had strong role models in their team to ensure less experienced staff were well supported. This meant new staff learnt the values and ethos of the service of person centred care displayed by the staff team. Staff said they felt valued and appreciated and this in turn was reflected in their own practice in the way they treated people living at the home. Training opportunities took place regularly. Staff said they loved working at the home and shared how much job satisfaction they gained for their role.

There were good quality assurance systems in place to monitor the standard of care and the running of the home. A satisfaction survey completed by people living and visiting the home in 2018 contained positive feedback, including "The care and attention provided by the team at Spring House are consistently of a very high standard and contribute to the welcoming and friendly atmosphere which surrounds residents there." Other comments included "The care provided by staff is very evident and much appreciated" and another person stated staff were "always patient and kind."

People were supported by a staff team who had the skills to support them effectively. People's rights were upheld when staff were making decisions in their best interests. People were supported appropriately to ensure their nutritional needs were met. Medicines and recruitment were well managed. Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns and to report them in a timely manner. There was always sufficient staff available to meet people's needs. People said they felt safe because there were enough staff on duty who knew how to support them, which was reflected by the staff rotas.

People's day to day health needs were met. People benefited from a catering team who recognised their role in supporting people to keep well and healthy. In addition, the catering team knew their role was also vital to help people feel comforted and at home. There was positive feedback from people living at the home on the standard of the food, such as "The food is very nice, there's plenty of choice" and "I'm a fussy eater but the food is nice." Staff knew people well so this meant they recognised the changes in people's long-term health care conditions. Staff worked closely as a team.

Risks to people were recorded and reviewed with measures put in place to reduce assessed risks. Environmental checks were completed to help keep people safe, such as covering radiators with a hot

surface temperature, restricting windows to help reduce the risk of falls, servicing equipment and fire drills.

Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005) (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

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 continues to be Good.

Is the service effective?

Good ●

The service continues to be Good.

Is the service caring?

Outstanding ☆

The service continues to be Outstanding.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

The ethos of the home was to value and respect people's life experiences and knowledge.

Staff went the extra mile to ensure people had a varied social life and still felt part of the local community.

People were at the centre of the service and staff responded in a flexible and responsive manner. This included providing end of life care.

Care plans were written in a person-centred way and were fundamental to keeping staff updated. They promoted people's emotional and physical care needs, as well as their choices and preferences. Care plans were tailored to meet people's individual needs and were regularly reviewed.

People knew how to raise a concern or complaint. The registered manager dealt with complaints appropriately and in a timely manner.

Is the service well-led?

Good ●

The service continues to be Good.

Spring House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 15 and 21 November 2018 and was unannounced on the first day. The inspection was carried out by one inspector and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with people who lived at the service and received feedback from eleven people who could tell us about their experiences. Some people using the service were unable to provide detailed feedback about their experience of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided. We also talked with three visitors.

We spoke with five staff and the registered manager. We looked at the care provided to three people which included looking at their care records and met with them. We reviewed the medicine records. We looked at

three staff records and their training certificates. We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records and quality monitoring audits.

Is the service safe?

Our findings

The service continued to provide safe care to people.

People said they felt safe living at the home, for example "I feel safe with everyone." Other people said they felt safe because people did not come into their room uninvited. Several people chose to have a key to their room as it reassured them to be able to lock their room when they left it. A visitor said "Yes, gosh it is very safe." Another visitor told us about their spouse's negative experience at another home; they were reassured by the availability of staff and the welcoming atmosphere.

Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns and to report them in a timely manner. The registered manager could give an example which demonstrated their commitment to keeping people safe. Since the last inspection, CCTV had been installed in communal areas. The registered manager had spoken with people living, visiting and working at the home for their consent, which was documented. Where people did not have capacity, people with the legal authority to act on their behalf had been consulted. A letter was sent out before the cameras were installed to explain the reasoning behind it. A visitor confirmed they were aware of the cameras and had no concerns. The registered manager has since used the footage to review what caused a person to fall, which was unwitnessed by staff. This resulted in reviewing the risks to the person.

There were sufficient staff available to meet people's needs. For example, a relative said "I think it is wonderful, there's lots of staff." People said they felt safe because there were enough staff on duty who knew how to support them, which was reflected by the staff rota. Staff were calm and unrushed in their approach.

People moved freely around the communal areas, chatting to one another and staff. Care staff were always present in these areas and were quick to intervene if people became irritated with one another. They recognised potential triggers for some people to become intolerant about the actions of others. This meant they considered whether people enjoyed socialising or preferred quieter areas of the home to help reduce clashes of personality. Care staff supported people to interact with others who enjoyed their company to help people feel valued.

Staff records and discussions with staff showed the staff team was experienced. Feedback from people and staff confirmed newly recruited staff suited the caring values of the service and recognised the importance of team work to provide consistent and safe care. Recruitment procedures ensured necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Risks to people were recorded and reviewed with measures put in place to reduce assessed risks. Staff identified which people needed extra support to help reduce risks to their health, such as falls. Where people were at risk of falls, their risk assessment identified what equipment was needed to keep them safe.

People's care plans contained a variety of risk assessments for issues such as mobility, skin integrity, nutrition and hydration including any special dietary requirements. For example, people were weighed regularly and immediate action was taken to address weight loss. Charts were put in place to monitor their food and fluid intake. These were reviewed regularly by senior staff and the registered manager to monitor people's well-being.

Environmental checks were completed to help keep people safe, such as covering radiators with a hot surface temperature, restricting windows to help reduce the risk of falls, servicing equipment and fire drills. A fire drill took place during our inspection; staff were asked questions to confirm their understanding of their responsibilities. There was a system to complete repairs and general maintenance issues; staff reported repairs which were quickly addressed. There were emergency plans in place to protect people in the event of a fire. A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies. There were accident and incident reporting systems in place, which were regularly audited and reviewed to ensure, where necessary, changes were made to records or how a person was supported.

The service had good systems in place to support staff to administer medicines safely. Medicines were stored appropriately, including those needing additional security. Medicine records (MARs) were well recorded and provided an audit trail. Systems had been adopted to reduce the risk of errors, including photographs of each person receiving support with their medicines and information regarding known allergies. Staff understood the practicalities and responsibilities of their role. They were observant and monitored people for signs of pain and took time to check with people how they were feeling. Care plans were in place for medicines that were given 'as when required' to guide staff when these could be offered.

People visiting and living at the home commented on the good standard of cleanliness. Housekeeping staff were quick to respond to unexpected events to keep the home clean. We toured the building visiting communal areas and people's rooms. There were no unpleasant smells and all areas were clean and well maintained. The laundry area was well managed with clear procedures to ensure soiled and clean laundry was kept separate. There were systems in place for soiled laundry to help prevent the risk of cross infection. Staff had access to training to help ensure good infection control procedures were followed. This included the use of personal protective equipment (PPE) such as gloves and aprons. There were plentiful supplies of PPE around the home, which were used appropriately.

Is the service effective?

Our findings

The service continued to provide effective care to people.

People said they were supported by staff who were skilled and understood their needs. For example, they said "The staff are very patient" and "You can't fault them." A visitor wrote "A place like this is very dependent on the quality of the staff. This is a very good place to be in." Another visitor said the home was recommended by word of mouth and told us the care was "Very, very good." Their spouse had lived at another care home so they felt confident in their judgment as they could compare the two. People looked comfortable and at ease with staff and each other.

People benefited from a staff team who respected each other's skills and worked together to provide a consistent standard of care. Staff said they would recommend working at the home and felt supported to learn. They told us how much they enjoyed working at the service; one person said, "There's lots of rewards working here, it is never boring." Staff were proud to work at the home and took a pride in delivering a caring and empathetic service.

All staff, whatever their role, took time to interact with people and from their conversations knew people well and as individuals. Each staff member understood their role contributed to the overall well-being of people living at the home. For example, a member of the housekeeping staff knew a person had visited their spouse in hospital and chatted to them about the visit. The person was at ease with them and laughed along with a friend during the conversation. The atmosphere was relaxed and friendly between staff, visitors and people living at the home.

The registered manager encouraged staff to develop their skills, including undertaking nationally recognised qualifications, and providing regular training. There were systems in place to ensure staff were competent and confident. For example, observations were conducted to ensure continued good practice and records showed supervisions regularly took place.

Care records confirmed people had access to external health professionals when required, such as dentists, opticians and GPs, which people and visitors also confirmed. Care plans contained comprehensive information such as medical history, continence, nutritional needs, medications, and medical notes.

People benefited from a well-maintained environment. Communal areas flowed into each other but there were still distinct rooms, for example a quiet lounge, which some people said was their preferred place to sit. Other people said they enjoyed the lively atmosphere of the main lounge, including watching visitors come and go. The registered manager updated us on other changes the provider had proposed to enhance the building but these were on hold due to a lack of planning permission. However, work was due to take place to update a communal bathroom into a wet room and the registered manager explained how it would be laid out to maximise the space. There was a secure front garden, which people said they used in the good weather. During the inspection, new doors were being fitted to peoples' rooms based on the style of a traditional front door. People chose the colour they wanted their door painted and one person had an

individualised door knocker in place to reflect their previous job.

The cook recognised their role in supporting people to keep well and healthy, as well as to help people feel comforted and at home. For example, ensuring they knew people's likes and dislikes, and knowing the types of food people liked when they were upset or unwell. There was positive feedback from people living at the home on the standard of the food. For example, "The food is very nice, there's plenty of choice", "The food is very good", "I'm a fussy eater but the food is nice" and "We eat what comes, we are happy with it."

We saw the cook had a good relationship with other staff members and the registered manager, resulting in them working as a team to support people with their dietary needs. For example, there were effective systems in place to monitor people's diet and steps were taken to increase people's calorie intake if there were concerns regarding weight loss. Staff encouraged people to drink regularly throughout the day, which records also confirmed. The registered manager checked on how much people ate and drank throughout the day using an electronic system, which staff used to record people's food and fluid intake.

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 registered manager kept a record of all DoLS applications and this information was available to staff. They also requested copies of documentation to show if relatives had legal powers to make decisions regarding health and welfare issues. People recorded their consent to show they agreed with their care plan's content and to agree if they wished to have their photo used on the home's website; two people had declined. These examples showed the registered manager and staff were working in a way which respected people's wishes.

Is the service caring?

Our findings

The service continued to provide an outstanding level of care that was person-centred. The service sustained its strong culture of supporting people as individuals and people continued to be provided with support that was kind and compassionate by a caring and dedicated team.

People and relatives were consistently positive about the caring approach of the registered manager and staff. Throughout our visit we saw interactions between staff and people that were compassionate, warm and showed that people were valued. For example, one person said, "I feel I am among friends, staying with friends and given everything I want." Relatives said how much they valued "The kindness and friendliness" of the staff.

People and visitors commented on the warm and welcoming atmosphere of the home. They said, "I'm so well looked after, we are treated as people" and "I don't have to think about it, the care is good." This was apparent throughout the two days of our inspection. Supporting people to maintain their privacy and dignity was embedded in to staff practice. Training was important in this area and staff were attentive to ensuring that it was upheld and promoted.

Staff knew the importance of respecting people's privacy and dignity. One person was celebrating their spouse's birthday; they told us how staff had supported them in dressing for the occasion. Staff celebrated with the couple and acknowledged the event with a cake and flowers.

People's experiences were at the centre of the service and staff responded in a flexible and responsive manner. People said, "The staff are excellent, it's 'Your wish is my command' and they do it" and "Everything is provided." People had individual care plans in place containing life history information obtained through initial and ongoing assessments with the person and those close to them. Staff knew the names of the people important to them and sat and chatted with people about their life experiences. For example, staff recognised how one person living with dementia believed they were still a teenager. Staff shared the person's delight at speaking about their forthcoming marriage and reassured them when they spoke about being late home to their parents. The staff members' responses maintained the person's dignity and promoted the person's sense of well-being.

Staff recognised the importance of people's lifetime partnerships to people's sense of identity and well-being. One person had moved to the home in an emergency due to their spouse needing care in hospital and another care home not being able to meet their emotional care needs. Staff recognised the person's distress and their struggle to remember how and why they were staying at the home. They took time to reassure them and spend time with them. On the first day of our inspection, the person appeared withdrawn. They sat with their coat on and were anxious despite staff reassurance. The registered manager then went with the person to the hospital so they could visit their spouse, who they were worrying about. By the second day of our inspection, the person looked at ease, was not wearing their coat and chatted with other people over lunch. Written feedback recognised how staff and the registered manager went the extra mile, for example "the staff go above and beyond their call of duty and work very hard. I cannot recommend

Spring House enough."

There were numerous incidents where staff showed kindness and a genuine interest in the people they supported. For example, during our inspection it was a person's birthday, which was a particularly significant age. Staff took time to visit them in their room, which was the person's preferred place to spend their time and sang to them. Staff helped family members participate in the celebrations by ensuring a laptop was available for the person to receive Skype messages. The staff group showed a great fondness for the person and it was clear they wanted them to have an enjoyable day, while also being mindful they still liked their preferred routine.

There was a strong, visible person-centred culture. Staff provided care and support that was exceptionally compassionate and kind. Care staff told us that not all the people they supported were able to verbally communicate if they were in pain. They explained how they monitored people's pain levels by the sounds they made or facial expressions or their body language. We saw them using these skills to assess a person's pain levels. They took time to speak to them at eye level, and explain what their prescribed medicine was for and how it might help them feel more comfortable.

Another person had recently come out of hospital, staff explained the reason for their admission and how they supported their dignity and reassured them during a potentially frightening experience. When we visited them with the registered manager, the person was struggling to remember why they needed to rest in bed. The registered manager reassured them they could join people for their meal. They also explained recent events and the reason for the precautions they were taking, which the person accepted. People were consulted and treated as equals. The registered manager was open in the way she spoke with people.

A satisfaction survey completed by people living and visiting the home in 2018 contained positive feedback, including "The care and attention provided by the team at Spring House are consistently of a very high standard and contribute to the welcoming and friendly atmosphere which surrounds residents there." Other comments included "The care provided by staff is very evident and much appreciated" and another person stated staff were "Always patient and kind."

Is the service responsive?

Our findings

On this inspection, we judged the rating for this key question was now 'outstanding'. People's feedback included "Anyone who wants to come here would be alright" and "I would recommend this place to anyone."

Staff went the extra mile to ensure people had a varied social life and still felt part of the local community. For example, a group of people had visited a senior staff member's home, which included them stirring the Spring House Christmas cake. This evoked many memories for people about Christmas traditions. One person said it had been "A wonderful day out" and said these types of activities "Make me feel part of society, I'm not separate...I'm useful."

People received an exceptionally personalised and responsive service. We judged people at the service received individualised care from a staff team who showed an exceptional knowledge of their needs. People's care was centred on achieving the best life possible for them. For example, one person was very active and liked to be kept busy. The registered manager and staff worked together to establish when the person became frustrated. They worked out an individual routine to keep them occupied, which included going out for a walk each day. We met with the person and saw they looked contented and fulfilled, chatting and laughing with other people and helping around the home, such as laying the tables.

Staff were responsive to people's individual social needs recognising when some people responded best on a one to one basis so they were not overwhelmed. For example, a staff member brought in an eagle owl, a vulture and a tortoise to show the people living at the home. One person who preferred to sit in the quiet lounge responded well to being introduced to the birds; the staff member sat beside them. The person became more alert and watched the birds intently and with evident pleasure. The staff member then spent time in the larger lounge sharing facts about the birds and the tortoise, which several people actively listened to.

People living at the service and their relatives said staff had outstanding skills and had an excellent understanding of people's life history. Staff were familiar with the specific needs of the people they cared for and could describe how they met people's individual care and emotional needs. People's care plans were created with them, and where appropriate their friends and families. Their social history had also been recorded in their care plan. This gave a biography of a person's life history, their interests, likes and dislikes, activities or interests that they had enjoyed. We saw staff used this information to connect with people and make them feel valued. Staff recognised when to intervene and offer reassurance, for example when a person became distressed and called for a family member. They sat with them and explained where the family member was that day and showed them photographs of their life so they could talk about their feelings.

The service had a responsive and flexible approach to providing a range of activities. These included live music, cookery sessions, word games and skittles, visits from local schools and trips out, such as going to the pantomime or visiting National Trust properties. People visiting the service commented on the positive

impact social activities had on their relatives, for example "X enjoys the cooking, it takes her back to cooking for her family." During our inspection, a religious service took place. Staff made sure people were aware of the service and supported them to attend. A number of people participated, while those who preferred not to attend were supported to sit in the larger lounge. Staff recognised people's well-being was enhanced by the opportunity to practice their faith.

Staff practice was extremely responsive to people's changing needs. Staff were skilled at recognising when to intervene and change their approach quickly to accommodate people's varying moods and decisions. For example, one person was reluctant to go out for a meal, despite the arrival of their relatives. Staff were calm and encouraging in their approach, and responded quickly by gathering the person's coat and belongings when the person suddenly changed their mind and was anxious to go out with their family. This situation was handled sensitively, supporting the relatives whilst enabling the person to feel in control and make the final decision.

The provider has created an electronic care system which was originally trialled at Spring House and has been sold to other providers. The registered manager provided examples where they had influenced how the care system had been enhanced based on feedback from staff and her own experience of audits and monitoring the well-being and health of people.

On another occasion a person loudly expressed dissatisfaction with their meal and became very vocal in their opinion, which had the potential to upset other diners. Initially the registered manager offered them an alternative. Instead, they wanted the registered manager to try their meal. The registered manager reacted quickly and said they would sit beside them and eat a meal with them. This approach worked well as the person soon started eating their meal and became more relaxed.

On a third occasion, another person became unwell as they were walking into the lounge; staff responded quickly but in a calm manner. They spoke softly and reassuringly, helping the person to sit down. Staff then knelt beside them so they could give the person eye contact and comfort them. Staff continued to monitor the person closely and shared information at handover about the incident. Later, we saw the person had recovered well and was sitting reading a newspaper in the lounge.

People's care and support was planned in partnership with them. For example, people had signed their care plan, or where appropriate, a person with a legal power to sign on their behalf. This showed the care plan was developed with the individual and had their agreement. Daily records provided a clear account of how people had been supported and documented changes to their health or emotional well-being. Our conversations with staff demonstrated a strong rapport with people and a commitment to work alongside them as equals.

Staff knew people well so this meant they recognised the changes in people's long-term health care conditions. Care records, feedback and our observation of staff practice confirmed staff responded to health changes or a person's slow decline in health in a responsive, professional and calm manner. Staff explained how they supported people at the end of their life working closely with the individual, their families and health professionals. Staff demonstrated they saw this stage of care as a privilege and a final way to show their affection and care for the person.

Staff explained how this was achieved, by meeting the person's emotional needs, as well as taking practical steps, such as reviewing their diet and the equipment they might need. The registered manager stressed the importance of people being given the opportunity to contribute to how they wanted to be cared for at the end of their life. For example, one person had discussed their wishes with staff, which included the dress

they wanted to wear in their coffin, which was recorded in their care plan. Staff knew this dress was kept in their wardrobe.

Complaints were logged, investigated and responded to in a sensitive manner. People told us staff were approachable and they felt confident concerns or complaints would be addressed. The registered manager reviewed feedback and reflected with staff how they could learn lessons from concerns or complaints, as evidenced by staff minutes.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. Staff practice showed they could communicate with, and understand each person's requests and changing moods.

Care records contained clear communication plans explaining how each person communicated. Staff recognised that effective communication enhanced people's wellbeing and made support more effective. Details in care plans ensured staff knew what aids people needed to help them stay involved in the life of the home. For example, one person visited the registered manager as they were worried about their hearing aids. Afterwards the registered manager explained how they always kept a spare hearing aid in the office as the person regularly mislaid them and so an extra supply had been arranged.

Is the service well-led?

Our findings

The service continued to be well-led. People visiting or living at the home said, "Oh yes they are very well led", "I think this place [Spring House] deserves a lot of praise", "Yes, I do think they are well led", "Well yes it's very well managed" and "It must be well managed; the staff are always good so it must be."

Since the last inspection, the deputy manager has been registered with the Care Quality Commission (CQC). As registered manager of the service, they worked with the provider to monitor the running of the service. The registered manager spent time with people living at the home, which enabled them to observe, gain feedback and assess the standard of care provided by the staff team. Their office was at the heart of the home and people living with dementia regularly came in to see them for a chat; staff and visitors said the registered manager was approachable. We saw how visitors, people living at the home and staff came into the registered manager's office and were welcomed. The registered manager had a clear understanding of their responsibilities. They were supported by a stable and experienced staff team, who nurtured new staff to develop their skills.

The registered manager was experienced, organised and knowledgeable about the emotional, social and physical needs of the people living at the home. They had worked in care all their working life and had strong role models in their team to ensure less experienced staff were well supported. This meant they learnt the values and ethos of the service of person centred care displayed by the staff team. Staff said they felt valued and appreciated and this in turn was reflected in their own practice in the way they treated people living at the home. People said they were treated with respect by staff.

The registered manager, the provider and staff values promoted the rights of people living with dementia and were central to the way the service was run. Staff were encouraged to consider the world through the eyes of people living with dementia, which care plans and handover notes demonstrated. Staff were supported to develop their skills and progress in their qualifications. Training opportunities took place regularly. Staff said they loved working at the home and shared how much job satisfaction they gained for their role.

Quality assurance surveys were provided to people using the service, to their relatives and to staff to gain their views. We looked at the feedback received which, was very positive. This information was used to continually improve the service. Quality assurance checks and audits provided a foundation to ensure the service continued to be well run. For example, covering areas such as people's care records, medication audits, staff files, maintenance, fire safety, health and safety and infection control. Changes were made during the inspection to improve the recording of hot water checks to ensure temperatures were recorded.

The home was run in an open manner with good communication and information, which people living, working and visiting the service confirmed in their feedback. For example, a meeting for people living at the home and their visitors enabled them to feedback on their experiences and offer suggestions for improvements. Minutes were kept of these meetings, which could be enlarged for people with a visual impairment. Care files showed evidence of health professionals working together with the staff. For example,

GPs, dentists and community nurses.

The registered manager had notified CQC appropriately. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.