

# **SPRINGFIELD NURSING & RESIDENTIAL CARE HOME**

## **STATEMENT of PURPOSE**

**Revised March 2015**

### **Aims and Objectives**

1. To provide a therapeutic environment where residents feel secure, content, comfortable and cared for;
2. To promote the resident's well-being and independence;
3. To foster an atmosphere of openness and respect between residents, staff, family and friends;
4. To have the best interests of residents as our central theme of caring; and,
5. To produce individually tailored care plans, for all residents. The care plan covers all aspects of privacy, dignity, security, choice, aspirations and rights.
6. Organising Monthly Clinical Governance Meetings in order to ensure best practice is shared amongst the team and to discuss changes in guidance and practice.
7. To conduct a preadmission assessment with all residents. Exceptions may be made where location or an urgent need is identified. In the case of an urgent admission being required an assessment will be conducted via the telephone and via a faxed document where possible obtaining as much information with regards the resident's special and individual needs. On admission an assessment will be conducted by a senior member of the team to ensure that the admission details provided prior to the urgent admission have been complete and there is no risk to the resident which cannot be met by the service.

### **Registered Provider:**

Springfield Health Services Limited  
5A Frascati Way  
Maidenhead  
Berkshire SL6 4UY

<b><u>Company Number:</u></b>	04286417
<b><u>Service provider ID:</u></b>	1-101680211
<b><u>Responsible Individual:</u></b>	MATTHEW BENNETT MRICS
<b><u>Registered Manager:</u></b>	MELANIE BENNETT RGN LMA
<b><u>Email:</u></b>	matron@Springfieldnursing.co.uk
<b><u>Telephone Number:</u></b>	01243 372445

### **Background:**

Springfield Nursing and Residential Care Home was founded in 1972.

In 1991 Mr Roy and Mrs Eileen Bennett bought the Home.

In 2000 Springfield began trading under Springfield Health Services Limited ('The Company').

Springfield Care Home is registered to provide the following regulated activities: accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury.

The Home is registered with The Care Quality Commission (CQC) and can accommodate a maximum of 65 residents.

## **Directors**

The Company has 4 appointed directors:

**Roy Bennett** is Chairman of the Company and a Registered Pharmacist and member of the Royal Pharmaceutical Society (M.R. Pharm. S.) He has over 30 years experience in the Care Industry.

**Eileen Bennett** has over 30 years experience in the Care Industry and is a founding Director and Shareholder.

**Matthew Bennett** is Director of the Company and a Chartered Surveyor. He joined the company in July 2004 and has overall financial control.

**Louisa Bennett** is Human Resources Director and a Member of the Institute for Personnel Management. She joined the Company in 2007 and was promoted to the Board in December 2010. Louisa has overall responsibility for all employees by the company and is also responsible for Quality Assurance.

## **Springfield Team**

**Melanie Bennett** is the **General Manager of the registered provider and the Manager** of Springfield Care Home, with responsibility for the overall management of the Home. Melanie has extensive experience in the care of the elderly and in dementia care. She has assured management skills, an excellent working knowledge of clinical practice and is an accomplished human resource manager. She holds NVQ4 Management Diploma and manages the Quality Management System of the registered provider. Melanie oversees all the departments.

**Sandra French** is **Finance Manager** and responsible for day to day financial management of the Home. She has over 20 years experience in bookkeeping and accountancy, is a specialist in Sage Accounting and has been employed at Springfield since 2003.

**Emma Bayley** is **Home Services Manager** and has overall responsibility for the sales and marketing of the Home, as well as the domestic and maintenance teams. She joined the Company in July 2013.

**Sarah Collins** is the **Deputy Manager** of Springfield Care Home. Sarah has been in the care industry since 2000 and has extensive experience in the care of the elderly and dementia care. She is responsible for the day to day management of the home and in support of the registered manager, seeks to deliver exemplary nursing and personal care to the residents of the home. She has excellent interpersonal skills and uses these to motivate the staff team of the home, around 90 individuals in all.

### **Senior RGN's**

These positions are held by registered nurses who have specific and extensive managerial responsibilities within a specific area of the service including 'Falls Champions' and 'Moving and Handling Trainers'. Our staff receives training in dementia care; safeguarding, wound care and other courses relating to care of the older person. Springfield offers end of life care with our team of specially trained and highly skilled nurses.

## **Health Care Team**

The quality of care offered is strongly linked to the quality and expertise of the staff employed. Springfield promotes the development of our enthusiastic Healthcare Assistant Team and supports them to achieve at least NVQ Level 2 in Care. Senior HCA's have additional training in medication administration and venapuncture. Many of the team have or are working towards NVQ level 3. Springfield's recruitment policy ensures that each staff member employed is of good character and demonstrates a passionate commitment to resident care. Our Investor in People accreditation reflects our investment toward the continuous training and development of our staff team.

## **Social Care Team (Canaries)**

The Team includes **6** Social Care Assistants or '**Canaries**'. The Team encourages residents to participate in both individual & group activities program promoting independence and the learning of new skills or maintenance of existing skills. The Canaries are named after their brightly coloured yellow tops as dementia research promotes the use of bright colours.

The Team makes regular assessments of the well being and social profile of the people living at Springfield with the use of tools from recognised specialist professional bodies (including the Bradford Dementia Group and Jackie Pool Associates).

The Canaries are an effective multi-skilled team and are responsible for the management and planning of activities. The Canaries invite outside entertainers ranging from singing and dancing to musicians and magicians.

Springfield aims to provide a wide range of organised and informal activities for residents of all abilities and interests. Personal hobbies and interests are encouraged and our Social Care Team co-ordinate events and complete a social profile for each resident. Twice daily activities are promoted on the activities boards of House 72 and House 74 morning and afternoon.

The entertainment programme includes a weekly visit from Charlotte accompanied by one of her PAT dogs and a relaxing and refreshing reflexology or pampering session from Alison Pearce. The Canaries also arrange individual visits to Town for coffee, trips out and inclusion in community events. Recent research has shown that exercise plays a positive role in the care of dementia and Springfield offers movement to music sessions every week. The Canary team is available to offer assistance to residents in ensuring their right to vote is maintained and that religious needs are met, as well as conducting individual sessions with clients who may be unable or prefer not to be part of a group activity.

A resident's birthday is recognised, (where appropriate and according to religious wishes), after discussion with staff, usually with a traditional Birthday cake, and maybe a glass of sherry. Arrangements for special Birthday parties can be made.

Televisions and music facilities are provided for the use of residents in the patient lounges.

The Canaries also arrange the regular residents and relatives meetings.

Volunteers are always welcome to join the entertainment programme but follow the same stringent checks as permanent staff.

## **Domestic Team**

Springfield has an in-house laundry team and resident's clothes are laundered and returned to their rooms. The laundry team takes great pride in the service they provide and are looking forward to working in their new premises later this year. The Housekeeping Team is second to none and the cleaning schedules in place ensure that Springfield is maintained to high standard of cleanliness. Rooms and en-suite facilities are cleaned daily; bed linen is changed as required. The Team is conversant with infection control policy and procedure and has equal access to training ensuring that they are effectively skilled to communicate with residents and possess essential knowledge of dementia care, moving and handling, health and safety etc.

Our employment policies are available for inspection, and we insist on strict adherence to statutory requirements. Clients are encouraged to actively participate in the recruitment process and a link resident is identified.

- At the time of updating this document 85 staff are employed on a full or part time basis at Springfield covering care, catering, housekeeping, maintenance and administration.
- All Staff have received induction training and have a rolling training program covering Moving and Handling; Fire; Abuse; Health & Safety; Communication; Care of the Older Person, Dementia care and end-of-life care.
- Staff participate in regular Clinical Governance Meetings to share best practice in Infection Control, end of life care and wound care for example.
- All staff wear a uniform and badge to assist residents and visitors in identifying them.

### **Other NHS Services**

If required, we can call upon the assistance of the following services:

- A General Practitioner (the Home does not specify which GP the residents has to have)
- Walking evaluation (in cases where there have been frequent falls)
- Skin care (pressure relief equipment)
- Dentist
- Optician
- Community psychiatric services
- Dietician
- Speech and language therapy

A referral to any of these specialist services is made based upon assessed need and will include the involvement of the resident and / or their family and GP where appropriate.

Additional services detailed below are provided if required subject to additional charges;

### **Professional Services**

Regular visits to Springfield are made by the following:

- Hairdressers
- Podiatrist
- Manicurists
- Personal Advisors
- Physiotherapist
- Dentist
- Optician
- A seating assessment and specialist armchair service
- Indian head Massage
- Reflexology

## **Residents**

### **Services Provided**

Springfield provides accommodation and personal care for male and female clients with physical and mental health problems related to the ageing process, or as a result of other illness or disease which would make it impossible for them to live at home. Additional factors could include loneliness or memory impairment.

Springfield offers a safe and secure environment. In consultation with the multi-disciplinary team e.g. GP's, Community Mental Health Team, Community Matron, CPN and other Multi-disciplinary agencies we are able to offer a comprehensive care package to meet individual residents needs.

All of our residents are regularly reassessed, using recognised assessment tools, to provide the dignified care that they deserve. Family and carers are encouraged to provide input, to ensure that all residents' needs are catered for.

We provide a therapeutic environment with daily activities to encourage social interactions of the individual.

Springfield addresses the obligation to maintain a positive atmosphere and takes every step to address health needs, but if following reviews and consultation, a resident's behaviour continues to have a detrimental effect on the well-being of others within the Home, or if it were evidenced that Springfield is unable to fulfill an individual's care needs, a resident may be asked to leave.

On admission to Springfield a registered physiotherapist assesses the mobility of the residents and assists in preparing a moving and handling care plan and physiotherapy program as needed. After a period of 4 weeks a review is conducted and the care plans will be discussed and agreed by the resident or their representative. The care plans will be reviewed a minimum of monthly or subject to any significant change in the residents health or wellbeing.

### **Criteria Used For Admission to Springfield**

Springfield provides care for a maximum of 65 people with physical health needs, including dementia related illness and terminal conditions. Springfield is pleased to offer short-term care for people recovering from illness or an operation, respite care and holiday breaks to enable carers to take a planned break can be booked.

Springfield policy is that all residents are assessed prior to admission to ensure that Springfield can care for them. The initial assessment will determine whether Springfield will be able to fulfill the potential resident's requirements. A letter is sent to confirm the placement or prospective residents or relatives will be advised if it is felt that Springfield would not be an appropriate placement. Springfield undertakes to further explain the implications of any future changes in the resident's needs which it may not be possible to accommodate.

If the potential resident lives more than 25 miles away or if there is a need for an emergency admission then an assessment will be conducted on the telephone with the relevant carer/social worker or Hospital Staff and documentation will be obtained to enable staff to ensure they will be able to cater for the potential resident.

It is expected that, prior to taking up residence, an agreed contract is signed by the resident, or a representative of the resident. This contract will detail the obligations on both sides and should minimise misunderstandings should they arise.

## **Personal Care**

A full range of personal care is provided, from minimal through to the full range, according to the residents needs. Residents are encouraged to maintain their self-care skills, and thus their sense of independence, for as long as possible. Residents may decide how often they wish to bathe and/or shower, and any assistance required will be indicated on their Care Plan. Key Workers will assist the client where necessary in ensuring that they have sufficient supplies of toiletries or other personal belongings which will be solely used for them.

## **Clothing and Dressing**

Residents, or their families, are requested to make sure that there is an adequate supply of clothing available for residents use. The ownership should be clearly identified by means of sewn on labels, this will ensure that clothes do not go missing. Residents are enabled to choose their preferred clothing on a daily basis where possible and when this may not be achievable advice will be sought with regards their preferences when they were able to make that choice. This includes the way a person likes to wear their hair and the application of make-up where appropriate. Staff are trained to promote independence and encourage clients to do as much as they can for themselves. Key workers and our social care team will notify next of kin of any requirements on behalf of residents where a need is indicated.

## **Elimination Needs and Continence Promotion**

The care plan will identify if there are any special provisions required regarding continence and any discussion relating to this area, or requests for assistance etc, will be handled with sympathy and discretion. The individual Care Plan will clearly identify any bladder or bowel problems and the strategies to manage the risk and promote continence.

## **Skin Integrity and Skin Care**

As part of the admission process, skin integrity is assessed using a recognized scoring system. Any treatment required will be clearly indicated in the personalized care plan. Staff received comprehensive training in skin care which is overseen by the Clinical Matron roles in each Unit/House and reduces the risk of skin breakdown, tissue damage and pressure ulcers. Where ulcers are present, the assessment will identify the stage / grading of the ulcer and a specifically designed care plan will be implemented to promote healing and reduce the risk of deterioration and or infection. The Clinical Matron will consult with the qualified Nursing team and other trained staff to manage wound healing problems should they arise. Residents have access to a full range of pressure relieving equipment.

## **Bedtime and Night Time Care**

Residents' wishes relating to bedtime are respected and the care plan will include detail of any assistance required, including personal hygiene needs, hearing aid care, care of dentures and reading glasses etc. Regular checks, as per the care plan, will be made on residents throughout the night, although, where appropriate, residents can request not to be disturbed. The target call system response time is within 5 minutes. Emergency calls are responded to immediately. Residents choose their preferred time of getting up and going to bed. Their care plan will indicate any assistance required, this may include the use of hoists etc. Where a number of residents wish to retire or receive assistance to get up and dressed at the same time, staff on duty will ensure that a fair system to address everyone's' needs and wishes is implemented.

## **Medication**

Medication is administered by trained staff, which is in accordance with the established professional Code of Conduct. All staff administering medication receive annual medication supervision overseen by the Clinical Matron.

Springfield operates a policy in accordance with the NMC Standards for the Administration of Medication and in line with associated legislation. Springfield is registered with a local pharmacist, who visits our premises on a regular basis and also offers advice on a range of queries as and when they arise.

Our residents are involved in the decision making process relating to prescribed medicines, and where possible, the time that the medication is to be administered. This is associated with the residents GP and is of particular importance in the management of pain.

All medication charts are printed by the pharmacist from the doctor's prescription to minimize errors. These charts are further checked by the senior staff on duty when received from the pharmacy. Copies are kept of prescriptions until the item arrives to ensure the item is as prescribed.

## **End of Life Care**

Springfield has a policy regarding the provision of high quality care and understanding for residents, and their families, in the end stage of illness. Springfield is in the process of registering to use The Liverpool Care Pathway and applying for the Gold Standard Framework.

Resident's spiritual needs and wishes are discussed prior to admission, and these wishes are supported by Springfield at the appropriate time, including requesting a visit from the residents' religious advisor.

Facilities are available for families/friends of residents to stay with them during their end of life care.

## **Independence**

Springfield promotes the following in order to promote independence and where possible enhance ability and capacity:

- Providing a stimulating and supportive environment
- Identifying the degree of help or support that the residents need
- Identifying areas where the degree of self-help can be supported or enhanced
- Assessing and evaluating situations, and then encouraging the resident to take carefully monitored risks, where appropriate.
- Encouraging resident choice by offering a number of variables in day to day situations.
- Encouraging contacts outside of Springfield

## **Risk Taking**

Risk taking is a part of everyday life.

When a resident is considered for admission, any risks identified are discussed with the resident or representative, so that they are made aware of Springfield policy on residents risk taking. This will reduce the chance of misunderstandings in the future. Springfield policy in essence promotes the opportunity for a client to take a risk as they would at home.

## **Privacy**

Springfield staff teams receive training and support to maintain each resident's privacy.

- Any discussion of residents between staff or others take place in a private area where the conversation cannot be overheard.
- Provision of locks and suitable signage of residents' doors.
- Providing 'quiet areas' where the resident may be alone, or with invited people.
- Maintaining confidentiality of residents' information.

## **Dignity**

Dignity and respect is sustained by staff employing the following means:

- Always knocking before entering a residents room
- Addressing residents in the way they wish to be addressed
- Allowing residents to make informed decisions about their treatment by discussing the implications with them
- Requesting permission from a resident before any procedure is carried out
- Responding to the resident call bell within 5 minutes/emergency calls responded to immediately
- Helping residents to dress appropriately with their own clothing, and offering assistance regarding their personal appearance if required.
- Having vacant/engaged indicators on toilet and bathroom doors



## **Civil Rights**

Following the decision to stay at Springfield, a resident retains their civil rights, and Springfield staff will enable each resident to remain a participating member of society in the following ways:

- Open visiting providing family and friends the convenience of choosing a time to see their loved ones around their commitments.
- Staff take every opportunity to inform residents on all aspects of the democratic options open to them.
- Supporting the residents' right to vote in elections.

## **Choice**

Springfield enables residents to maintain their freedom of choice in the following ways:

- a) Offer opportunities for pre-admission visits.
- b) Provide all relevant information regarding Springfield pre and post admission.
- c) Provide a contract for each resident, in which can be found the terms and condition of admission.
- d) Encourage each resident to choose clothing.
- e) Offer a choice of food and a choice of locations where any of the meals may be eaten.
- f) Establish personal care regimes with each resident and involve them in the care planning process.
- g) Establish how the resident wishes to be addressed, and always use that preferred method.
- h) Establish how the resident prefers to spend their day, and what their preferences are for the times of getting up and going to bed.
- i) Offer the opportunity to join in a scheduled activity or entertainment.
- j) The opportunity to make changes to the running of Springfield by contributing in staff meetings, completing surveys and questionnaires and having a say in how communal areas are used and facilities made available.

## **Spiritual Needs**

Representatives of various religions visit Springfield. The resident or representative will be asked about spiritual needs before admission, and will be asked to supply details of their needs, or information regarding visiting clergy which they have arranged or would like to be arranged on their behalf. The Canaries and staff will support clients to continue to visiting their preferred Church or place of worship.

## **Link residents are involved in all aspects of life at Springfield.**

A full list of clients and the link areas can be found at Springfield.

## **Environment**

The decision to move out of the family environment and into a nursing home is not an easy one and the process of choosing a suitable placement can be difficult and stressful.

In view of these considerations Springfield will:

- 1) Provide an environment that is comfortable, clean, warm and welcoming. Residents can expect to be offered accommodation that is clean and tidy, and that has a high standard of décor.
- 2) Residents are encouraged to have personal possessions in their room.
- 3) Maintain a clean and wholesome environment.
- 4) Provide a variety of communal areas including quiet areas.
- 5) Provide a friendly and supportive environment, where staff have time to spend with residents, chatting over a cup of tea or engaging in an activity.
- 6) Provide secure, lockable storage for items of value on request.

- 7) Provide accessibility to all areas with passenger lifts.
- 8) Make every effort to maintain links with the local community.
- 9) Provide a regular entertainment program.
- 10) Take all precautions to ensure that residents' needs are addressed in private, and by taking steps to maintain their dignity.
- 11) Assess any risks to the resident, and then take action to minimise these risks
- 12) Listen to residents and involve them in all aspects of the running of Springfield.

### **Number and Size of Rooms in the Care Home:**

Springfield is made up of two houses, but registered with Care Quality Commission as a single entity:

House 72: Has accommodation for 39 residents

- Ground floor – 8 single rooms with en-suite WC & basin  
1 single room with basin
- First floor - 15 single rooms with en-suite WC & basin  
2 single rooms with basin  
1 double room with basin
- Second floor - 7 single rooms with en-suite WC & basin  
2 double rooms with en-suite WC & basin

House 74: Has accommodation for 26 residents

- Ground floor – 7 single rooms with en-suite WC & basin  
1 single room with basin  
2 single rooms with en-suite WC, shower & basin  
1 double room with basin
- First floor - 9 single rooms with en-suite WC & basin  
3 single rooms with basin  
1 double room with en-suite WC & basin

All rooms have television and telephone points, and safety features such as smoke detectors and 24-hour nurse-call systems which are portable and easy to use.

All rooms are:

- Fully furnished, to include bed, wardrobe, bedside cabinet and 3 of 4 chests of drawers. (Residents are able to bring their own furniture subject to health and safety checks).
- Single with en-suite i.e. toilet & wash hand basin.
- Overhead lighting and bedside light.
- Wall pictures and mirror as desired.
- Care call system
- Central heating with adjustable controls for heat output.
- Lockable ( a risk assessment may be complete where there may be concerns for a resident)

Residents are encouraged to add their own photographs and other items to personalise their bedroom.

All bedding and towels are provided.

Lift access to all floors.

Comfortable sitting areas throughout the Home.

Toilets and baths, with assistance if required, are provided throughout the Home.

Housekeeping team endeavor to maintain a fresh, clean and sweet smelling Home.

The garden and patio areas provide peaceful and quiet environments and include sensory plants managed by our experienced gardener.

## **Meals and Mealtimes**

Three meals a day are offered, comprising of breakfast, lunch and dinner. All meals are freshly cooked on the premises. The menu is reviewed on a regular basis and individual tastes are catered for. The cook is proactive in seeking feedback and suggestions from residents and their families with regard to the menu. Meals may be taken in the dining room or if preferred, the resident may choose to be served in his/her own room.

Drinks and snacks are available at any time from the bistro areas which can be found in both Houses. We welcome visitors to help themselves to drinks and snacks as they may if they visited their loved ones home. Open fronted fridges are used, the selection of this type of facility is evidence based as it enables clients with memory difficulties a prompt if they may be thirsty or wishing to have a snack. Finger food is available for those residents who may find eating at a table challenging.

Residents who have special dietary requirements can be referred to a therapeutic dietary advisor, but our skilled and experienced team of kitchen staff are able to cater for a variety of dietary needs and or allergies. Residents are encouraged to continue to eat independently, but, where appropriate, assistance with eating will be provided. The resident's care plan will indicate the individual dietary needs and or assistance required.

## **Fire Precautions And Associated Emergency Procedures at Springfield:**

### **FIRE PRECAUTION POLICY & PROCEDURE**

- Fire safety instruction is given to all staff at induction and twice a year. Twice yearly Fire drills are conducted. Residents are informed when there will be fire alarm testing & drills. A weekly Fire Alarm Test takes place every Monday between 11am and 11.30am.
- All electrical equipment is used safely, properly and checked yearly by a qualified electrician (when bringing any electrical appliance into the Home it must be checked prior to use).
- Good housekeeping procedures are adopted and adhered to ensuring tidiness of the home and fire doors are not propped open.
- Fire exits are kept free of obstacles to allow exit.
- Regular servicing of Fire fighting equipment and detection equipment is conducted and records kept:
  - Fire alarm system checked weekly and serviced yearly
  - Smoke detectors and emergency lighting checked monthly
  - Extinguishers are visually checked monthly and serviced and discharged yearly
- Smoking is limited to designated areas only (in the garden)
- Annual Fire risk assessments are conducted – a fire exit route plan is displayed in each room and there is luminous fire signage within the care home highlighting fire exits.

Visitors **MUST** sign in when entering and sign out when leaving the building in the book located by the front door of each building. In the event of the fire alarm sounding visitors should make their way to the reception area of the house in order that staff are able to direct them as to the procedure.

## **Relative and Friends Involvement at Springfield**

### **Suggestions for Visitors**

Springfield encourages you to visit regularly and welcome your involvement in the care of your loved one. Please share any concern you may have and we welcome positive feedback also. Care plans are an important aspect of the care of residents and your involvement in the process may be essential in providing a complete picture of the resident.

We welcome you to share activities with your loved one, activities may include:

- Simple reminiscing
- Reading aloud
- Walking or sitting on the terrace/garden area having tea.
- Recording family history or recipes, and working on an album together.
- Sitting quietly, sharing a hug, holding hands, brushing their hair, watching TV together.
- Activities relating to past or current hobbies.

We promote the inclusion of all residents in Springfield community and will do our best to help you to learn the names of friends that have been newly made at your loved ones new home.

### **Arrangements Made For Contact Between Service Users And Their Relatives, Friends And Representatives:**

- Springfield has no restrictions on visiting – due to security after office hours and at weekends the security system is activated on both front doors.
- Relatives are welcome to join their resident for meals and accompany them in any of the events.
- If the resident is unwell, relatives & friends can stay overnight.
- There are BT phone sockets in each room and relatives may arrange with BT for the connection of a phone line.
- Springfield has a cordless phone and relatives/friends can phone and speak with their resident or a message can be passed on. It is recommended to ring and give notice of the call to enable staff to have the phone available with the resident when you ring back.

### **Arrangements Made For Consultation with Service Users about the Operation of the Care Home**

Residents and their relatives/friends are encouraged to participate in the running of Springfield and their opinions are sought through:

- Monthly Quality Care Audits with Residents & Relatives where appropriate
- A minimum of twice yearly Relative & Friends Meetings
- Annual questionnaires are distributed to Relatives & Friends
- Link residents are identified for key areas of management within Springfield.

### **Arrangements Made for Dealing with Reviews of the Service User's Care Plan**

Residents and their relatives/friend/representatives are involved in the writing of care plans with monthly reviews; please provide your contact detail in order that you receive notice of the meetings.

An annual care review is held at Springfield and relatives/friend/representative is invited to attend along with the resident (if appropriate).

## **Complaints**

The aim of our complaint procedure is to examine complaints, and to establish a resolution, with any changes that may need to be made in the service in order to rectify a possible problem.

Staff at every level, are involved in helping with suggestions made, and the procedure is viewed as being a positive and useful means of improving our service.

A copy of the Complaints Procedure is attached to this Service Users Guide and also displayed on the main Notice Board.

## **Quality Service**

We aim for progressive improvement in the standards of training at all levels of our staff and management. A quality assurance scheme is in operation at Springfield to regularly monitor our service levels and we often ask Residents and Relatives to participate in quality surveys. A copy of the most recent CQC inspection report is available for inspection in the Home.

## **Review of Statement of Purpose**

This document was last updated in March 2015 is kept under regular further review.