

Leyton Healthcare (No. 12) Limited

# Springfield Park Nursing Home

## Inspection report

Springfield Park  
Bolton Road  
Rochdale  
Lancashire  
OL11 4RE

Tel: 01706646333

Website: [www.leytonhealthcare.co.uk](http://www.leytonhealthcare.co.uk)

Date of inspection visit:  
10 February 2016

Date of publication:  
31 March 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 10 February 2016. The service was last inspected on 12 November 2013 when we found it to be meeting all the regulations we reviewed.

Springfield Park Nursing Home is a large detached building that is situated in parkland. The home provides both nursing and personal care for up to 70 people. On the day of our inspection there were 66 people living in the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service was not following specific specialist nutritional advice that had been given in relation to a person's nutritional requirements and how they were to be supported on a daily basis.

We have made a recommendation relating to the stimulation for people who use the service, particularly those living with dementia.

We have made a recommendation relating to the end of life wishes of people, particularly those from an ethnic background.

The service had a safeguarding policy and procedure in place. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on.

People who used the service had risk assessments in place for health related issues. We also saw environmental risk assessments had been completed to ensure the health and safety of people who used the service.

We found the registered manager followed robust recruitment processes and ensured relevant checks had been undertaken prior to new staff commencing. This ensured their suitability to work in the service.

Medicines within the service were managed safely. Only staff that were trained were permitted to administer medicines and their competencies were checked on a regular basis. The service had a medicines policy and procedure in place for staff to follow.

We observed the service to be clean and tidy and free from offensive odours. Sufficient quantities of personal protective equipment (PPE), including disposable gloves and aprons were available for staff members.

We saw people could choose where they wished to eat their meals. This included a choice of three dining rooms or to remain in their bedrooms.

Records showed that those people who were able to had consented to their care and treatment. For those who lacked capacity we saw that best interest meetings had been held with the relevant people and decisions made in the person's best interest.

We saw some corridors were brightly decorated with travel paintings, posters, poems and personal pictures of people who used the service and their families. Corridors were wide enough for people who used wheelchairs to manoeuvre easily and access all areas of the service.

One staff member told us they treated all the people who used the service the way they would want to be cared for. Another staff member told us in their opinion the service passes the 'mums test'.

Quality assurance systems that were in place were sufficiently robust to identify areas for improvement. We saw a number of audits were undertaken within the service such as, medicines, falls and cleaning.

Records showed that staff meetings and service user meetings were held on a regular basis. These gave people the opportunity to comment on the service and highlight any issues, compliments or concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Staff members we spoke with told us they had received training in safeguarding adults and were able to describe situations that may constitute abuse and the action they would take.

We observed staffing levels that reflected what we had been told by the deputy manager. These matched the rotas and dependency level assessments in place in the service.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The service was not following specific specialist nutritional advice that had been given in relation to a person's nutritional requirements and how they were to be supported on a daily basis.

Staff told us they received regular supervisions and appraisals where they could discuss their training needs and any other topics they wished to discuss.

Records we looked at showed people had access to a wide range of healthcare professionals including GP's, opticians and dieticians.

### Is the service caring?

**Good** ●

The service was caring.

People who used the service told us that staff were caring. We observed that staff members' approach was calm, respectful and valued people.

We found the atmosphere in the service was warm and friendly. We saw that staff had time to sit and talk to people who used the service.

All records relating to people who used the service were stored securely and only authorised people had access to them.

### Is the service responsive?

The service was not always responsive.

The range of activities on offer did not always include people who used the service who were immobile, who had dexterity problems or were living with dementia.

The service did not always consider the end of life preferences of people, particularly those from an ethnic background.

People who used the service told us they have not needed to make a complaint but felt confident to approach staff members or the registered manager should they need to.

**Requires Improvement** 

### Is the service well-led?

The service is well led.

People who used the service, relatives and staff members all told us they felt the registered manager was approachable.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager.

Staff told us and records showed that staff meetings were held on a regular basis. Minutes of these showed who had attended and what had been discussed.

**Good** 

# Springfield Park Nursing 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 10 February 2016 and was unannounced.

The inspection team consisted of three adult social care inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch informed us that they had not received any feedback relating to Springfield Park Nursing Home.

During the inspection we also carried out observations in all public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime meal period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke

with eight people who used the service and four relatives. We also spoke with two qualified nurses, two senior care staff members, three care staff members, the cook, activities coordinator and deputy manager.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and secure. Comments we received included, "I feel safe here because people look after you. They push me everywhere in my wheelchair without any problems because the ground floor is flat with wide doorways. I do not know the door codes so I cannot leave the building without help," "I am very settled here. I feel very safe. It's good living here" and "I feel very safe and nobody bullies you."

All the relatives we spoke with were not aware of any harm or bullying incidents in the service. One relative told us, "It is unlikely to happen in my view."

Staff members we spoke with told us they had received training in safeguarding adults. All of them were able to describe examples of situations that may be classed as abuse and what action they would take if they suspected anyone was at risk. The service had a safeguarding policy and procedure in place. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

We saw the service had a whistleblowing policy in place which gave staff clear steps to follow should they need to whistle blow (report poor practice). Staff we spoke with told us they were aware of the whistleblowing policy and knew what to do if they had any concerns. They told us they would approach the manager or another member of the management team and felt confident to do so.

We examined six care files during our inspection. We saw that risk assessments had been completed for health related issues such as moving and handling, falls and nutrition. The risk assessments were completed to keep people safe and not restrict what they wanted to do. People who used the service or where necessary a family member were involved in any decisions that were made.

We saw risk assessments had been completed for the environment such as new and expectant mothers, lone workers and COSHH. This showed the service had considered the health and safety of people using the service.

The deputy manager told us that the required staffing levels were between two and three qualified nurses on a daily basis, along with between eight and ten care staff members during the hours of 8am to 8pm. Night shifts were covered by two qualified nurses and six care staff members. They informed us they were currently recruiting for a qualified nurse to work nights. We looked at the rota's covering a three week period. The staffing levels reflected what we had been told and what we saw on the day of our inspection.

The service also undertook a staffing level assessment on a monthly basis. This detailed the level of dependency for each person that used the service, for example, self-caring, low dependency, medium dependency or high dependency. It also took into consideration the layout of the service, accessibility of facilities and safety of the people who used the service. Staffing levels were then determined. This showed



the service regularly ensured that staffing levels were monitored to meet the needs of people who used the service.

We found robust recruitment processes were followed by the registered manager when recruiting new staff. We saw the service had a policy and procedure to guide them on the relevant information and checks to be gathered prior to new staff commencing; ensuring their suitability to work at the service.

We examined the files for five staff members. We saw the service obtained two written references and an application form (where any gaps in employment could be investigated) had been completed. The service undertook a criminal records check called a disclosure and barring service (DBS) check prior to anyone commencing employment in the service. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

All the people we spoke with told us they felt there was enough staff on duty to meet their needs. Comments we received included, "They come quickly when I call them," "There are enough staff. They are very prompt in answering the call bell" and "My buzzer is very quickly responded to, day and night." All the relatives we spoke with told us they believed that staff ratios were very good and that there was always staff around to ensure that no strangers could access their rooms.

Staff members we spoke with told us they felt there was usually adequate staff on duty, although problems could often occur if a staff member called in sick. One staff member told us, "The staff are very friendly and everybody is here to focus on the residents. We could probably achieve more if there were more staff as time can be limited to dedicate to the residents." Staff also told us that the service did not use agency staff except for qualified nurse cover on nights when this was needed. The service had their own bank staff to cover for staff sickness and holidays to provide continuity to people who used the service. We saw that staff had time to sit with people and observed them engaging people who used the service in conversation.

We looked at all the records relating to fire safety. The service had a fire risk assessment in place that had been carried out on 17 February 2015. We saw regular inspections were undertaken of emergency lighting, fire alarm, fire extinguisher sites and emergency 'break glass' points. The training matrix showed that fire safety training was mandatory and staff had completed this.

The service also undertook monthly fire drills and recorded the names of staff members that had been involved in them. The last recorded fire drill was October 2015, although the deputy manager assured us that further drills had taken place they were not able to locate these during our inspection. We saw the service also had an emergency contingency plan to guide staff in the event of an emergency situation such as fire, flood or gas emergency.

All the records we looked at showed that people who used the service had Personal Emergency Evacuation Plans (PEEPS) in place. These detailed the level of support the person would require in an emergency situation and meant that in the event of an emergency people should be evacuated effectively.

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm system, electrical installation, gas appliances and portable electric appliances. Hot water outlet temperatures were checked to ensure they did not scald people. Windows had a suitable device fitted to prevent people who used the service from falling out accidentally and radiators did not pose a threat to people's welfare.

The service had an accidents policy in place. This gave staff clear guidance on the reporting of accidents, the procedure that should be undertaken, if and when to notify the Commission, investigating and training. Our records showed that the service had appropriately notified us of all relevant accidents.

Records we looked at showed that all accidents and incidents had been documented. These included details of the incident, date, how the accident/incident occurred, any witnesses, action taken to minimise risks and any treatment required. We also noted there was room to document any follow-up action the registered manager had taken.

People who used the service told us that staff members who administered their medicines were fully trained to do so. Staff we spoke with knew their responsibilities in relation to the administration of medicines and told us their competencies were checked on a regular basis by the manager or deputy manager.

We looked at the management of medicines within the service. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) for a number of people who used the service. We found that medicines, including controlled drugs, were stored securely and only authorised, suitably trained staff had access to them.

We saw the service had a medicines policy and procedure in place. This provided staff with information on the storage, recording, disposal and ordering of medicines. This also gave guidance for those people who used the service that may be self-medicating.

The deputy manager informed us that only people who had undertaken medicines training were permitted to administer medicines. We saw that competency checks were undertaken to ensure that staff remained competent to administer medicines. Records we looked at showed medicine audits were undertaken within the service. This was completed on a weekly basis by care staff and on a monthly basis by the registered manager.

We noted that regular temperature checks were undertaken in the room where medicines were stored. However we saw that these were undertaken at night time when the temperature naturally drops. Records showed that most nights the temperature of the room was 25 to 26 degrees. As most medicines require being stored below 25 degrees and that during the day temperatures may be higher, the service should consider the times these temperatures are taken and if during warmer months these temperatures may be exceeded.

The MARs we looked at showed that staff accurately documented on the MAR when they had given a medicine. It was identified from the MAR sheets that some medicines were to be given 'when required'. We saw that information was available to guide staff when they had to administer medicines that had been prescribed in this way. Records also clearly showed what dose had been administered.

We checked to see that controlled drugs were safely managed. There was a controlled drugs policy in place which gave staff guidance on the storage, security, administration and disposal of these medicines. We looked at the record of controlled drugs held in the service. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who use the service and staff from the risks associated with the misuse of certain medicines.

All the people we spoke with that used the service told us they thought the service was clean. Comments we

received included, "My room is thoroughly cleaned every day. The room is dusted and vacuumed and the en-suite is cleaned." Relatives that we spoke with told us they felt the service was free of unpleasant odours and that it was generally very clean.

Staff members we spoke with told us infection control was everyone's responsibility. Comments we received included, "I am fully aware of my responsibilities and am aware of proper hand washing techniques, use of PPE and the correct coloured linen bags to use" and "The use of gloves and aprons and ensuring soiled waste is properly disposed of."

The service had an infection outbreak management policy in place. This contained guidance for staff members on topics such as legislation, code of practice, procedures, reporting and implementation of good practice in infection control.

We observed the service to be clean and tidy and free from offensive odours. All the bathrooms we looked in contained sufficient quantities of personal protective equipment (PPE), including disposable gloves and aprons. We observed staff wearing these when undertaking personal care. We also saw that bathrooms and toilets contained hand wash and paper towels. We also saw hand sanitiser dispensers were located at various points throughout the service for everyone to use.

We also found systems in place to ensure showerheads were regularly cleaned to prevent legionella developing. The service also had an external contractor in place to check the storage of hot water in the systems.

## Is the service effective?

### Our findings

We asked people who used the service about the meals they received. One person told us "The food is not very good. There is not enough variety in my opinion." They also told us "Sunday roast meals are brilliant, better than most restaurants" which they felt made up for some of the meals during the week. Another person told us the food was "Not bad for catering to a lot of people at once." Both of these people told us they had asked for improvements in the quality of the meal but in their opinion this had not occurred. Other comments we received included, "The food is brilliant", "The food is alright but not always to my taste" and "The food is very good. You can request something else if you don't like what is on offer."

One relative we spoke with told us "My wife eats very well at the care home and enjoys the meals she is offered."

We asked staff how they supported people with their nutritional needs. All the staff we spoke with told us that people who used the service were weighed on a regular basis and any weight loss was reported and the person weighed weekly. They also told us that they would involve the dietician and speech and language therapist for those people they were concerned about. One staff member told us, "Service users are monitored for signs such as dry lips and strong urine", noting the importance of giving people regular hydration.

We looked at how people were supported in meeting their nutritional needs. Care records we looked at showed that people's nutritional needs and requirements had been assessed. Care plans had been developed to direct staff on how to support people and the level of support required, to meet the nutritional needs of people who used the service. However, one person's care records showed they had been seen by a dietician on the 18 November 2015, due to weight loss. The dietician advised that all the person's meals were to be fortified, for example adding milk powder (two teaspoons) to their drink of tea and giving them porridge every morning with sugar or honey added. However the care plan relating to dietary needs stated the person was to receive a normal diet, despite this being reviewed on a monthly basis. We spoke with two staff members regarding the person's dietary needs; both of whom informed us that this person was on a normal diet and did not require meals to be fortified. They did tell us the person was given supplementary drinks on a regular basis, however there was no mention of this being prescribed or advised by the dietician in their care records. The dietician had also advised the person should be weighed on a weekly basis; records we looked at showed that weekly weights were not being carried out, although showed the person had gained 1.6kg within six weeks. Daily food records we looked at showed the person was not being given a fortified diet. None of the records we looked at showed that the advice given by the dietician was being followed. We spoke with the deputy manager regarding this who was also unsure of the dietary needs of the person.

These matters were a breach of Regulation 14 (4) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the nutritional needs of people must be met.

We spoke with the cook who told us they had a cleaning schedule which included daily, weekly and periodic

tasks. The cleanliness of the kitchen was audited by the registered manager or deputy manager on a monthly basis. We saw the kitchen had been awarded a five star rating from the environmental health which meant food was stored and served safely. The cook told us they received deliveries of main provisions every Tuesday, with the butcher delivering every other day along with vegetables and milk. Both whole milk and semi-skimmed milk were available. We looked at the kitchen and food storage areas and saw good stocks of food were available. All necessary temperature recordings, such as fridges, freezers and food were recorded.

We asked the cook what provision was made for special diets. They told us this type of information would be passed on to them from the registered manager or deputy manager and the necessary adjustments would be made.

Staff members told us that people could have what they wanted for breakfast; this included a choice of cereal, toast and porridge. During their breakfast people were informed of what the lunch option was, this was one choice. However if the person wanted something differently they were offered an alternative such as an omelette, baked potato, soup or sandwiches. The menu was on a three week cycle and displayed the one option for lunch which on the day of our inspection was chicken salad with croquette potatoes and artic roll for dessert. The one option for tea was liver and onions with mashed potatoes and carrots. Ice cream or yoghurt was offered for dessert. Night staff provided suppers for people, which consisted of sandwiches or toast.

We saw people were given the option to eat their meals in any of the three dining rooms or in their bedrooms. Those people that chose to eat their meals in their bedrooms received them in a timely manner. We saw staff members served meals from a hot trolley in the dining room; food was well presented and looked appetising. Staff members wore appropriate PPE when serving meals. People who used the service were also offered clothing protectors to wear whilst they were eating.

During the lunchtime meal service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Tables were nicely laid with flowers, napkins, cutlery and condiments. We saw staff had time to sit and support people who used the service to eat their meal, without being rushed. Staff interacted well whilst supporting people and offered fluids throughout. We saw that one person sat with their meal in front of them without attempting to eat it; staff regularly approached and encouraged the person to eat without any success. An alternative meal was brought to the person who then began to eat their meal. This showed awareness from the staff member. We also observed that drinks and fresh fruit were offered to people during the day.

People who used the service told us they felt that staff members had the knowledge and skills to support them. Comments we received included, "I think they know what they are doing" and "The staff are all kind and well trained. They are excellent."

Relatives we spoke with told us, "[Name of staff member] is outstanding in the quality of care she provides. She is really professional" and "[Relative] is moved from her bed to a wheelchair and into a bath very carefully. They support her as much as she wishes for. They respect her privacy too." Another relative told us. "I am absolutely confident that my mother has every need attended to in a caring, respectful and timely manner by the care staff in the home."

Records we looked at showed staff completed an induction when they commenced employment. The induction covered mandatory training such as fire safety, moving and handling and safeguarding. New staff members that were employed were enrolled on the new Care Certificate as part of the induction process.

Staff members we spoke with told us they had undertaken training in various subjects such as COSHH, dementia, palliative care, health and safety, safeguarding and challenging behaviour. Four of the staff members we spoke with also told us they held a National Vocational Qualification (NVQ) in Health and Social Care, this was at either level two or three. One staff member told us, "The management team are keen to invest in their staff to improve all round standards of care for residents."

Training records we looked at showed that staff had received training in many areas such as basic life support, mental capacity act, deprivation of liberty safeguards (DoLS), equality and diversity, prevention and management of falls, dignity in care, safeguarding, prevention and management of pressure ulcers, moving and handling, end of life care, continence, use of slings and hoists, dementia care, person centred care planning, medicine administration, food hygiene and infection control.

Staff members we spoke with told us they received regular supervisions and appraisals. One staff member told us, "I receive regular supervision, every three months or so." Another staff member we spoke with was responsible for offering supervision to some staff members and believed they were up to date with these. Supervision meetings helped staff to discuss their progress at work and also discuss any learning and development needs they may have.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

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 were being met.

Staff we spoke with told us and records we looked at showed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate a sound understanding of their responsibilities in relation to this. The service also had a policy and procedure in place in relation to MCA and DoLS at the time of our inspection which was accessible to staff.

The deputy manager told us a number of people were subjected to DoLS throughout the service. Records we looked at showed that DoLS were in place for some people and had been authorised. Prior to our inspection we reviewed our records and saw that 25 DoLS applications, which CQC should be made aware of, had been notified to us in a timely manner.

Records we looked at showed that people had been assessed in relation to their capacity. These assessments had been undertaken by the relevant and appropriate people and had involved the person and their family. We also saw that best interest meetings had been undertaken for those people who lacked capacity to consent. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service. We saw that the service had involved external health professionals and an Independent Mental Capacity Advocate (IMCA) in

their decision making process and acted in the best interest of the person being assessed. Those people that had capacity had consented to the care and treatment being delivered.

People who used the service told us they had access to healthcare professionals. Comments we received included, "Staff have been very supportive with my problem concerning cataracts. The first procedure did not go well. So the care home took advice to take me to another hospital where both cataracts were removed successfully."

One relative told us their family member's health had improved since they were admitted into the service in terms of gaining weight. They also told us "My mother is in very good hands. The staff are doing their utmost to support my mother. Her mental state and ability to communicate have declined very quickly in recent weeks, but the home is using outside professionals to diagnose her condition." All the relatives we spoke with believed the service had been very responsive to the changing needs of their family member and that staff link well with other health professionals.

Records we looked at showed people had access to a range of healthcare professionals in order for their health care needs to be met. These included GP's, opticians, dieticians, and wheelchair services.

People who used the service told us, "I have really made my room my home" and "I am very comfortable here in my room."

Bedrooms we looked at had been personalised and people were encouraged to bring in their own furniture. Communal areas within the service were light and bright. Corridors and doorways within the service were wide enough to accommodate wheelchairs and hoists to make it easy for people who used the service to manoeuvre around.

We saw some corridors were brightly decorated with travel paintings, posters, poems and personal pictures of people who used the service and their families. We noted signage throughout the service to support people living with dementia to remain independent and enable them to recognise different areas of the service. For example, bathrooms and toilets contained pictorial signs.



## Is the service caring?

### Our findings

People who used the service told us that staff members were caring. Comments we received included, "I feel this is now my true home. I would not want to live anywhere else after three years here. I didn't feel this at first though", "I feel at home here. I am cared for really well", "The care assistants are full of fun and very respectful. They are my unsung heroes because I would not like to do what they have to do", "Staff are very nice", "I am happy here and my family visit. They can visit when they like", "I am very well looked after and feel cared for", "The staff cannot do enough for you. They are all very pleasant", "[Relative] is not a very cooperative person at the best of time, but the staff work with her in a very compassionate way. They include me as much as possible in terms of how her care is organised. They frequently telephone me to discuss options" and "I am happy here. It is nice to know the staff care for you and we can have a laugh with the staff."

We asked relatives if they felt the staff members at Springfield Park Nursing Home were caring. They told us, "The care assistants are very patient and gentle with her. There are always two care assistants supporting her out of bed and into the wheelchair or the shower. I can relax more now knowing she is in safe hands", "To me the care in Springfield is priceless. It helps me to relax knowing that my wife is in safe hands. The care here is terrific. The staff are so nice to me too" and "I cannot fault the level of care here." Another relative referred to the close-knit family feel that people who used the service experienced on the residential unit.

One staff member told us, "I treat all residents the way I would want to be cared for and how I would want my family to be looked after. That is not a text book talking, that is sincerely how I feel." Another staff member told us they would want a relative of theirs to be cared for at Springfield Park Nursing Home as in their opinion it passes the 'mums test'.

We observed that staff members' approach was calm, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw one staff member had noticed a bruise on the leg of a person that used the service. They immediately called for another member of staff who attended to the leg in a kind and gentle manner, showing genuine care and concern.

The service had a 'Dignity Board' within the main entrance area. This contained a poem relating to dignity and action points to consider. One service user we spoke to told us they valued the opportunity to discuss the quality of care they received during the annually organised 'Dignity Day' that is observed by the care home. They also told us, "Two male care assistants are outstanding. They are so respectful in the way they support female residents. There is no embarrassment being cared for by them." All records relating to people who used the service were stored securely and only authorised people had access to them.

We found the atmosphere in the service was warm and friendly. We saw that staff had time to sit and talk to people who used the service. We observed call bells were answered in a timely manner and people were not rushed.



We asked people who used the service if they felt supported to remain independent. One person told us they had complete autonomy to do what they wanted, within safe parameters. They told us they accessed the local supermarket regularly with a relative or a staff member. Another person told us they were given the option to wash and dress themselves if they felt able to.

Staff we spoke with told us they supported people to remain independent by encouraging them to maintain their own personal hygiene when possible or to make their own bed. The deputy manager showed us a cupboard that had been identified for a service user to take responsibility for, for example keeping it clean and tidy. We also observed that one person was folding napkins ready for lunch.

One relative told us they had been involved in the development of an end of life care plan for their family member in conjunction with a GP and management from the service. They commented that they had been involved in all aspects of their family member's care and that this was 'exemplary'.

Staff members we spoke with told us they had received training in end of life care. One staff member told us, "These service users need to be made comfortable and pain free, with their needs and wishes being met wherever possible." They also told us that oral care and regular positional changes were important. Another staff member told us they had recently received training in end of life care and had attended a session at the local hospice.

## Is the service responsive?

### Our findings

We spoke with people who used the service about the activities on offer for them during the day or evening. Two service users told us they were disappointed that the service did not have access to a mini bus to enable people to go out in the community on trips. Both told us they felt that the activities on offer in the service are limited due to a lack of staff availability, however one person informed us that each Saturday evening a few people get together and have a 'little party' with sandwiches and some alcohol, which was supported by the staff members. Two people who used the service told us that singers attended the service on a monthly basis and that these were well attended.

Another person was disappointed that the service did not provide people with access to the internet. They told us they had family in Australia that they could maintain contact with via the internet if this was made available and that it would "Make an invaluable improvement to my well-being." We noted that the service made no commitment to provide this service within their statement of purpose and that such facilities would need to be at the person's own expense. We did note that some people had access to Sky television and had self-funded this.

Relatives we spoke with also felt that there was a lack of activities. They told us, "I am disappointed that my [family member] does not have more opportunity to sit outside when the weather is good. I understand that staff have their hands full with their routine duties." Some staff members we spoke with told us they did not feel there were enough activities provided for people who used the service to stimulate them and prevent boredom.

The service employed two activities coordinators; one on a full time basis and one part time (every afternoon). We spoke with the activities coordinator who told us they felt there were a lot of activities on offer and that they arranged occasional cheese and wine evenings, soft toy making and that a church choir had been into the service. They told us the feedback they had received from people who used the service was positive. We saw that activities that had been arranged included flower arranging, bingo, hangman, memory games, quizzes, a clothes party and shopping. Twice per year a local bird protection group brought owls into the service and the service also had a cat which some people enjoyed.

The range of activities on offer did not always include some people who used the service who were not mobile, who had dexterity problems or were living with dementia. Many residents had limited sight and hearing which made it difficult for them to take part in the regular bingo, flower arranging or painting sessions. On the afternoon of the inspection only five out of 68 people took part in bingo. We saw limited activities or stimulation for those people with a diagnosis of dementia. However we did see one person was helping to fold serviettes. The same person had been asking for a job and the service had given them responsibility for keeping a cupboard clean and tidy. This promotes stimulation and alleviates boredom for people and would be beneficial if used more widely within the service for those people unable to join in arranged activities. We recommend that the service considers current best practice guidance on providing people with stimulation throughout the day, particularly for those people living with dementia.

Records we looked at showed that prior to moving into Springfield Park Nursing Home a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if Springfield Park Nursing Home could meet the needs of people being referred to the service prior to them moving in.

We looked at the care plans in place for people who used the service. We saw each person who used the service had care plans in place covering areas such as personal care, mobility, continence, communication, eating and drinking. Care plans were person centred and looked at what the person wanted to achieve and the level of support required. Clear instructions were in place for staff on how to support the person.

Staff members told us that people who used the service were involved in the review of their care plans on a six monthly basis. These reviews included the person and their family members where possible. Further monthly reviews were undertaken by staff members on a monthly basis. Care records contained a staff signature sheet that they were to sign in order to identify who made entries in the care records. We noted that on all the care records we looked at minimal amounts of staff members had signed. This meant it would not be possible to identify all entries as intended by the system in place.

During our inspection we also looked at how the service addressed people's religious and cultural needs. One of the care records we looked at included a care plan entitled 'My cultural and religious beliefs'. This person was of ethnic origin. The deputy manager told us this person's family provided certain meals and therefore there was no need for a specific diet to be provided, although this had been offered. We were also told that due to the person's physical condition they were unable to pray in the usual way; however the deputy manager told us the person and their family were happy with the arrangements for him to pray in his room. We looked at their care records and found very limited background information and no consideration had been made to their religious or cultural preferences in the event of their death. This meant this person's needs and/or wishes may not be followed in the event of their death. We recommend the service considers the end of life preferences of people who use the service, particularly for those people who are from an ethnic background to ensure their preferences/needs are met in the event of their death.

People who used the service told us they were able to make choices in their everyday life such as when to get up or what to wear. Staff members we spoke with told us they supported people to make their own decisions and choices by asking people what their preferences were at the time, such as what time they wanted a cup of tea or when they wanted to get up.

We observed staff members giving people choices throughout our inspection. We heard staff members asking people what they wanted for their lunch, if they required any assistance with tasks and what they would like to drink.

Two people who used the service told us they had never had to make a complaint. They told us, "You can talk to staff or the manager if you have any problems" and "I would go to the staff if I had any concerns." One person who used the service told us they had requested to change their room several times over the past 12 months due to being unable to manoeuvre their motorised wheelchair easily in their current room. They told us they would continue to request a room change with the registered manager as they were approachable even though there had not been a positive outcome up to the day of our inspection.

One relative told us the registered manager is very approachable and willing to listen to care proposals from relatives and other health professionals. All relatives said they would be comfortable to raise any issues of concern with the care home management team.

All the staff we spoke with told us they would refer complaints on to the registered manager. One staff member told us they would also provide people with details of the complaints policy and procedure.

The service also had a complaints file in place. This contained details relating to Healthwatch and any complaints that the service had received. Records showed what action had been taken, if the complaint was resolved and any further actions that were taken. All complaints were audited by the registered manager.

## Is the service well-led?

### Our findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a 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 was on annual leave on the day of our inspection and therefore the deputy manager was the main contact for the inspection.

On the day of our inspection we were made very welcome by the deputy manager and staff members. We observed the deputy manager interacting with visitors, relatives and people who used the service in a friendly and personalised manner. The deputy manager was able to speak in great detail about the people who used the service.

All the people we spoke with and relatives told us they felt the registered manager was approachable. Staff members told us they enjoyed working in the service and felt comfortable to approach the registered manager with any concerns they had. They told us, "The manager is receptive." Other staff members told us they found the registered manager and deputy manager very helpful and would always listen to staff. Two staff members we spoke with told us they had accumulated 23 years' service at Springfield Park Nursing Home which they felt was a testimony in itself to good management. Other comments we received included "They are both open to constructive suggestions on how to improve care standards in the home" and "I feel valued and respected by the manager and deputy manager."

We looked at the quality assurance systems in place within the service and found that these were sufficiently robust to identify areas for improvement. The audits we looked at included environmental, medicines, care plans, falls, legionella, moving and handling equipment, fire safety, complaints and cleaning. All of which were undertaken on a regular basis.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included recruitment, safeguarding, infection control, whistle blowing and complaints. These were accessible for staff and provided them with guidance to undertake their role and duties.

Staff members we spoke with told us the registered manager encouraged a positive culture within the home and always knew what was going on. Comments we received included "I feel supported by all the staff, including the management", "There is teamwork going on which is very important. The manager is a good listener and the staff are very friendly" and "Staff and residents alike look out for each other. We all pull together as a team. If staff are too stretched we call up for more hands, but this is seldom required."

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We saw that the service had received thank you cards from people who used the service and/or their families. Comments within these included, "We find this a very good home. The staff are friendly and always helpful, I am impressed with the alarm system", "Very welcoming, clean and airy", "Excellent care", "The care was really good and you improved her quality of life", "A lovely home and staff", "We would like to express our appreciation for the care given to [Name of service user]" and "Thank you for all you did for mum."

The service sent out quality assurance questionnaire to stakeholders, however we noted that there had been no response to those sent.

The service also sent out satisfaction survey to relatives. We looked at four of the surveys returned and saw that questions asked included "Do staff treat people as individuals?" "Do staff refer to people in their preferred name?" "Do staff deliver good personal care?" All responses to the questions asked within the survey were answered positively. Surveys were also given to staff members to complete. These showed positive results around the appearance of the service, cleanliness, training offered and decorations and furnishings.

Staff told us and records showed that staff meetings were held on a regular basis. Minutes of these showed who had attended and what had been discussed. We saw topics of discussions included people who used the service, medication, care plans, supervision, duties, time keeping, training, records, admissions, communication, rotas and cleanliness. Staff told us they were able to bring up items for discussion and felt able to do so.

People we spoke with told us the service had monthly meetings; however one person told us they were very poorly attended and very little action followed the discussions that took place. Records we looked at showed the last meeting was held on the 14 January 2016 and that 14 service users had attended. It was also noted that two people from Healthwatch had been invited and attended this meeting. Discussions took place around a review of the last meeting, the visit to the pantomime, end of life care, annual survey, variety show for St George's day, remembrance day services, trips, employee of the month and any other business.

The service organised an 'Employee of the Month' award. All the people who used the service were asked for their views on who they believed deserved to win the award for the month. We saw that this was also discussed in the service user meetings. This is motivational for staff and helps people get involved in the running of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Diagnostic and screening procedures	<b>The nutritional needs of people were not always being met.</b>
Treatment of disease, disorder or injury	