Springfield Residential Home Limited

Springfield Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Springfield Residential Home is a care home providing personal care to a maximum of 34 older people who may also have a physical disability. At the time of our inspection there were 30 people living at the service.

At the last inspection in August 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. One person commented: "The staff keep us safe." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet, which they enjoyed.

Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

The service was caring and people had built strong relationships with each other and staff. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and made continuous improvements in response to their findings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Springfield Residential 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 was a comprehensive inspection: It took place on 16 and 21 August 2017 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people receiving a service and eight members of staff, which included the registered manager. We spent time talking with people and observing the interactions between them and staff. We also spoke to a visiting community nurse.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. Unfortunately we did not receive any feedback.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People commented: "I could talk to any of the staff if I was worried about something" and "The staff keep us safe." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. For example, staff communicated with people in a way they understood in order to meet their needs.

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the registered manager and were confident that action would be taken to protect people. A staff member commented: "I would go straight to (registered manager) and report. I would also document all the details."

People's individual risks were identified and risk assessment reviews were carried out in a timely way to keep people safe. For example, risk assessments for falls, moving and handling, skin care and nutrition. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, encouraging people to remain as independent as possible with the use of moving and handling equipment.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and in the local community. People commented: "I think there is enough staff" and "Staffing is good."

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely from staff who had received training to carry out this task. Medication administration records were correctly signed when they were administered. Certain additional checks had been put in place by the home to ensure that people received the correct type and dose of medicines. For example audits were carried out on a monthly basis at the time when medicines were ordered from the pharmacy.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

Care continued to be taken to ensure staff were trained and supported to a level to meet people's current and changing needs. People commented: "I think the staff know what they are doing" and "The staff seem competent." Staff received a range of training and supervision, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (MCA) (2005), moving and handling, first aid, dementia awareness and diabetes. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate equips care staff new to health and social care with the knowledge and skills which they need to provide safe, compassionate care. One staff member commented: "The training has definitely improved, more face to face."

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for suitability of placement. This demonstrated that staff worked in accordance with the MCA. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had submitted applications to the local authority deprivation of liberties team which were pending assessment.

People were supported to maintain a nutritious and balanced diet. People were involved in choosing what they wanted to eat to meet their individual preferences. People commented: "The food is good"; "The food is very nice, better than I could cook" and "The food is wonderful." Meals were cooked freshly on the premises and were warming and nutritious. For example, on the first day of our inspection, people were enjoying roast chicken and the second day cottage pie. The mealtime experience was a social occasion for people. The home smelt lovely with the smell of home cooking.

Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. Speech and language therapists worked closely with people with speech, language and communication

problems, and with those with swallowing, drinking or eating difficulties. As a result, people were prescribed specific diets to reduce the risks and staff followed the guidance.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GPs and community nurses. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Good

Is the service caring?

Our findings

Springfield Residential Home continued to provide a caring service to people and was very much people's home. People had built strong relationships with each other and the staff who worked with them. There was a happy atmosphere. People commented: "It is lovely here, very nice"; "The staff are wonderful, so kind"; "They (staff) are always bright and cheerful"; "I am very happy here"; "Could not ask for better care" and "The staff are very nice, kind and caring. We have a laugh, so important to have a laugh."

Throughout the inspection there were kind and friendly interactions between people and staff. Staff knew people well and were able to communicate effectively with everyone. Staff took time for people to communicate their wishes through the use of individual cues, and looking for a person's facial expressions, body language, spoken word and objects of reference.

Staff showed patience and supported people in a way that promoted their dignity. For example a person needed support with personal care and a member of staff quietly took them to a bathroom where they could assist them in private. People had unrestricted access to their rooms and were able to spend time alone if they chose to. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care. A person commented: "They (staff) always ensure my privacy and dignity."

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. A person commented: "I am encouraged to stay as independent as possible." Staff recognised how important it was for people to be in control of their lives to aid their well-being. For example, offering people choices of how they spent their time. Staff demonstrated empathy in their discussions with us about people.

Staff gave information to people, such as when activities were due to take place and when lunch was ready. Staff communicated with people in a respectful way. Their relationships with people were caring and supportive and they spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, we saw staff working closely with people, engaging with them in a way they responded positively to.

Staff were interacting with people in a kind and gentle way throughout our inspection. Staff explained it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything. When we asked staff what they, as a team, did well they commented: "The quality of the care" and "We are a family. We support each other. We care, genuinely care. When I am training a new member of staff, I say we come to work in people's homes and it is important to treat people how we would want our relative treated."

The service had received several compliments about the care provided to people. For example, 'Thank you for the wonderful care you gave to (relative). Each and every member of staff that I met during (relative) time

with you showed such dedicated care and attention. I could not have wished for a better place for (relative) to have spent their last days' and 'Our family is so grateful to you all for your love and care given to (relative) over the years. You all became part of his family too and no greater compliment could be given.'

Good

Is the service responsive?

Our findings

The service continued to be responsive. Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health, nutrition, continence, skin care, mobility and personal care. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, cookery, exercises, outside entertainers, arts and crafts, meals out and visits to places of specific interest. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints since our last inspection. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Good

Is the service well-led?

Our findings

The service remained well-led. There was a registered manager in post. 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.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged an open culture. Staff felt able to raise concerns and would be listened to. Staff commented: "We are a team. Staff are well looked after" and "The management are very supportive."

As the registered manager worked alongside staff on a daily basis, formal staff meetings were not in place. We asked staff whether they felt informed. Staff confirmed they were kept up to date with things affecting the overall service via memos and conversations on an on-going basis. Meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. The registered manager ensured they met with people periodically throughout the year to seek their views about the care provided and to discuss any specific requirements. For example, dietary needs. Surveys had also been completed by people using the service and relatives. The surveys asked specific questions about the standard of the service and the support it gave people. Where actions were required these had been followed up by the registered manager. For example, additional activity and food choices. This showed that the organisation recognised the importance of continually improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisations philosophy was embedded in Springfield Residential Home.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and community nurses. Medical reviews took place to ensure people's current and changing needs were being met. A community nurse commented: "It's fantastic here. The staff follow advice, equipment is put in place quickly. No concerns from a nursing perspective."

There was evidence that learning from incidents and accidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances and additional staff training. Actions had been taken in line with the

service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment.

Audits were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, maintenance jobs completed.