

# Springdene Nursing and Care Homes Limited

## Springview

### Inspection report

8-10 Crescent Road  
Enfield  
Middlesex  
EN2 7BL

Tel: 02083679966

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

Date of inspection visit:  
19 September 2019

Date of publication:  
04 November 2019

### 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

### About the service

Springview is a care home registered to provide accommodation and personal care for up to 58 older people, some of whom are living with dementia. At the time of our inspection there were 54 people living in the home.

### People's experience of using this service and what we found

People told us they felt safe. Staff received training in safeguarding people from abuse. Staff demonstrated that they understood the signs of abuse and how to report any concerns in line with the provider's policy.

Risk assessments were in place and reviewed regularly to minimise the potential risk of harm to people during the delivery of their care. People's care records were reviewed and any changes to people's care and support needs had been recorded.

People's medicines were managed and administered in a safe way by staff who had been trained to carry out the task.

There were sufficient staff deployed to meet people's needs in a timely manner. People were supported by staff who were trained and competent in their roles.

People were supported by kind and caring staff who took time to get to know people and what was important to them. Staff treated people with respect and respected their right to privacy.

People's health care needs were monitored and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People participated in activities they enjoyed and were encouraged and supported to socialise. People were supported to maintain relationships which mattered to them.

The provider had effective systems in place to monitor and improve the quality of the service provided. People and their families had opportunities to put forward their ideas and suggestions to improve the service they received.

The environment was safe, clean and hygienic. Suitable checks were made on the premises and equipment to ensure they were safe.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. (Report published 01/04/2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Springview

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, one Expert by Experience and a specialist advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Springview is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including the director, the registered manager, team leaders, senior care workers, care workers and housekeepers. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included 11 people's care records and multiple medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Springview. Comments included, "I can't live on my own as I need a place of safety and this place is safe" and "Yes I feel safe here."
- Policies and procedures were in place for whistleblowing and safeguarding adults from abuse.
- The registered manager understood their responsibilities to protect people from abuse including raising an alert, investigating concerns and reporting to CQC.
- Staff told us they would ensure that people were safe and would approach the management team for guidance if they suspected any abuse was taking place. One staff member told us, "I am confident if I report any concern this will be looked into very quickly by management."

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. People and their relatives were involved in assessing identified risks.
- There were risk assessments in place for falls, moving and handling, nutrition, skin care and infection prevention.
- Staff told us the risk assessments provided them with the information they required to keep people safe and provide appropriate support to people. For example, where people were assessed as being at high risk of malnutrition, there were plans in place to support them with this such as monitoring their intake and fortifying foods.
- Risk assessments had been reviewed regularly and updated when people's needs changed.
- Audits and checks of the environment were completed as part of the provider's on-going quality assurance processes. Records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting, gas and electrical safety, legionella, lifts and hoisting equipment were undertaken.

Staffing and recruitment

- We observed staffing levels were meeting the needs of people and there was always someone available to provide support when people needed this. A relative told us, "There is always staff around in the lounges."
- There was a robust recruitment process in place. All necessary checks were carried out before staff started work.
- Staff files contained evidence of proof of identity, right to work in the UK, a criminal record check and employment history.

Using medicines safely

- People received their medicines as prescribed and these were managed in a safe way.
- Only staff trained and assessed as competent could administer medicines to people. They took their time to be certain the person had swallowed their tablets before moving on to the next person.
- Medicine trolleys were kept in a secure location when not in use. People's medicines records were clear, complete and up to date.
- Where there were specific instructions for certain medicines, records were in place to show people received these as prescribed. Medicines that required extra checks because of their potential for abuse were managed in accordance with legislation.

#### Preventing and controlling infection

- People were protected by the use of safe infection control procedures and practices.
- The environment was clean and hygienic; domestic staff were observed cleaning rooms and communal areas throughout the day.
- Staff were trained and kept up to date with good practice. Staff were seen wearing the correct personal protective equipment, such as disposable gloves and aprons when supporting people with personal care.

#### Learning lessons when things go wrong

- Staff and the registered manager understood their responsibilities to record and investigate any accidents, incidents and near misses that may occur.
- Any concerns were regularly shared with the staff team through handovers, team meetings and staff supervision to enable learning and to improve practice.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an initial assessment completed to make sure their needs could be met before coming to live at the service. This included meeting with people and their relatives to discuss their needs and providing them with the opportunity of visiting the service before making any decisions about moving in.
- The initial assessment included collating information about people's life history, communication, sexuality, religious belief, health needs, mental health needs, social and physical needs, personal safety and end of life.
- From the initial assessments, care plans were put together to ensure staff had information about how people wanted their care needs to be met.

Staff support: induction, training, skills and experience

- People and relatives were complimentary of staff that supported them and felt that they were adequately skilled and trained to carry out their role. A relative told us, "Yes, they know what they are doing."
- Newly recruited staff were given an induction and staff told us this was useful and relevant to their job role. The induction programme was in line with the Care Certificate. The Care Certificate sets out the learning competencies and standards of behaviour expected of care workers new to care.
- Staff training was monitored to ensure refresher training was provided when required. Training undertaken by staff included health and safety, food hygiene, equality and diversity, safeguarding adults from abuse and additional training to meet the individual needs of the people who lived at the service.
- Staff told us they felt supported by the management team and they received regular supervision and an annual appraisal of their work performance. A staff member told us, "Supervision is every three months. But I can always speak with a senior if I have any personal or work-related issue."

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives we spoke with told us they were happy with the food provided.
- Picture and written menus were both available to people. One person told us, "I like the food." A relative commented, "I have been here to eat and it is very good and variety is good."
- We observed food was well presented on the day of our inspection. Hot and cold drinks and snacks were available to people throughout the day.
- Staff were able to tell us about people's dietary needs and how they followed the guidance in place.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were recorded in their care plans. Oral healthcare needs were documented in people's care records. For example, one care plan stated '[Person] wears dentures. Staff to assist to clean dentures after meals.'
- Records showed that people received input from the dietician, GPs, occupational therapists, speech and language therapists and district nurses. Recommendations made by the healthcare professionals were incorporated into people's care plans for staff to follow as necessary.
- Health professionals confirmed staff promptly informed them of arising health issues. This meant they could treat people's health needs in a timely and effective way. They told us they had positive working relationships with the registered manager and staff in the service. One professional said, "Staff have very good knowledge of all the residents. People appear well-looked after and we have no concerns."

Adapting service, design, decoration to meet people's needs

- The home was clean, bright and welcoming.
- People's rooms were decorated according to their personal choices and preferences. Rooms were personalised with people's personal effects and family photos.
- There was accessible garden space available, with raised flower beds and many seating areas where people could spend their time.
- The provider needs to further consider additional enhancements to assist people living with dementia. For example, signage, use of colour, photographs, music, personal memorabilia, all of which can aid orientation around the building.

Ensuring consent to care and treatment in line with law and guidance

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a good understanding of the MCA and DoLS and had made applications to the local authority for those people who required this level of restriction to help keep them safe. Conditions on people's DoLS were reflected in care planning and were met.
- Staff had received training about the MCA and understood how to support people in line with its principles. One staff member said, "I always ask for their consent before I provide any support. I also give people choice."
- Staff understood the importance of allowing people choice and gaining their consent. Where consent was not possible due to a lack of capacity, best interest decisions had been made with people's family, GP's, staff and other healthcare professionals involved. One person told us, "Yes, they are very good at asking for permission before doing anything."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were happy with the care they received and spoke positively about the staff. One person said, "All the staff are nice and kind." A relative told us, "The staff are very good and mum has never complained about anything."
- A visiting healthcare professional said, "Staff are very kind and caring. They are helpful and supportive."
- Staff were knowledgeable about the people they cared for. Staff valued people as individuals. They spoke about people warmly and respectfully and were observed to be compassionate and caring in their interactions.
- Staff received training in equality and diversity and were aware of people's diverse needs. Staff supported people to practice their faith where they required this support.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care and relatives were also involved.
- We saw minutes from resident and relatives' meetings. The discussions demonstrated people and relatives had opportunities to share views and make suggestions about the service.
- Information about how to access advocacy services was available in the service. These services are independent of the service and local authorities. They can support people in their decision making and help to make sure their wishes and views are heard on matters that are important to them.
- People told us they were able to make their own choices and decisions about how and where they spent their time. For example, they said they were able to go to bed and rise in the morning at a time that suited them; they chose where they wanted to have their meals and the activities they wanted to join in.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. We saw that staff knocked on people's doors before entering, and that care plans outlined how people should receive care in a dignified manner.
- People had access to privacy screens which we observed staff used when hoisting people in communal areas and they could also be used in the event of an emergency. Staff told us this was used to ensure people's privacy and dignity was protected and maintained at all times.
- We saw staff providing kind and compassionate support to people throughout the day, and independence was promoted as far as possible. One person told us, "Staff are pleasant and do the things that need to be done. I am still quite independent."
- On occasions it was necessary for staff to manage situations which were challenging. This was done in a

sensitive and appropriate manner, which reassured people and provided them with the support they needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we saw were personalised and contained information about people's care needs and preferences. People and their relatives told us staff knew their needs and preferences well and they had been involved in planning and reviewing their loved one's care.
- Most people we spoke with could not recall what their care plan contained but were unanimously happy that staff cared for them in the ways they wanted. One person told us, "I have been here three years now. I feel lucky to be here. I don't have to think about anything."
- Throughout the inspection we saw staff speaking knowledgeably with people about their preferences and needs. Staff were able to identify when a person required extra support and provided this quickly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans set out details of people's preferred method of communication.
- Staff were aware of people's communication needs and the support they required to feel comfortable.
- We saw staff getting to people's level when talking with them so the person could hear them better. We observed staff having conversations with people and they used simple language to encourage people to interact.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with friends and family. Relatives we spoke with confirmed there was no restriction on visiting times and they were always welcomed.
- People had also developed and formed close friendships with other people living at the service.
- People and their relatives were complimentary about the activities on offer.
- There was an activity co-ordinator in post who developed weekly plans with people based on what they wanted to do. The registered manager told us plans were flexible and could be changed if people decided they wanted to do other things.
- There were activities such as art and craft, music therapy, exercises, quiz, board games and puzzles. There were annual events to celebrate special occasions such as birthdays, Christmas and Easter.
- The activity coordinator was seen to be positively attempting to encourage people to join in activities,

although choices were always respected if people preferred not to participate.

- On the day of the inspection, there was music playing throughout the morning, with no television on. Staff took people to have their hair done at the on-site hair salon.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Information about how to make a complaint was displayed around the service.
- People and relatives told us they were able to raise any concerns, and these would be dealt with appropriately. A relative told us, "No complaints what so ever."
- Meetings were also held with people who used the service to give them an opportunity to discuss any concerns they might have.

End of life care and support

- The service worked in collaboration with external healthcare professionals to support people at the end of their life to have a comfortable, dignified, pain free death.
- Staff had received training around end of life care and support.□
- Each person had an advanced care plan which recorded their preferences in relation to end of life care and support.
- At the time of our inspection nobody living at Springview was receiving end of life care, however the registered manager and staff demonstrated a good understanding of how to support people when they were nearing the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The staff we spoke with felt supported by the registered manager and felt able to raise issues. One staff member said, "I get very good support from the manager. I feel valued for the work that I do."
- People and relatives we spoke with were complimentary of the management team.
- Staff told us the registered manager had an open-door policy and was available to support them at any time. The staff we spoke with told us morale was good amongst the staff and the stable leadership from the registered manager was a contributing factor to this. One staff member said, "We work well as a team, there is good co-ordination between all the teams."
- The registered manager understood duty of candour and their legal responsibilities to inform people and agencies when concerns are raised or when something has gone wrong.
- Relatives told us that people were well cared for and they were involved in decisions to do with people's care. We saw evidence of regular communication with people and their relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider were clear on their responsibility to ensure the service provided to people met their needs and also met regulatory requirements. There was a staffing structure in the service which provided clear lines of accountability and responsibility.
- We saw quality assurance and governance systems were in place. There was a schedule of audits in place to ensure the quality of service was maintained and where issues and concerns were identified these were addressed in order to make any required improvements.
- Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen whilst providing a service. The registered manager was aware of this responsibility to submit notifications when required.
- The provider had clearly displayed their previous inspection rating in the service and on their website, in accordance with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and the service had developed and maintained positive links with the local community. The provider organised events which encouraged participation from local schools, for example, music

competitions.

- The service and staff organised fundraising events to raise funds for various charities. One staff member working at the service had been awarded the British Empire Medal in the 2019 Birthday Honours, for her services to charitable fundraising in North London. The service organised a special tea in the staff member's honour.
- Quality questionnaires and surveys were sent out to gather people's and key stakeholder's views on the service. Staff were regularly consulted and kept up to date with information about the service via newsletters and meetings. Analysis of the feedback showed us overall people, their relatives and staff were happy with the service.
- The registered manager and the provider were committed to recognising and celebrating the contribution individual staff members made which benefited people. To demonstrate this, the provider implemented a staff of the month award. Staff members who were nominated received vouchers as a thank you gift.
- Regular staff meetings took place and staff told us they felt listened to and their views were taken into account.
- The registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety.

#### Continuous learning and improving care

- Effective quality assurance checks were carried out by key staff members, the registered manager as well as the provider. These included checks on people's medicines, care plans, staff recruitment and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were completed and cascaded to the staff team.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service. For example, when people had falls, action was taken to identify if there was a root cause for the falls and, minimise future falls and injuries.