

SheffCare Limited

Springwood

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

Springwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Springwood can accommodate up to 38 people that require accommodation and personal care, some of whom are living with dementia. The home is purpose built over three floors and each floor has communal lounges and dining areas. At the time of our inspection, there were 36 people using the service.

At our last inspection in February 2016, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at Springwood told us they felt safe. There were enough staff available to care for people safely and we observed staff providing care to people in a timely way. We saw staff were kind and caring. They treated people with dignity and respect.

We saw the service used effective recruitment procedures, which helped to keep people safe. Staff completed a thorough induction and received regular training to support them in their roles. Staff said they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm.

There were procedures in place to support the safe management and administration of medicines.

People's needs were assessed to ensure they received the correct level of care and support. People were supported to have maximum control and choice over their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People's healthcare needs were met. They had access to community based healthcare professionals, such as GPs, and they received medical attention when needed.

The registered manager completed regular audits of the service to make sure action was taken and lessons learned when things went wrong. This meant systems were in place to support the continuous improvement of the service. People living at Springwood and their relatives had confidence in the management of the

service.

People living at Springwood and their relatives were all very positive about the care they received. They spoke very highly of the carers employed at the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? 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 ●

Springwood

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 was planned to check 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 comprehensive inspection took place on 4 June 2018 and was unannounced. This meant nobody at the service knew we were coming. The inspection team consisted of two adult social care inspectors and an assistant inspector.

Before our inspection, we reviewed information available to us about the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts and notifications received by us. A notification is information about important events that the provider is required to send us by law. We took this information into account when we inspected the service.

We contacted Sheffield Council who help arrange and monitor the care of people living in the service. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the comments and feedback we received to inform our inspection.

During this inspection, we spoke with four people living at Springwood and five of their relatives. We spoke with a health professional visiting the service on the day of our inspection. We also spoke with nine members of staff. This included three care assistants, the activities co-ordinator, two team leaders, a domestic assistant, the deputy manager and the registered manager.

We looked at five people's care records, a selection of medication administration records and three staff files. We looked at other records relating to the management of the home and the quality of the service provided. This included quality assurance audits, training and supervision records and safety records for the building and the equipment in the home.

We spent time observing the daily life in the service including the care and support being delivered by all staff. We walked around the home, we saw people's bedrooms and we looked in the communal areas, including the bathrooms, the kitchen and the lounges.

Is the service safe?

Our findings

People told us they felt safe living at Springwood. Comments included, "Yes, I feel safe here. I rely on the staff here so I feel safe" and "The staff are lovely, they care for me well." Relatives told us they had no concerns about the safety of their family member living at Springwood. Comments included, "My [relative] is very safe here" and "[Relative] is very well looked after, it was a complete relief for us. [Relative] was in another home before and this place is so much better."

We saw there were enough staff on duty to keep people safe. We checked the staff rotas and saw staffing levels were maintained so that people's needs could be safely met. Some people told us they thought there weren't enough staff. Comments included, "There's not enough staff, but the ones that are here are good" and "I think sometimes they are short staffed and could do with more." However, other people living at Springwood and their relatives told us, "Yes, there's enough staff, they keep an eye on me, I like them", "Staff always go the extra mile, there's always enough people around" and "I would say there's enough staff, weekends are very busy though." During this inspection, we saw staff were available and visible throughout the home. We observed care being provided to people in a timely manner. This showed appropriate levels of staff were provided to keep people safe.

We found safe recruitment practices were followed. The three staff files checked contained an application form detailing a person's work history, interview scores, two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped the service to satisfy themselves the people employed were of good character and had been assessed as suitable to work at the home.

The staff were aware of their responsibilities for safeguarding adults. They received training in how to safeguard vulnerable adults and they all knew what action to take if they witnessed or suspected abuse. The service had a safeguarding adults policy and procedure in place. Staff told us they would report any concerns to the registered manager and they were confident she would take appropriate action. We saw the registered manager made appropriate safeguarding referrals to the local authority when required. This meant the service had appropriate systems in place to safeguard people from abuse.

Risks to people were assessed when they moved into the service. We saw various risk assessments were mandatory and had been completed for each person. For example, risks around moving and handling and falls were assessed. The assessments were person centred and provided staff with information they needed to support people to stay safe.

Medicines were obtained, stored and disposed of safely by staff. We watched a medication round and observed the staff member administering the medication to be very patient. Appropriate policies and procedures were in place to support staff in managing and administering medicines safely. We saw staff were trained in medicine administration so they could support people with their medicines in a safe way. People told us "I get my medication on time" and "I have no problems with my medication."

We checked people's medication administration records and saw they were correctly completed most of the time. However, we found some gaps in administration records for topical creams, which meant it was not possible to ascertain if they had always been administered to people as prescribed. We discussed this with the registered manager who confirmed this would be addressed as a matter of urgency. Following this inspection the registered manager sent us some staff meeting minutes, which showed a staff meeting had taken place the day after our inspection to discuss the gaps in the records to help ensure this does not happen again.

We found Springwood to be clean and we saw the service had an effective infection control policy in place. People living at Springwood and their relatives told us the home was always clean and tidy. Comments included, "The place is always spotless, they clean everything" and "It's very clean here, spotless in fact." We spoke with one domestic staff member who said they had access to the right equipment to clean the home effectively. They followed a daily cleaning schedule. We saw staff used gloves and aprons where appropriate, to help reduce the risk of cross infection. The registered manager had procedures and checks in place to maintain infection control and we saw all staff were trained in infection prevention.

Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. We found personal emergency evacuation plans (PEEP) were kept for each person so staff knew how to support a safe evacuation in an emergency.

The registered manager showed us they had a system in place to learn from any accidents or incidents, to reduce the risk of them happening again. The registered manager kept records of any accidents and incidents. They analysed the records every month to identify any trends and common causes. This meant the service learnt from incidents and took steps to improve the service to keep people safe.

Is the service effective?

Our findings

We saw people's needs were assessed when they moved into Springwood, to check the service was suitable for them. A detailed care plan was then written, which informed staff what care the person needed and how they wanted to be cared for. People were also invited to spend a day at Springwood before deciding whether to move in, so they could see what it would be like to live there. We saw people were asked to complete a document called "This is me" and this helped staff get to know people, their history and their likes and dislikes.

People living at Springwood and their relatives spoke highly of the care they received. Comments included, "It's marvellous here", "[Relative] has been here for three weeks and it's marvellous", "Staff know residents very well and work hard, there's always a calm atmosphere" and "The staff are all excellent and hands on, everyone pulls their weight."

Staff received a range of mandatory training, which included safeguarding adults, infection prevention, dementia awareness, moving and handling, equality and diversity, fire awareness and food safety. This meant staff had the right skills and knowledge to provide effective care and support to people. Staff told us the training they completed supported them to do their job properly and helped them keep up to date with good care practices. People living at Springwood and their relatives also told us the staff were well trained. Comments included, "The staff know what they're doing" and "The staff are very well trained, they show respect to everybody and they love the residents."

Staff received regular supervisions from their manager and appraisals twice per year. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss goals and objectives. Staff told us supervisions were useful and were treated as a learning experience so staff could continually improve.

People were supported to maintain a balanced diet. When people moved into Springwood, we saw they were asked about their food preferences. People's care records documented whether they had any allergies or special dietary requirements. People living at Springwood and their relatives told us, "The food is lovely here, particularly the breakfasts. There's always a choice of a cooked breakfast or continental and menus are displayed every day", "The food seems very nice, they're good portion sizes" and "[Relative] is a picky eater but staff work around them. They know they like certain foods and they make sure they eat." We saw mealtimes had a relaxed atmosphere and the dining areas were clean and bright.

People had access to healthcare services. We saw people were involved with a range of healthcare professionals such as GPs and chiropodists. People were also appropriately referred to community health services such as the falls prevention team and the hand clinic. This meant people were supported to stay healthy and any health concerns were promptly addressed. We spoke with a visiting health professional during our inspection who told us, "The staff are always pleasant to be around and deal with things efficiently. I would say they're very responsive when something occurs."

Springwood had a homely atmosphere. On each floor there was a 'family kitchen' where people could meet with their friends and relatives in a relaxing, comfortable environment. Relatives told us, "We like using the family kitchen when we visit, it feels like we're in someone's house", "The home looks like someone's living room and even the small touches make it that bit more homely" and "I'm extremely happy with the care here, we looked around at a few homes but as soon as we walked in here we knew it was the one. It feels like home."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 found that the service was making appropriate applications under the DoLS and their records demonstrated that they were complying with conditions placed on authorisations.

Is the service caring?

Our findings

People living at Springwood and their relatives spoke very positively about the staff. Comments included, "The staff are like my friends", "The staff don't just care for my [relative], they care for me and my family. They support us as well", "I honestly can't recommend this place enough" and "The staff are like diamonds, this place should be a beacon for outstanding practice."

Staff told us they would be happy for a family member or friend to receive care at Springwood.

We observed staff talking patiently to people who appeared relaxed and comfortable in their presence. When we spoke with staff it was clear they knew people well and they spoke with knowledge about people's needs and preferences.

People were treated as individuals and their choices and preferences were respected. All staff were provided with training in equality and diversity and we saw the service had an equality, diversity and inclusion policy in place. Information about different cultures and religions was available to staff in the function room. This could be used by staff as a prompt for things they may need to discuss with people such as dietary requirements and whether they wanted to participate in particular religious festivals or practices. People's cultural and religious needs were recorded in their care records, which meant staff could promote people's beliefs.

Staff treated people with dignity and respected people's privacy. People living at Springwood and their relatives told us, "Staff are all very keen to make sure everyone is well presented. They even bought some costume jewellery from the shop for people", "[Staff] take their role very seriously. They respect people's dignity" and "My privacy is respected. Sometimes I need staff to help me with my cream, but I'm always okay with how they do it."

Relatives told us staff made them feel welcome whenever they visited. Comments included, "We visit any time of the day and they [staff] value each and every resident" and "As relatives we never feel unwelcome or pushed aside. Staff understand us."

The service provided information to people about how they could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends who can act on their behalf. We saw information on advocacy services displayed within the service.

Is the service responsive?

Our findings

People living at Springwood and their relatives told us staff responded to their needs. Comments included, "I told staff that [relative] needed a crash mat and a special hospital bed. They sorted this for me straight away" and "Staff always tell me when something changes with [relative], they even rang me at midnight once. Staff make the whole effort."

We saw staff had a good knowledge of people's needs and could clearly explain how they provided support that was important to each person. We saw that most care records were detailed and reflected people's needs accurately. This meant staff were able to follow the care plans to provide each person with personalised care and support.

However, we saw one care record had not been updated following a decline in the person's health. We observed care staff providing the correct level of care, however the care record did not reflect the care that was being provided. We discussed this with the registered manager who assured us the care record would be reviewed and updated as a matter of urgency. Following our inspection, the registered manager provided us with a copy of the updated care record, which accurately recorded the person's needs.

People were supported to take part in activities, both in the home and in the community. People told us, "I like doing the word searches. We always do things like this and I enjoy them", "There's always a lot going on" and "For the Royal wedding we all made hats, it was lovely, we could all choose our own colours." Relatives told us, "There is loads going on in terms of things for residents to do. They can go outside or there's always music on. It couldn't get better", "Residents always sit outside in the summer. They [staff] are very accommodating" and "[Relative] is constantly doing things. Their mental and physical health has improved so much."

The service had a complaints procedure in place and this was clearly displayed throughout the home. People we spoke with knew how to make a complaint if they needed to. This showed that people were provided with important information to promote their rights and choices.

The registered manager kept a written record of any complaints received, including details of how those complaints were resolved. We saw all complaints were dealt with in a timely manner and in accordance with the complaints policy. The registered manager also discussed any complaints at staff meetings to raise awareness of things that had gone wrong and why. This helped to prevent similar incidents happening again.

The service had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. We saw a detailed policy in place to guide staff when caring for someone at the end of their life. The service worked closely with health professionals to make sure people had access to the support they needed during this time. People were asked how they would like to be cared for at the end of their life and a 'preferred priorities for care' plan was used to help people plan their end of life care. This meant people were supported to have a dignified death, in accordance with their own wishes. Recent

feedback from relatives included, "The care and concern staff gave [relative] in her last few days was exemplary. She was always clean and fresh, her room was a stream of staff popping in so she wasn't on her own, with her favourite music playing on a CD player."

Is the service well-led?

Our findings

Relatives were very positive about the registered manager. Comments included, "[Registered manager] runs this place very well, everything is well organised. She's very approachable. I know she runs a tight ship", "The service is very well managed by [registered manager]" and "The manager is very good, she's approachable and we're definitely kept very well informed of what's happening."

We found a welcoming and positive culture at the service, which was encouraged by the registered manager. Staff told us they enjoyed their jobs and this was clear from our observations during the inspection.

There was an open and transparent culture within the home, with the CQC rating from the last inspection on display in the entrance for everyone to see.

A number of quality assurance audits were completed each month, covering different areas such as infection control, health and safety, care records and medication administration. Where audits identified areas of improvement, we saw these were actioned appropriately, with the exception of one audit of a care record. Following the inspection the registered manager provided us with evidence to confirm the actions identified in this audit had been completed.

Staff told us that staff meetings took place so important information could be shared with them. We saw minutes of staff meetings, which showed staff were informed about identified areas for improvement resulting from the monthly audits. This meant the results of the audits could be reflected upon by staff to help drive improvements to the quality of the service throughout the year.

People living at Springwood and their relatives were asked for their feedback on the service. Questionnaires had recently been sent to relatives and professional visitors, asking for feedback. The registered manager told us the feedback would be analysed and any trends identified. This process was completed annually and supported the service to continuously learn and improve.

We saw 'residents meetings' were held to share information and obtain people's views. The minutes of the last meeting showed people living at Springwood were happy with the service and had no concerns to raise. The registered manager had recently re-introduced a "relatives support forum" for relatives of people living with dementia. The aim of this was to support relatives' understanding of dementia, form friendships and to enable the service to receive further feedback.

We found the registered manager was keen to deliver a person centred service and drive improvement. The registered manager had recently coordinated and hosted a theatre training group performance depicting bad to good care practices. Staff at Springwood and other care homes were invited to the performance. The registered manager told us the performance had a big impact on staff and prompted staff to reflect on their care practices. This helped to promote a positive, person centred culture at the service.