

Bupa Care Homes (CFChomes) Limited

The Springs Care Home

Inspection report

Spring Lane
Malvern
Worcestershire
WR14 1AL

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22 September 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

The Springs Nursing and Residential Home provides accommodation and nursing care for a maximum of 65 people who may live with dementia. At the time of our inspection there were 63 people living at the home. There were three separate units at the home, two that supported people with nursing care and one that was for people without nursing needs.

The inspection took place on the 21 and 22 September 2016 and was unannounced.

The registered manager had left the service and the new manager was applying to be registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Registered providers and registered managers 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 and their relatives told us that they felt safe and staff treated them well. However, because of staff sickness and some vacancies sometimes there was at times a lack of staff to meet people's care needs in a timely way. The manager had identified the concerns and was taking appropriate action.

Staff we spoke with demonstrated an awareness and recognition of abuse and systems were in place to guide them in reporting to these. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them.

Staff had up to date knowledge and training to support people who lived at the home. People were able to make choices about their day to day care and staff provided the appropriate support when people needed it. People told us they had food and drink they enjoyed, and choices in what and where they ate. People said they had access to health professionals where needed. Relatives told us they were in regular contact with staff at the home and were kept updated when needed.

Staff knew people well, and took people's preferences into account and respected them. People were able to see their friends and relatives as they wanted. There were no restrictions on when people could visit the home. People and relatives knew how to raise complaints and were confident action would be taken if needed. The registered manager had arrangements in place to ensure people were listened to.

People were involved in some pastimes they enjoyed. The manager was reviewing what interesting pastimes were available for people living at the home. They knew who to speak to if they needed to make a complaint and felt confident any issues raised would be resolved. People who lived at the home and staff were involved in meetings and were getting to know the new management team.

The new manager was working with the new unit manager on one unit at the home to improve the

deployment and the attendance levels of staff. They were also working with staff to monitor their competencies and improve the effectiveness of staff to support people. The management team were working on an improvement plan which had identified concerns found during our inspection.

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

People were supported by staff who understood how to provide and meet their individual care needs safely. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective

People were supported by staff who had regular training. When needed people were supported to make decisions about their wellbeing. People enjoyed meals and were generally supported to maintain a healthy, balanced diet which offered them choice and variety. People and relatives were confident staff had contacted health care professionals as they needed to.

Is the service caring?

Good ●

The service was caring

People and relatives thought the staff were caring and kind. People living at the home were treated with dignity and respect. People were supported to maintain important relationships.

Is the service responsive?

Good ●

The service is responsive

People benefitted from regular reviews. People had access to some past times they enjoyed which were under review by the management team. People and relatives felt they were able to raise any concerns or comments with staff or the management team and these would be addressed appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

People were not consistently supported by staff deployed to support them with their needs. People were not consistently supported by staff who were monitored by the management

team to ensure they were competent with supporting people. One unit was waiting for adaptations to support people living with dementia. The new management team were getting to know people, their relatives and staff at the home to increase their confidence.

The Springs Care 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 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.

We made an unannounced inspection on 21 and 22 September 2016. The inspection team consisted of two inspectors, a specialist adviser and an expert by experience that had expertise in Dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist adviser was a specialist in Dementia care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service. Before the inspection, the provider completed a Provider Information Return (PIR). This 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 spoke with two people who lived at the home and ten relatives. We also spoke with two health professionals from the clinical commissioning group, who visited the home to monitor medicines for people living at the home.

We observed how staff supported people throughout the day. As part of our observations 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.

We spoke with the manager, the operations manager, the deputy and 20 members of staff. We looked at seven records about people's care. We also looked at 19 medicine records, complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

Is the service safe?

Our findings

We inspected The Springs Care Home in September 2015 and found improvement was needed because of regular staffing shortages. On this inspection we found there were continued staffing shortages, these were mainly short notice absences on one unit at the home. The manager had taken steps to manage the absence levels, continue a recruitment campaign, and was reassessing the level of people's support needs.

People we spoke with told us they felt safe. One person said, "I asked to come to this home as I have underlying health issues and I wanted to be somewhere safe." Some people we spoke with were not able to tell us if they felt safe. We saw staff regularly reassure people when they became confused, and spend time with them. People responded positively to staff reassurance and they appeared more relaxed.

Relatives we spoke with told us they felt their family member was safe at the home. One relative said, "All the staff know [family member] so well, they always keep them safe." Another said, "All my family are so happy with the care here, they [staff] have really gone out of their way to help [family member]."

The manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. This was also reviewed in team meetings to support staff knowledge. We saw there were procedures in place to support staff to safeguard people living at the home.

We attended a meeting with staff at the beginning of their shift. Staff said they were able to contribute to the safe care of people by giving information to their colleagues during this meeting. They discussed each person's wellbeing and raised any issues which may require a risk assessment review or follow up on their physical health needs. We saw relevant information was shared with staff to enable them to support people. Staff said and we saw people had their needs assessed and risks identified. Staff told us about how they followed plans to reduce these identified risks. For example we saw staff ensure one person had their relevant piece of equipment to ensure they were protected from developing sore skin. We saw staff always ensured the person had their equipment wherever they chose to sit.

People we spoke with said there was usually enough staff to support them when they needed support. However, one person told us, "The staff levels at night, weekends and bank holidays are not good." We found a mixed response from relatives about staffing levels dependent on which unit their family member lived on. Four relatives said there were always enough staff to support people. One relative told us, "Good level of staffing." Another relative said, "I have not noticed any difference in the atmosphere on the different days I visit there seems a good level of staffing." Three other relatives expressed concerns about the level of staff. One of these relatives told us, "Staffing levels could do with being upped. There are less staff at weekends and bank holidays." We spoke with the manager and staff and they said usually there were enough staff. However the manager was aware there were short notice absences of staff on one unit. She had identified the concerns and was taking action to rectify them. Staff told us people were not impacted by

these absences because they worked hard to ensure people had the support they needed. We saw sufficient staff on duty to support people during the two days of our inspection. We spoke with the manager and she explained how she was reviewing dependency levels to ensure there was enough staff to support people living at the home with their changing needs. Two staff told us the manager had recruited to staff vacancies in their area and therefore there had been an improvement.

The operations manager explained that the manager was actively recruiting staff and had attended recruitment events to recruit more staff to ensure staffing levels could be maintained. The manager said she was managing the staffing vacancies and used regular agency staff when she needed to if the regular staff team were unable to cover the vacancies.

Staff told us they completed an application form and were interviewed to check their suitability before they were employed. The manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the manager to ensure suitable people were employed, so people living at the home were not placed at risk through recruitment practices.

We looked at how people were supported with their medicines. One person said, "They always ask if I am in pain, and give me a tablet when I need it." Relatives said their family member had their medicines when they needed them. One relative said, "I have had no reason to complain about the medication or care that my [family member] receives." All medicines checked showed people received their medicines as prescribed by their doctor. We observed how staff supported people to take their medicines. We found people were asked for consent before their medicines were administered and staff had a good knowledge of the medicines they were administering. There were suitable disposal arrangements for medicines in place. Some people were unable to say when they needed their as and when medicines. There was clear guidance for staff to know when to administer them.

We spoke with two health professionals from the Clinical Commissioning Group (CCG) who visited the home weekly to monitor the use of medicines for people living at the home. They told us the home managed medicines safely and said they had good communications with the management team at the home.

Is the service effective?

Our findings

People told us staff knew how to provide support for them. One person we spoke with said, "They (staff) know how to help me." Relatives we spoke with told us staff knew how to support people living at the home. One relative said that staff had a good knowledge of how to support people living with a dementia.

Staff told us they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing experienced members of staff. Staff said they had met all the people they were supporting and experienced staff shared their best practice so people had their needs fully met. Staff told us they were confident with how they provided support for people using the service. They said they felt prepared and had received training in all areas of care delivery. One member of staff said they had received training about people living with dementia. They told us this had improved their understanding and practice when supporting people living at the home. Staff said they felt well supported and had regular supervisions and an opportunity to review their training needs. They were encouraged to complete training to improve their skills on a regular basis. This training included the Mental Capacity Act 2005 (MCA) staff were able to explain what this meant for people they supported.

The 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 told us staff always asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and they explained how they would report this when they needed to. They had an understanding of the MCA, and had received relevant training about this. Staff told us they always ensured that people consented to their care. We saw staff routinely ask people for their consent as they supported them. Staff were aware of who needed support with decision making and who would be included in any best interest decisions for people. The manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, we saw a best interest meeting had been arranged for one person who needed support with a particular decision.

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.

The manager and the deputy manager told us there were DoL applications applied for at the home and some had been agreed by the local authority. They said they regularly took advice from the local authority about what applications needed to be completed. Staff we spoke with understood the legal requirements for restricting people's freedom and care was delivered in the least restrictive way. The deputy manager explained that DoL applications were kept under review and changes were reported to the local authority.

People told us they enjoyed the food and were offered choice. One person said, "There is plenty of food, with a good choice and it is very tasty." Relatives told us they had seen that the food was generally good. One relative said, "[Family member] has put weight on since they have been here, they eat more here than they did at home." Another relative told us they were regularly involved at mealtimes and said staff were always kind and patient with their family member. They also told us their family member had maintained a stable weight since living at the home. A further relative said, "Staff are always coming round asking people if they want a drink."

Staff were aware which people had special dietary needs. They worked with people living at the home to ensure everyone had the food they needed and enjoyed. Staff explained that people at risk of weight loss had been reviewed by their doctor and a plan was put in place to mitigate the risk. People who had difficulties in swallowing their food were referred for specialist advice from Speech and Language Therapists (SALT). We saw staff were aware of which people required special diets and we saw soft food options were in place for people that needed them.

People we spoke with said they saw a doctor when they needed to. Relatives we spoke with said their family member received support with their health care. Two relatives explained how staff were quick to respond to concerns raised and this had supported their family members health needs. The staff we spoke with told us the importance of monitoring the health of each person. Staff explained that some people were not always able to say if they felt unwell. They went on to say how their knowledge of people, observations and discussion with their colleagues, relatives and the unit managers enabled them to support people with their health needs effectively.

Is the service caring?

Our findings

At our last inspection in September 2015 we found people's meal time experiences were inconsistent because people experienced different levels of interaction from staff. At this inspection we found people's experience during meal times had improved. We saw unit managers regularly supported staff to lead by example and provide consistent quality care during meal times.

People we spoke with told us that staff were very friendly and kind. One person said, "Staff are very nice and helpful" Relatives we spoke with told us staff were patient and helpful. One relative said, "Staff are very friendly and very respectful." Another relative told us, "Staff are very patient."

Staff explained that they knew people's personal histories which supported them to provide individual care and to get to know people's likes and dislikes. We saw during their exchanges with people that they had a good knowledge of people's personality, their lifestyles and interests. We saw caring interactions between staff and people living at the home. For example, we saw one member of staff sitting and chatting with one person about their relatives and reassuring the person their relative would be visiting later that day. Staff showed respect when they spoke about people who lived at the home. One member of staff said, "I love working here, all the people living here make it so worthwhile."

People and their relatives said they were involved with how people living at the home were supported. One relative said, "They always discuss with me what needs to be done so we can all work together." Another relative said, "Staff always listen and work with my [family member] they don't just force them into anything."

People we spoke with told us they were treated with dignity and respect. Relatives said their family members were treated with dignity. One relative told us, "Staff are always respectful and maintain [family member's] dignity." Staff we spoke with showed a good awareness of people's human rights. They explained how they treated people as individuals and really listened to what people wanted. For example we saw one person supported to eat their meal where this person chose, this was clearly the person's choice and staff supported them to eat where they wished. The staff said ensuring people maintained their dignity was very important to them.

Some people who could not easily express their wishes did not have family or friends to support them make decisions about their care. Staff at the home had links to local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Relatives told us they were welcome to visit at any time. One relative said, "All the staff really make me welcome, I can come whenever I want." This helped people who lived at the home to maintain relationships that were important to them.

Is the service responsive?

Our findings

People we spoke with said they were well supported. Relatives we spoke with told us they were involved in the support their family member received and attended reviews. One relative told us, "I can talk to the nurses whenever I come, they always know what's been happening, it's very reassuring." Another relative said, "They [staff] asked about everything at the beginning so they had all the right information to support [family member]."

Staff told us they recorded as much information as possible about each person living at the home, their interests, history and preferences. Staff we spoke with were able to tell us about the individual needs of each person as well as any health conditions that affected their care. We looked at seven people's care plans and found that they were consistently updated and focussed on each person as an individual.

Relatives we spoke with said their family member had the support they needed regularly reviewed. For example one relative told us their family member had been having a lot of falls. They went on to say how the unit manager had reviewed the support needed and arranged additional staffing support which had reduced the number of falls.

We saw there was a coffee morning arranged for people living at the home, their friends and relatives. People from the different units were supported to attend with their families. This was a regular event arranged by staff at the home. One person said "I help out on events like the coffee morning and do a bit of gardening. The facilities are reasonable and I am reasonably happy here". One relative explained how much they enjoyed the coffee morning and the chance to chat in a different atmosphere.

The activities organisers told us how they worked with each individual to find out the interests people enjoyed. One person said, "'Most of the time, I am supported by the staff and can suggest ideas for activities.'" Another person told us, "I sit outside on the nice benches in the garden area when the weather is nice." Relatives said their family members could have more interesting things to do. However one relative said, "The activities co-ordinator encouraged my [family member] to start painting and they thoroughly enjoyed it." Another relative told us, "It is a lovely home with lots going on. Staff very friendly and welcoming, they wave to me when I come in if they're in the office and I cannot feel any underlying tensions among them." We found there were arranged past times for people living at the home, and one activities co-ordinator explained how they were reviewing how they provided this support. The manager said she was recruiting a new activities co-ordinator and was arranging a workshop to improve how people were supported to pass the time.

People said they would speak to staff about any concerns. One person said, "I have not had to make any complaints." Relatives told us they were happy to raise any concerns with either the manager or staff. They said they were comfortable to speak with any of the staff about any matter they were concerned about. One relative said, "I am happy to ask the nurses or the staff if I am not sure about anything." Another relative explained how they had commented about something to the unit manager and it had been actioned straight away.

The provider had a complaints policy in place. This information was available to people and was displayed in the home. The complaints policy showed how people would make a complaint and what would be done to resolve it. The manager investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and a meeting held to discuss and agree the outcome. There were clear arrangements in place for recording complaints and any actions taken. The operation manager explained that complaints were monitored and any learning from the complaint was completed and shared with staff. Staff we spoke with confirmed that learning from complaints raised was shared with them.

Is the service well-led?

Our findings

We inspected in September 2015 and found a breach in the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements to protect people who lived at the home. Following the inspection in September 2015 the provider sent us an action plan to tell us what improvements they were going to make. At this inspection we saw that the actions required had been completed and these regulations were now met. However we saw that further improvements were needed to ensure consistent care was delivered.

Since our last visit the registered manager had left the service and there was a new manager in post. The manager was in the process of registering with Care Quality Commission. The manager and the operations manager acknowledged there were several areas which needed improvement to ensure people received consistent quality care.

During our inspection we saw an instance on one unit where staff supported people to mobilise in an unsafe way. We checked with the staff concerned and they had been trained and knew the safe way to support people to mobilise. We spoke with one member of staff and they had identified that unsafe short cuts were frequently used to support people to mobilise. We spoke with the manager and she was aware that there were some concerns and was already working with the senior team to monitor staff to ensure safe methods were used. We saw many other instances where the safe methods were used by staff. The manager said she would arrange for specific updates on safe mobilising of people for the staff involved. We looked at accidents and incidents and there were no reports of people having any injuries from unsafe practices. However, at the time of our inspection people living at the home were potentially at risk because some staff used unsafe practice to support people to mobilise.

Staffing levels on one unit were not reliably sufficient. The manager had identified that improvements were needed. She was taking action and addressing staff not reliably attending shifts at short notice which made it difficult to arrange cover for that member of staff. On this unit there had also been a change in unit manager who was working with the new manager to improve staffing levels and staff deployment to ensure they worked as an effective team. The manager had also identified that staff were not always working effectively to ensure people were supported in a timely way. She was working with the senior team to ensure staff were deployed and lead effectively to ensure everyone received quality care. Relatives and staff told us that people were not consistently supported by sufficient staff to ensure they supported people living at the home effectively. The manager and unit manager were working to improve this however at the time of our inspection this had not been consistently achieved.

We looked at the culture of staff providing care at the home. We saw many examples of caring interactions between staff and people who lived at the home. We saw the unit manager and the new manager had worked with staff to support people in a caring way. However on one unit the manager explained that she was working with staff to improve their moral and team spirit. One member of staff said they were not always happy to work on this unit because there was a lack of team spirit and they did not always have time to spend with people as they would wish. They also said they felt that the new unit manager and the

manager were working at addressing this.

Staff working in other areas of the home told us their colleagues were, "Excellent," and they "Always enjoyed working at the home." One member of staff said they worked together as a team. Staff told us they generally felt supported by the management team and there was always someone available to speak with them if they had a concern.

We saw there were further adaptations made to the design of the home environment to support people with dementia since our last inspection. For example, on one unit there was clear signage and artefacts to support people living with dementia. However on another unit there was a lack of design to support people living at the home. For example on the other units there were changes to the dining area to look more like a café. The manager told us there were refurbishment works planned for this unit and improvements with particular focus on the needs of people living with dementia. Staff we spoke with who regularly worked on this unit said they were looking forward to these being completed.

Staff told us there were regular meetings with the management team to involve them in what was happening at the home. The new manager explained that she was establishing herself and was working with staff to have confidence with her. Staff were aware of the whistle blowing procedures and one member of staff said, "We have lots of ways to pass on our dissatisfaction if we want to." Staff we spoke with said they were confident to report any concerns and discuss with the management team.

The provider completed regular visits and assessed many aspects of care provision. For example there were regular audits on people's care plans and we saw that care plans were complete and kept up to date. The operations manager and the new manager had a home improvement plan which they were reviewing regularly to improve the quality of care delivered. The manager explained that she had reviewed the key worker system where a specific member of staff was allocated to each person. The manager was in the process of establishing the system to be more focussed on the person and not solely a review of people's paper work. Relatives confirmed that this was not established at the time of our inspection. The manager told us this was still a work in progress.

People and their relatives told us they were still getting to know the new management team. One relative said they had raised concerns at the last residents' meeting and were waiting to see if improvements were made. All the people and their relatives said they were confident to speak with the management team. They told us all the team were approachable. There were regular residents and relatives meetings that involved people in what was happening at the home. One relative said, "I always attend meetings." Another relative told us, "I can always talk to the unit manager, she always knows what's going on, and she's brilliant."