

Portland Care 6 Limited

Springfield Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Springfield Grange is a care home providing personal and nursing care. The service can support up to 94 people. Care was provided in 3 units the Rowan, Willow and Hawthorne unit. A further 2 units were not in use. At the time of inspection 40 people were using the service.

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

The provider had a comprehensive improvement plan to address the shortfalls highlighted under the previous provider. They had also identified further areas they wished to improve and included these in the plan.

The people we spoke with felt they were safe, and we observed the atmosphere was calm and people were happy and relaxed in the home. We were assured people were safeguarded from abuse and neglect. There were no significant concerns found in relation to cleanliness and infection prevention and control. Improvements were being made to the way risks to people were assessed and managed. Although, there was a need for further improvement. The service was going through a period of change and there was a reliance on agency staff to cover staff vacancies.

We have made a recommendation about the recording of some medicines.

People's care plans had been in place prior to the provider becoming registered and held limited information. As the new team became familiar with people's needs, amendments had been made to people's assessments and care plans. However, some people's assessments had yet to be fully reviewed. The provider told us they were working towards a change from frozen food to home cooked meals to improve people's mealtime experience. Overall, people felt their health needs were met. The team had made referrals to support people with access to health care services and equipment. This was with the aim to better meet people's needs, enhance their independence and improve their quality of life.

The provider was aware there was a need to improve the premises to provide a more pleasant living environment and had started planning for refurbishment. The provider and manager had a strong commitment to providing the right training and support for staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Everyone we spoke with felt staff were kind. People and their relatives told us they were able to express their views and were involved in decisions about their care. Staff were careful to maintain people's dignity and privacy and supported people's independence. Most people gave positive feedback about the care they received. Newly recruited activity staff had commenced work delivering opportunities for people to engage in activities. People's wishes were recorded and acted upon. Complaints were investigated and responded to appropriately.

It was evident the management team were addressing the issues and shortfalls they were presented with upon taking over the running of the service. We saw evidence of improvements in people's quality of life and overall and people's feedback was positive about the service. Staff told us the home was becoming a better place for people to live.

We have made a recommendation about further embedding the provider's quality assurance systems into practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 July 2022 and this is the first inspection. The last rating for the service, under the previous provider was requires improvement (published on 10 June 2022).

Why we inspected

This was a first planned inspection since ownership of the home changed. The inspection was prompted in part due to concerns received about staffing, moving and handling, lack of social stimulation and people not receiving appropriate care and treatment. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see all sections of this full report.

Follow up

We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Springfield Grange

Detailed findings

Background to this inspection

The 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Springfield Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Springfield Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager was not in post and had applied to cancel their registration. A new manager had been in post for 5 weeks and told us they intended to apply to register with CQC.

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 the local authority and Healthwatch. 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 information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We visited the service on 29 November 2022. We spoke with 9 people who used the service and 2 relatives about their experience of the care provided. We spoke with 9 members of staff including the new manager, care team leaders, care workers, ancillary staff and an agency nurse.

We observed staff interacting with people in all areas of the home and reviewed a range of records. This included 4 people's risk assessments, care plans and care records. We saw records related to medicines for 5 people. We also reviewed monitoring records regarding people's weight and accidents and incidents.

Following our inspection visit we continued to speak with the manager and regional manager. We reviewed further records remotely to validate evidence found. This included information regarding infection prevention and control, quality and safety records, audits, policies and procedures and meeting minutes. We received further comments from 3 staff members regarding their experience of working at the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had recognised improvements were needed in the way risks to people were assessed and managed.
- A new system of assessment, care planning and review was being introduced. The manager told us 'flash meetings' took place daily to maintain communication between the different specialisms and teams in the home. This included discussion of people's needs, particularly in relation to risk. The manager explained this enabled information to be added to the existing risk assessments and care plans, until the new system was established.
- Environmental risks were appropriately managed. For instance, the manager provided evidence of timely fire alarm checks, fire drills and staff fire safety training.

Systems and processes to safeguard people from the risk of abuse

- We were assured people were safeguarded from abuse and neglect.
- The people we spoke with felt they were safe, and we observed the atmosphere was calm and people were happy and relaxed in the home. One person said, "Yes, I do feel safe. The people are so nice; the carers. They do care for me."
- Incidents were referred to the local authority safeguarding team and reported to CQC.
- Staff received safeguarding training. This helped to make sure staff would be competent and confident to identify and report abuse.

Using medicines safely

- Staff received appropriate training in the administration and management of medicines.
- People we spoke with were happy with the support they received with their medicines. One person said, "I'm on medication. They [staff] are always on time, I don't have to wait."
- We did not identify concerns regarding the administration of people's medicines. Although, where people were prescribed pain relief patches, staff had not completed body maps to reflect where these were applied. This was necessary to make sure patches were applied or rotated in line with manufacturers' guidance, to reduce the risk of side effects.

We recommend the provider consider current guidance on the recording of medicines administered and take action to update their practice accordingly.

- We saw protocols in place for medicine prescribed for 'when required,' often referred to as PRN medicine.

This ensured staff were clear under what circumstance this medicine should be administered.

Learning lessons when things go wrong

- There were systems in place to ensure incidents were reported, investigated, reviewed and monitored to prevent further occurrences.
- The management team reviewed incidents to ensure risks were reassessed to prevent reoccurrence and update any actions identified. Audits were completed, and lessons learned were shared with staff to improve the service and reduce the risk of similar occurrences.

Staffing and recruitment

- The service was going through a period of change and there were a number of staff vacancies and absences. The regular staff told us the use of agency staff was not good for consistency of care. However, staff were clear people had not been put at risk or come to harm.
- The provider was prioritising staff recruitment with new recruits beginning to join the team and several others awaiting the completion of the provider's pre-employment checks. We reviewed staff recruitment files, which indicated the provider had a process in place to make sure new staff were recruited safely.
- We saw there were enough staff deployed to meet people's needs. However, we noted some agency staff were task focussed and rarely engaged with people or other team members unless taking part in care tasks.
- People told us staff were often very busy. They said this meant they sometimes had to wait for someone to respond to their needs. For instance, one person said, "Staff are always, always busy. You've got to wait. If I buzz, they might be in with somebody else and they can't leave them. But they do come." However, they added that they felt the waiting times were not unreasonable. Another person said, "Sometimes I think there could be more staff here, but they do come in and care for me."

Preventing and controlling infection

- On the day of our visit the home appeared sufficiently clean and there were no unpleasant smells.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home and we did not identify any concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- There was a need to improve people's assessments and care plans to make sure they were receiving the right care.
- Although people had care plans in place, these were inherited from the previous provider and gave limited information regarding people's needs and preferences. As the new team became familiar with people's needs some amendments had been made to people's assessments and care plans. However, changes in the make-up of the new team meant process was slow. Therefore, some people's assessments had yet to be fully reviewed to better reflect their needs.
- Overall, people felt their health needs were met. One person told us, "I can see the doctor."
- The use of agency staff had also led to some tasks 'being unfinished.' For instance, one person was having a respite stay in the service. Only basic information was in place to help staff provide care to them. The manager told us this was an oversight on behalf of the agency nurse responsible and would be addressed as a matter of priority.
- Other healthcare professionals were involved in people's care. For example, GPs, speech and language therapy services and mental health practitioners. The team had made a number of referrals to other health care services to support people to have access to services and equipment. This was with the aim to better meet people's needs, enhance their independence and improve their quality of life. This included requests for assessment for specialist mobility aids, to enable people to spend time out of bed.

Staff support: induction, training, skills and experience

- The new provider and manager had an overview of staff's training and support needs and a strong commitment to providing the right training and support for staff.
- Staff told us they received regular supervision and completed mandatory training. The records we saw confirmed this.
- Staff who worked in the service before the new provider took over said there were real improvements in the training and support they received. They told us they were being better supported to learn and develop and had access to a broad range of training.

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

- People's food and fluid intake was monitored and recorded to make sure people received a balanced diet and drank enough to meet their needs.

- The people we spoke with told us they were happy with the food provided. People's comments included, "It's great. It's lovely, I really enjoy the food," "It suits me, I'm not into anything elaborate," and "You do get some snacks, yes and the food is alright."
- On the day of the inspection there was no menu available and staff told us they were not sure what meals were on offer until they arrived. Staff said there were always 2 options and alternatives were available if the options did not meet people's needs. When the lunch arrived, people were offered at least 2 choices of main meal and dessert. Some people would have benefitted from being shown pictures or plated meals to assist them in their decisions.
- Overall, the mealtime routine was task focussed with little social interaction. Although, we did see some kind and caring interventions between the staff and people who used the service.
- In the dining areas, tables were set with drinks, glasses, cutlery and condiments. One person would have benefitted from assistive crockery and cutlery, as they struggled to eat without spilling their food.
- The provider told us plans were progressing in respect of improving the dining areas and implementing dementia friendly mealtime strategies.

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

- The provider was aware there was a need to improve the premises to better meet people's needs and provide a more pleasant living environment.
- Some areas needed redecoration and better quality lighting. Until the planned refurbishment was completed, the activities coordinators had started brightening areas with displays of people's art and craft work and photographs. The senior management team provided assurance that an area of damage to the floor in one corridor would be addressed as a matter of priority.
- The provider was undertaking planning for refurbishment of the premises, with a view to better suit people's needs. The manager explained their initial plans. This included modification of the main entrance to make it more welcoming. Other plans included separation of the dining and lounges areas to improve people's dining experience. Some areas of the building were not in use. The manager told us the provider was planning to reconfigure these areas.
- We saw people coming and going, using the garden without restriction.

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 service ensured people were involved in decisions about their care.
- People told us they were encouraged to make their own decisions and were supported to be as independent as possible. One person said, "[Staff] know I like to be independent. They help with things

when I need it. I come and go as I please.

- DoLS applications were made where appropriate and a record kept detailing when they were due to be reviewed.
- Where people were assessed as lacking capacity to make a particular decision, the provider followed best interest processes to protect people's rights.
- Staff received training in the MCA and associated codes of practice. They understood their responsibilities knew what they needed to do to make sure decisions were taken in people's best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 confirmed they were well treated and well supported.
- Everyone we spoke with felt staff were kind. One person said, "They [staff] are never snappy or anything like that, they always speak nicely. They're really nice girls." Another person told us, "I've got such a lot of nice people around. I can't complain about anything. [Staff] work so hard to keep everybody happy."
- We saw some positive, kind and caring interactions between staff and people who used the service.

However, some agency staff did not interact with people unless they were engaging in direct care tasks. We discussed this with the management team who were aware of the issue. They provided evidence of action they were taking to ensure improvement.

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

- People and their relatives told us they were able to express their views and were involved in decisions about their care.
- We saw people offered choices about activities they wanted to take part in, where they dined and what they ate and drank.
- If people wanted or needed independent support with making decisions, the service helped them to seek support from independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff showed concern for people and made sure people's rights were upheld.
- Staff made sure people received the care they needed and were careful to maintain their dignity and privacy.
- One relative said, "Yes, 1 hundred percent, [my relative's] dignity has been maintained."
- People told us staff assisted them while promoting their independence.
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The provider was making good progress in improving people's involvement in decisions about their care and support.
- There were improvements to the activities and social stimulation available to people as new activity coordinators had been recruited.
- Two of the 3 newly recruited activity staff had commenced work in the home and were delivering opportunities for people to engage in activities, both in the home and in the community. They had swiftly started work to make sure the timetable of activities was person centred and reflected people's choices.

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

- The provider was working to an action plan to improve the way people's care was planned with them. This included the introduction of more comprehensive and accessible care plans. This was in the early stages, so there remained a need to further improve people's care plans to better reflect their individual needs.
- Most people gave very positive feedback about the care they received.
- Until the new care plans were completed, information was being added to people's existing care plans. However, this remained limited in most people's records. There was little about the people's relationships that were important to people, their backgrounds, and interests. This made it difficult for newer staff to provide person centred care.

End of life care and support

- The provider made sure people were engaged in planning their end of life care, and their individual wishes were recorded and acted upon.
- Care records we saw showed people's end of life wishes had been discussed with them.
- Staff we spoke with were clear who was receiving end of life care

Improving care quality in response to complaints or concerns

- We saw complaints were investigated and responded to appropriately.
- Complaints were logged and members of the management team were able to oversee them to monitor outcomes, themes and trends.
- One person felt some areas of their care could be improved. Discussion with the members of the management team provided assurance the service was working with other professionals to appropriately meet the person's needs. Records we saw supported this.

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.

- We saw information provided in accessible and pictorial formats. If anyone required additional information in different formats, there were arrangements in place to provide this.
- People's individual communication needs were assessed and recorded in their care plans. This included any impairment people had, aids they used and support they needed to enable staff to understand their wishes.
- We saw people were wearing clean spectacles and staff encouraged people to wear their hearing aids.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had governance systems that enabled them to monitor and improve the quality of the service. The provider was working to a comprehensive improvement plan. It was evident the management team were working hard to address the issues and shortfalls they were presented with.
- Members of the management team carried out a range of audits and quality assurance checks, which identified areas in need of improvement. The provider was aware of the need to improve people's risk assessments and care plans. They had started the process of updating existing information they held about people, in tandem with introducing an improved assessment and care planning format.
- The members of the management team we spoke with understood their roles and responsibilities, including their and duty of candour.
- The issues and shortfalls we identified at this inspection were known to the provider. Action was either being taken or was planned to address these through the provider's systems and processes.

We recommend that the provider's quality assurance systems continue to be embedded into practice to ensure improvements are sustained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most people told us they felt consulted and listened to.
- Staff told us there was a marked improvement in the way the service was managed, and the home was becoming a better place for people to live. They said there was a caring and supportive management team. One staff member said, "I feel confident in the new managers. They keep their promises. They actually listen and care about the residents and the staff. If the manager says she'll do something, she tries very hard to do it. There is more to do but I think we're making progress."

Continuous learning and improving care; Working in partnership with others

- There was evidence of learning, reflective practice and service improvement.
- The provider promoted a culture of learning. There was review of accidents, incidents and near misses, complaints and safeguarding concerns, which were appropriately notified to CQC.
- We saw evidence of improvements in people's quality of life and overall, people's feedback was positive

about the management of the service. Although, not everyone remembered meeting the new manager.

- The management team were working to establish positive links and partnership working with other professionals. The activity coordinators had started work to build new links and strengthen existing links in the local community.