

# Horizon Care Springfield Limited

# Springfield Grange

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

# Summary of findings

## Overall summary

### About the service

Springfield Grange is a nursing home providing personal and nursing care to 47 people aged 65 and over at the time of inspection. The service can support up to 94 people.

Springfield Grange is a purpose-built home, split over four floors and comprising of five individual units. At the time of the inspection only three of the units were operational. One of the units provides care and support to people living with dementia.

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

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

People's care records showed that people had a plan in place. An account of the person, their personality and life experience, their religious and spiritual beliefs had been recorded in their records. The level of detail varied between people's plans.

Improvements have been made to the premises.

Staff interaction with people was sometimes minimal and the opportunity to engage with people was missed. Some staff supported people well and people were supported to maintain their dignity.

Support was provided in a way that protected people from abuse and improper treatment. People were supported by staff equipped with skills for the role. People's nutritional needs were met, and healthcare sought were required.

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 (and update)

The last rating for this service was Inadequate (published 16 July 2021).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations for meeting people's nutritional and hydration needs, the premises and equipment, safeguarding people from abuse and improper treatment, person-centred care and consent.

This service has been in Special Measures since February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective, Caring and Responsive which contain those requirements.

The ratings from the previous focused inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will work alongside the provider and local authority to monitor progress. 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

# 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 (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 two inspectors and 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 or personal care as a 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 did not have a registered manager. This means the provider is 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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the deputy manager, director, safeguarding lead, healthcare assistant, registered nurse and chef.

We reviewed a range of records. This included four people's care records.

#### After the inspection

We continued to review evidence and additional information relating to the inspection provided by the provider.

# 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 Inadequate. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to gain people's consent appropriately and act in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The service was working within the principles of the Mental Capacity Act 2005.
- The service had a system in place to track DoLS applications. The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

At our last inspection the provider had failed to provide care and treatment in a way that protected people from abuse and improper treatment and ensure this was provided with people's consent in the least restrictive way. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff sought people's consent before providing care and support and documented this in people's care records.
- People told us staff sought their consent before providing care and they were able to make their own choices. One person told us, "They [staff] ask for consent." Another said, "I choose when I get up and go to bed."

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

At our last inspection the provider had failed to safely maintain people's nutritional and hydration needs. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's dietary requirements and nutritional needs were met.
- There was a varied choice and people told us they enjoyed the food. One person told us, "I have a very high regard for the staff. The food is good and balanced. You can have a drink when you want, they just make you one." Another said, "The food's very good."
- Meals appeared appetising and modified meals for people requiring a soft textured diet were presented well. The service offered both home cooked and specialist catered meals, refreshments and snacks depending on people's choice and need.

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

At our last inspection the provider had failed to ensure the premises and equipment were suitable for people's needs. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Since the last inspection the provider had taken action to improve the environment within the home.
- Some people had minimal personal items and decoration in their bedrooms. The provider told us some people living at the service were due to stay only a short time so may have decided not to personalise their room.
- The building was purpose built which meant the design and layout was accessible for those using wheelchairs.

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

- People's needs were assessed before receiving a service. Some people using the service were admitted from hospital and a trusted assessor had completed their assessment.
- People were supported to access healthcare when required.



- Staff sought advice from health professionals and followed this to meet people's needs effectively.

Staff support: induction, training, skills and experience

- Staff had completed a range of training to equip them with the skills for their role.
- Staff received an induction when they started in their role and were supported with regular supervisions and an annual appraisal.

# 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 Requires Improvement. At this inspection this key question has now remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Some staff were more focused on tasks than people and their wellbeing. A few people's support was inconsistent and not always respectful. For example, one person was missing their socks and shoes and staff did not offer support to find these. One person was told to sit and wait two minutes when they required support. Another person was repeatedly saying they weren't okay, but no staff questioned what the matter was or provided reassurance.
- We received some mixed comments about staff. One person said, "The staff are like family except we don't fall out so much." Another told us, "You get your good and bad staff, they have a bit to put up with."
- We observed some positive and caring interactions from staff at people's mealtime. For example, in one dining room staff promoted people's independence. They responded well to people's needs and offered reassurance where required. However, this experience was not shared across all dining rooms within the home, where interaction was limited.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to maintain their dignity and independence. One person said "[Staff] are very good, and they will get toiletries from the shop for you. I have a shower every morning and a good wash down. I can have one when I want."
- People's care plans were reviewed regularly, and families were invited to support people to participate in reviews of people's care.
- People were supported in decision making through a range of means including a resident meeting and surveys. Two taster sessions had been held by the service's specialist catering company in June and October 2021.

# 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 Inadequate. At this inspection this key question has now improved to Good. 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; 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

At our last inspection the provider had failed to ensure people received person centred care and treatment which met their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care records showed that people had a plan in place. An account of the person, their personality and life experience, their religious and spiritual beliefs had been recorded in their records. The level of detail varied between people's plans.
- Improvement had been made to ensure people's care plans were person-centred. However, the language used in one record completed by staff regarding an incident was not person-centred. One person required support to personalise their room.
- Improvements had been made to provide stimulating activities. For example, Springfield Olympics, puzzles, baking and nail painting. Two activities coordinators were in post, although they were not present on the day of our inspection. We found some people would benefit from individualised activities to reduce their risk of social isolation. "One person told us, "I don't know about activities or anything and they don't tell me, mind I don't ask."

### End of life care and support

- People were supported to have pain free and dignified death.
- Improvement had been made to ensure people had care plans in place which detailed their wishes and preferences for end of life care to ensure these could be understood.

### 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.

- The provider was aware of the AIS and provided information in accessible formats where needed.

Improving care quality in response to complaints or concerns

- Complaints were responded to in a timely manner.
- People told us they felt able to raise a complaint should they wish to. One person said, "I would complain to [Name of staff member]."