

Rossefield Nursing Homes Limited

Well Springs Nursing Home

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Well Springs is a care home with nursing and can accommodate up to 52 people. It is a converted property. The grounds are secure and accessible to people living in the home. At the time of our inspection there were 46 people living at the home.

At our last inspection 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 ongoing 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.

At this inspection we found the service remained Good.

The service was exceptionally caring. Everyone we spoke with was highly complimentary about the service and said they would recommend the home. There was a strongly embedded culture within the service of treating people with dignity and respect and going the extra mile to enhance people's quality of life.

People and their relatives told us staff were helpful, attentive and caring. We saw people were treated with the utmost respect and compassion.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the management team and were receiving formal supervision where they could discuss their ongoing development needs.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

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

People's healthcare needs were being met and medicines were stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was good. There were plenty of drinks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome.

The home was well decorated, clean and tidy.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

Everyone spoke highly of the management team saying they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they took action to make improvements.

We found all the fundamental standards were being met. 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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

The service was exceptionally caring.

There was a strongly embedded culture of treating people with dignity and respect and going over and above what was expected to improve people's quality of life.

People spoke highly of the service and said they would have no hesitation in recommending the home.

We saw people were treated with the utmost respect and compassion.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Well Springs Nursing 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.

This inspection took place on 20 June 2018 and was unannounced.

The inspection team consisted of two adult social care 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. In this case their area of expertise was the care of older people.

During the inspection we spoke with five people who lived at the home and five relatives. We spoke with seven care workers, including a senior carer and a team leader, the activities organiser, the clinical lead nurse, the general manager and the manager. We looked at four people's care records, four staff recruitment files and other records relating to medicines management and the day to day running of the home such as maintenance records, meeting notes, surveys and audits. We observed people being supported in the communal rooms and observed the meal service at lunch time. We looked around the home and the grounds.

Before the inspection we reviewed information available to us about this service. The provider 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; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service.

Is the service safe?

Our findings

The service continued to be safe. People were protected from abuse and avoidable harm.

People who lived at the home and relatives said they felt the service was safe. One person said, "I love it here. Oh yes everyone is safe here. Everybody is so friendly and they look after you. Never on your own [there is] always someone to look after you." A relative said, "Yes, safe definitely, never seen anything to get another impression." Staff said they were confident people were safe living in the home. Staff understood how to identify and act on allegations of abuse. For example, they knew how to contact the local authority safeguarding unit should they need to raise a safeguarding alert.

Risks to people's health and safety were assessed and mitigated. Care records showed a range of risk assessment documents were in place for each person. These covered areas such as nutrition, moving and handling and any specific equipment such as bed rails. We saw discussions had taken place with people and their families about the risks and benefits of any such equipment to help make an informed decision about their use. Staff knew people well and the risks they presented, which gave us assurance that safe plans of care were consistently followed.

Where people displayed behaviours that challenge, detailed care plans were put in place to support staff to minimise any distress.

We saw following incidents and accidents, measures were put in place to prevent a re-occurrence. For example, following falls we saw a range of measures had been put in place including sensor-mats and bed rails. This gave us assurance lessons were learned when things went wrong.

Medicines were managed safely and stored securely. People told us they got their medicines on time. Medicines were administered by nursing staff or trained care practitioners. These staff knew people well and the medicines they were prescribed. We looked at a sample of Medicine Administration Records (MAR) and found these well completed, which indicated people had received their medicines as prescribed. We checked the stock levels of some medicines and found all medicines were accounted for. The administration of some nutritional supplements and creams was recorded on the computerised care record system. It was sometimes difficult to track administration of these medicines; we spoke with the manager about the need to make this clearer and had confidence it would be addressed.

There were enough staff on duty to care for people safely and keep the home clean. People who lived at the home and relatives did not raise any concerns about the availability of staff. One person said, "Yes, there is always someone around." Staff said there were enough staff deployed to ensure people received appropriate care and support. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way. The manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff.

Records showed safe recruitment procedures were in place to ensure only staff suitable to work in the caring

profession were employed.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Personal emergency evacuation plans (PEEPs) were in place and were up to date and relevant. We saw the fire alarm was tested weekly and fire drills were held. This meant staff knew what action to take should an emergency situation arise.

The home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. In June 2017 the service was given rating of five which equates to 'very good' for its standards of food hygiene and safety. This is the highest rating that can be given and demonstrated food was prepared and stored hygienically.

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

People's care needs were assessed before they moved into the home. This helped ensure the service could care for them as soon as they moved in. The assessment information was used to develop more extensive plans of care on admission. Care records showed the service worked to recognised guidance. National Institute of Health and Care Excellence (NICE) guidance was referenced in people's care plans, for example around providing instruction to staff on how to deal with a head injury. This demonstrated best practice had been used to inform people's care plans to help achieve good outcomes for people.

Staff were trained and supported to meet people's needs. People told us they had confidence in the staff team. One person said, "Yes, I think they have the right skills." A relative said, "Yes they know what they are doing. They are very gentle but firm. [Relative] had a funny turn and staff checked their blood pressure straight away." Staff said the training was good and they had regular supervision and support from the management team.

There was a planned programme of training covering safe working practices and topics related to the needs of people who lived at the home. Training on safe working practices was mandatory and included safeguarding, moving and handling, health and safety, infection control, fire safety and food safety. Recommended training covered topics such as the Mental Capacity Act and Deprivation of Liberty Safeguards, communication, pressure ulcer prevention, nutrition and hydration, dementia, diabetes and end of life care. The service had a training matrix in place which showed most staff training was up to date. Where training was due we saw it had been arranged.

New staff completed induction training and were enrolled onto the Care Certificate if they did not have relevant previous experience or qualifications. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The service had sought training from external health professionals. For example, tissue viability nurses had provided training to staff who were now appointed as tissue viability champions. This helped to keep staff up to date with current good practice.

Overall, we concluded people's nutritional needs were met by the service. People had access to a good range of food with sufficient choice at each mealtime. People had eating and drinking care plans in place which were subject to regular review. Where weight loss was identified, referrals to the dietician took place and their advice was embedded into care plans. We saw people were offered supplements and food was fortified where they were nutritionally at risk. We did identify that two people were not being weighed at the frequency set out in their care plan. We raised this with the manager who took immediate action to ensure this was rectified.

People told us they liked the food. One person said, "I look forward to it. We had a lovely Christmas dinner and have nice birthday parties." Another person said, "We get very good meals and plenty of it." A visitor told us their relative had not been eating well at home but had gained weight since moving into Well Springs.

The service worked with a range of health professionals to meet people's individual needs. For example, following weight loss dietician's advice was sought and added to people's care plans. If people presented swallowing difficulties, referrals were made to the speech and language therapist. Any advice around consistency of food and drink was then included in their care plans. Staff understood these plans of care and we saw staff delivered care in line with professionals' recommendations.

The service was acting within the legal framework of the Mental Capacity Act (MCA). 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 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. Appropriate DoLS applications had been made for people without capacity whom the home believed were being or were likely to be deprived of their liberty. At the time of the inspection there were two DoLS in place, with no conditions attached. The service had systems in place to track DoLS applications made, ensure any conditions were met and re-assess/apply within a timely manner when they were close to expiry.

Some people required their medicines to be given in a disguised format without their knowledge or consent. We saw the correct processes were followed to ensure this was done safely and legally.

The building was suitably adapted for its purpose. For example, prominent colours were used on the doors to bedrooms and bathrooms to help people with dementia orientate themselves. There were several communal areas where people could spend time which were well used during the inspection. There was a very pleasant garden area with good access for people with wheelchairs. This included a secure level, paved area which people could access independently. Paths around the grounds were paved so that people with physical disabilities could enjoy most of the grounds including the pond area. One person who lived at the home said, "I like to be in a quiet place and there are lots of them here. "

Is the service caring?

Our findings

The service had a strongly embedded culture of person centred care. This was promoted through continuous discussions in staff meetings and one to one staff supervisions to ensure staff fully understood what it meant and embraced it in their day to day work.

Without exception, people told us they were treated with kindness and compassion. One person who lived at the home said, "[The] staff are very nice." We received similar positive feedback from the relatives we spoke with. Comments included "It's very good atmosphere, to start with it's friendly as soon as you walk in the door." "Yes, their attitude is nothing is too much trouble for them, nothing." "Yes [they are] very kind and I see what they are like with everyone." "Yes, lovely ladies. They will hug them and hold their hands if [people have] no visitors."

We saw similar highly positive comments had been recorded in the home's 'Lovely book' where they captured the compliments they received. In March 2018 a relative had written, 'Well Springs is a home filled with love, care, energy, comforting and clean.' The person had added their relative was 'clearly loved and respected' by staff. Another relative had written, 'I have found staff to be professional, polite and extremely considerate on every visit. The standard of care provided is of a very high standard, consistently my [relative] is happy and very well cared for.' The person went on to state their relative was always spoken to in a kindly and appreciative manner and enjoyed a laugh and a 'sing' with staff despite having difficulty with verbal communication.

During the visit we observed staff demonstrating exceptionally high levels of kind and compassionate care and interaction towards people, treating them with the utmost care and respect. Staff greeted people with genuine warmth as they arrived in the communal areas in the morning, asking them how they were and if there was anything they needed and actively listening in order to respond to their needs. Staff valued the importance of spending time chatting with people as well as completing care and support tasks which made for a pleasant and inclusive atmosphere in which people felt they mattered.

Staff recognised the importance of treating people with dignity and respect and demonstrated this in all interactions. Staff bent down to the same level when communicating with people, spoke clearly and waited patiently for people to respond. Staff were mindful and highly respectful of people's privacy, for example knocking on bedroom and bathroom doors before entering.

All staff without exception demonstrated their commitment to ensuring people were comfortable and happy living in the home. Staff were dedicated in their role and they told us how they had gone the extra mile for people. For example, in taking them out on social outings in their own time to a fish and chip restaurant or shopping. Staff helped people celebrate their birthdays for example with a cake and for special birthdays entertainers had been booked. We saw this mattered to people and they appreciated staff's dedication to caring. For example, one person had written a note to all the staff saying, "Thank you not just for my concert but for the quiet care you make possible each day."

In another example of the service going beyond what was expected we saw they had organised a party to celebrate the Diamond wedding anniversary of a person who lived there. The person's family had written a letter of appreciation to say how much it had meant to them and the photographs captured the event, showing people looking extremely happy and enjoying the occasion.

Detailed information on people's likes, dislikes and past lives was recorded comprehensively within care and support plans for staff to gain a better understanding of each individual they were supporting. We spoke with staff who were knowledgeable about the people living in the home, their personalities, unique characteristics, and personal preferences.

On an external website we saw 12 reviews of the service had been completed since December 2015. In response to the question about dignity all the reviews gave the service a score of four or five out of five. The respondents gave the service high scores across the board and 12 stated they would be 'extremely likely' to recommend the service.

We saw the service fully supported people in innovative ways to maintain their independence and this impacted positively on their health and well-being. For example, one person wanted to work and particularly enjoyed gardening. The service researched various options and were able to arrange for the person to work with a local charity for a few weeks. The manager told us the experience had led to a highly noticeable improvement in the person's confidence and mood. We saw a photograph of the person at work and they looked extremely happy. The manager told us they were actively seeking other opportunities for the person to take part in similar empowering projects.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated the service was highly proactive in promoting people's rights. People's spiritual needs were sensitively assessed and people were fully supported to follow their faiths. For example, some people were supported to be included in Holy Communion which took place in the home. A multi-faith room was also available for staff and people who used the service for private worship.

The service employed several staff who were bi-lingual. This helped to make it easier for people whose first language was not English to accurately express their views. We also saw the service was working to establish links with the different faith groups within the local community. For example, they had invited a group from a local Muslim women's organisation to visit the home to meet the people who lived there and talk to staff.

People's care plans stated how they should be supported in ensuring they made their own choices and had their views heard. Throughout the day we saw staff worked in full consultation with people, communicating appropriately with individuals and asking them for their opinions such as what they wanted to eat, where they wanted to sit and what they wanted to be involved in. Staff administering medicines spoke clearly to people informing them of the medicines they were receiving and checking consent before administering. People who lived at the home told us they felt staff really listened to them. One person said, "Oh yes, you only have to ask once, they do listen." Another person said, "Yes, they do talk to us."

We saw people had been fully consulted and supported to decorate their bedrooms to reflect their personal tastes and interests. The manager told us this had resulted in a great variety of personalised décor. For example, one person had chosen a comic book theme, another had chosen a room full of purple and another had chosen pink polka dots. One person had written a note to the manager about this. They said, "Words cannot express the joy and peace you have given me through my [colour] bedroom."

People were supported to maintain relationships with family and friends. There were no restrictions on visiting and relatives told us they always felt extremely welcome. Relatives told us they felt fully involved and included. One person said, "[As] soon as I walked in I knew it was a place for [relative]. The staff are nice and friendly [they] interact with residents and relatives which I think is important. I'm always treated like a family member. It's like we are a big family. When people are upset they will sit and talk to them to relax them."

Meetings were held regularly for people who lived at the home and their relatives. This gave people the opportunity to have an active role and say about how the service was run. In another example, we saw the service was working to actively involve people who lived at the home in the recruitment of staff and highly valued their input in this process. In one of the staff recruitment files we looked at we saw a person who lived at the home had been a member of the interview panel and they had contributed successfully to the staff appointment.

The service also supported a Friends of Well Springs group. This was made up of relatives and friends of people who lived at the home. The aim of the group was to collaboratively work with the management team to improve the experiences of people living at the home. For example, we saw the group had helped with Christmas activities, organising fund raising events, buying presents for people and even providing a Santa.

The service also had a quarterly informative newsletter which they used to keep people up the date and involved with changes and planned activities.

Is the service responsive?

Our findings

The service continued to provide care and support which was responsive to people's needs.

One person who lived at the home said, "You can please yourself as you're not told to do this or do that." Another person said, "I can have a bath or shower whenever I want." A relative said, "[Relative] does what [relative] wants. [Relative] loves sitting in the conservatory and watching the birds."

Care records were computerised and showed people's needs had been assessed in a range of areas with detailed and person-centred care plans in place for staff to follow. Care plans provided clear instruction to nursing and care staff as to their responsibilities. Staff were knowledgeable about the people they supported and their plans of care which gave us assurances they were consistently followed.

People's communication needs were assessed and clear guidance recorded on how to support each person to communicate. A relative told us their family member had trouble expressing themselves and said staff listened and were "very patient."

We saw evidence care plans were reviewed regularly. People and relatives were consulted and involved in the review of care plans and when any important decisions needed to be made.

The service utilised technology to support the delivery of person centred care. For example, the electronic care management system allowed the manager and nursing staff to monitor in real time the care and support interventions people were receiving. It also flagged up when care plans and risk assessments needed updating. Assistive technology such as pressure activating mats to reduce the risk of falls were also in place.

Care records showed people were supported to plan for their end of life care. In the compliments book we saw the following comment from the relatives of a person who had recently passed away. "A big thank you to all for the wonderful nursing care and compassion that you gave to [name], you made [name's] last couple of weeks so comfortable and as peaceful as possible." The manager told us when people were reaching the end of their lives the service provided practical support, such as food and drinks, to relatives who wished to stay.

People had access to a range of activities and social opportunities. There were three scheduled activities each day which included games and puzzles and visits from external entertainers. Importantly, in addition, we saw staff spent time chatting with people, to help meet their social needs throughout the day. Volunteers were utilised from a local college to provide people with a higher level of interaction.

There was a complaints procedure and people were given information about how to raise a concern or make a complaint. Complaints were taken seriously and investigated and where appropriate action was taken to reduce the risk of recurrence. People told us they had no reason to complain. One relative said, "I think it is brilliant, I have no complaints, so helpful, staff are so lovely." The service also kept a record of

compliments which showed where they had met or exceeded people's expectations.

Is the service well-led?

Our findings

The service continued to be well-led. The registered manager left earlier this year. A new manager had been appointed and was in the process of applying for registration with CQC at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff told us morale was good in the home and they enjoyed working at the service. They all said they thought the standard of care was very good and they would recommend the home to others. They told us the service was very well run and they felt supported by the management team. One staff member said, "It's a lovely home, we all do the best we can and people are well looked after."

Staff had clear roles and responsibilities. The manager was supported by a clinical lead, a team of nurses and care practitioners who took pressure off nursing staff by administering some medicines. We saw all levels of staff from care assistants to the clinical lead completing care tasks to ensure people were comfortable, relaxed and distress free. This made for a positive and inclusive atmosphere.

The management team were dedicated to continuous improvement of the service and were clear about their plans to further develop the service. The management team responded positively to the minor areas of improvement we suggested which gave us confidence they would be addressed.

The provider had robust quality assurance and monitoring systems in place. Audits were being completed, which were effective in identifying issues and ensuring they were resolved. The audits covered all aspects of the service and included care plans, medicines, the environment, accidents and incidents and infection control. In addition, the provider engaged external consultants to review the quality and safety of the service. The audit findings were reviewed by the senior management team at their monthly meetings and followed up to ensure any shortfalls were addressed.

Feedback from people about the service was obtained through meetings and quality assurance questionnaires. The service sent questionnaires once a year to people who used the service, relatives and other stakeholders such as health care professionals. The results of the 2017 survey showed a high level of satisfaction with the service. We saw action was taken in response to people's feedback. For example, the service had reviewed the activities programme to include more activities for men and had reconfigured the grounds to create more parking spaces.

The service continued to work in partnership with other agencies to help improve the quality of care provided. For example, they had taken part in the pilot of the 'Red Bag' pathway which has now been adopted in the Bradford area. This initiative was designed to improve peoples' experience on admission to and discharge from hospital. It also helped the service to understand and apply relevant best practice in this area. They also participated in two research studies, one looking at better health for people living in care

homes and another studying posture and mobility. The manager told us taking part in these projects had promoted the wellbeing of people living at the home, for example, by raising staff awareness of comfort, posture and mobility.