Springbank Care Home (Silsden) Limited

Springbank Care Home

Inspection report

Howden Road
Silsden
Keighley
West Yorkshire
BD20 0JB

Tel: 01535282424

Date of inspection visit:
20 November 2018
27 November 2018

Date of publication:
04 January 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Springbank is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates 41 people in one adapted building across three units, each of which have their own communal areas. One of the units specialises in providing care to people living with dementia.

The inspection was unannounced and took place on 20 and 27 October 2017. At the time of the inspection 19 people were living in the home.

A registered manager was in place. 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.

Overall medicines were managed safely, although some improvements were needed to working practices concerning the management of topical medicines such as creams.

Risks to people's health and safety were assessed and preventative measures put in place. Some risk assessments needed to be more detailed and subject to better review and evaluation.

There were enough staff deployed to ensure people received prompt care and support. Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

The premises was suitable for its intended purpose and kept in a safe condition. The building had been appropriately adapted for the needs of people living in the service.

Staff were knowledgeable about the people they were supporting and received a range of training and support. We made a recommendation about implementing the Care Certificate to provide more structure to staff training.

People's nutritional needs were met by the service. A varied and balanced diet was provided to people based on their individual needs and requirements.

People's needs were assessed and the service provided good quality care to people. Care was based on people's likes and preferences and health professionals were appropriately consulted to ensure people's healthcare needs were met.

People and relatives consistently said staff were kind and caring and treated them well. We observed staff were friendly, kind and compassionate with people. Staff knew people well and it was clear positive

relationships had developed between people and staff.

People were encouraged to make complaints and any complaints were taken seriously and fully investigated with an emphasis on continuous improvement of the service.

People, relatives and staff all praised the overall standard of the home and the way it was run. They said the management team was friendly and approachable. We found a nice atmosphere in the home and staff worked well with each other.

The registered manager had good oversight of the home and undertook a range of audits and checks to monitor how the service was operating. It was evident these were used to continuously improve the service.

People's feedback was valued and sought to help monitor performance. Where improvements were suggested, we saw these were acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some improvements were needed to risk management processes and systems relating to the application of topical medicines such as creams.

People said they felt safe and staff understood people's individual care and support needs which helped keep them safe.

There were enough staff deployed to ensure people received safe and appropriate care. Safe recruitment procedures were in place.

Is the service effective?

Good

The service was effective.

Staff had the right skills and knowledge to care for people. They received regular training and support.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a balanced and varied diet tailored to their individual needs.

People's healthcare needs were assessed and the service worked with a range of professionals to meet these needs.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity, respect and kindness. People were treated fairly and their human rights upheld.

People were listened to and their comments were used to further improve care delivery.

Staff knew people well and provided companionship as well as

task based care.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and a range of care plans put in place. People and relatives said care needs were met by the service.
People had access to a range of well thought out and person-centred activities provided by enthusiastic and friendly staff.

Complaints were taken seriously and used as an opportunity to continuously improve the service.

Is the service well-led?

Good

The service was well led.

There was a positive and inclusive atmosphere within the home. People and staff praised the home and the way it was managed.

The registered manager had good oversight of the home and undertook a range of audits and checks.

People's feedback was regularly sought and used to further improve the quality of care provided.

Springbank 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.

This inspection took place on 20 and 27 November 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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. We also received feedback from a healthcare professional who worked with the service.

During the inspection we spoke with seven people who used the service, three relatives and five care workers including senior carers. We also spoke with the registered manager, deputy manager, cook and activities co-ordinator. We reviewed four care plans, medicine records, and other records relating to the management of the service such as training records, audits and checks. 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 observed the mealtime experiences, activities and how staff interacted with people throughout the day.

Requires Improvement

Is the service safe?

Our findings

Overall medicines were managed safely although some improvements were needed to the recording arrangements for topical medicines such as creams. We identified that some topical medicine administration records were not completed in a timely way. Records were completed by care staff but this was not always at the time of application. The recording of medicines should always be done at the time they have been applied.

Medicine administration was undertaken by trained senior carers who had their competency to give medicines regularly assessed. The deputy manager was responsible for overseeing the medicines management system and we found it to be well organised. Medicines were stored securely and appropriately. Medication Administration Records (MAR) for other types of medicine were well completed indicating people had received their medicines as prescribed and the stock levels of medicines was checked regularly to ensure all medicines could be accounted for. PRN protocols were in place for 'as required medicines', however some of these were brief and needed more detail adding about the circumstances of when to offer to people.

Incidents and accidents were logged, investigated and actions taken to improve the safety of the service. Whilst we concluded there had been a high number of falls within the home in recent months, we saw in most cases these had been thoroughly investigated and we found no common trends or themes with regards to how they had occurred. We saw health professionals such as the district nursing team or mental health team had been in to provide support following incidents. However some incident forms needed more detail recording about the circumstances of incidents for example to detail whether falls prevention equipment had been in use, had been operating correctly, and if not why not. We saw evidence of learning from adverse events. For example, weekly medicine stock checks were now undertaken due to previous errors.

Whilst care plans and risk assessments were in place, some of these needed more detail adding to fully demonstrate that all the risks and preventative measures had been considered for each person. However staff we spoke with had a good understanding of the people we asked them about and understood how to reduce risks appropriately.

Overall the premises was safely managed. The building had been completely refurbished prior to opening in 2017 and we found it in a good state of repair. Key checks took place to systems such as the gas, fire and electrical to ensure they remained in working order. Checks also took place to other areas such as radiator covers, water temperatures. Whilst window restrictors were installed in the building, the home was not currently undertaking regular checks of these to ensure they remained in working order. We spoke with the registered manager and maintenance worker about these who put these checks immediately in place.

Fire checks were undertaken. A fire risk assessment had been undertaken and actions to improve fire safety acted on. Personal emergency evacuation plans (PEEPs) were in place for each person to guide staff in the event of an emergency evacuation.

The premises was clean and tidy. The service had achieved a five star food hygiene rating. This the highest award that can be received and demonstrated food was prepared and stored hygienically.

People said they felt safe living in the home and had not witnessed any abuse. They said staff treated them fairly and well. Staff had received training in safeguarding vulnerable adults on induction and some staff had completed a more detailed course. Most staff were able to tell us how to correctly follow safeguarding procedures. They said they were confident people living in the home were safe. We saw where safeguarding incidents had occurred, appropriate action had been taken to help ensure people were safe.

The service looked after spending money for some people. We saw clear records were kept and relatives were given copies clearly showing where any money they had provided for their relatives had been spent. This helped reduce the risk of financial abuse.

Overall we found there were enough to ensure safe care and support. Most staff said that safe staffing levels were usually maintained, bar last minute absences. Most people and relatives said there were enough staff, who were visible and able to respond promptly when people needed assistance. At the time of the inspection there were 19 people living in the home. During the day five care workers were on duty in the morning, four in the afternoon and a minimum of two overnight. An additional staff member worked in the late evening to assist with supporting people to bed. We found these numbers were appropriate, although the layout with the building with people situated over a wide area made this challenging at times for staff with the current occupancy levels. Staffing levels were based on a dependency tool which was completed by the registered manager every week. They demonstrated to us that staffing levels were continuously reviewed.

Good

Is the service effective?

Our findings

People and relatives reported good outcomes for people using the service. One relative said "The difference in [person] (after coming to the home) is amazing, I cannot speak highly enough of them." They went onto saw that the person's independence and mobility had improve since they came to the home.

Since the home had opened in 2017, the registered manager had utilised best practice guidance and documentation to help ensure people's care needs were met. This included using recognised risk screening tools, care plan documentation and consulting health professionals to help inform working practices. The manager also regularly met the managers of other homes operated by the same provider to disseminate and discuss good working practices to help ensure continuous improvement of the service.

Staff had the right skills, personal attributes and knowledge to care for people. Staff were confident answering the questions we asked about people demonstrating they knew people well. Staff received a range of training and support. This included a detailed induction to the service, where they received training and guidance in key subjects relating to people's care and support.

New staff were required to complete a number of mandatory training courses in the first few months of employment which covered a broad range of areas. However the service did not currently offer the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life

We recommend the service implements the Care Certificate to ensure greater structure to people's initial training.

The deputy manager was the training lead and ensured that existing staff were provided with regular training. They had developed links with a local college to provide more in-depth training at level 2 level in subjects such as safeguarding and dementia. The service also worked with health professionals to deliver training such as pressure area care training. A network of subject champions was being put in place, these staff would take ownership for topics such as dementia care and challenge poor practice.

Staff told us they felt well supported. They received regular supervision and appraisal. Supervision records were clear and detailed and showed a range of topics were discussed including performance, the services' values and ways of working.

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 with appropriate legal authority.

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. One person had authorised DoLS in place which was subject to a condition. The registered manager was aware of this condition and care records showed action was being taken to ensure it was met. Further applications were awaiting assessment by the supervisory body. We concluded the service had made appropriate applications and the registered manager had a good understanding of the correct procedures to follow.

The registered manager understood their responsibilities under the MCA. We saw appropriate best interest decisions had been made involving people and their relatives although for one person they needed a decision around the provision of a sensor mat to monitor movement to be recorded in a clearer way to demonstrate a best interest process had been followed. We raised this with the manager to ensure it was addressed.

The service had arranged for an external speaker to visit the home to discuss Power of Attorney and what it meant for people. Information was also available to support people to put Power of Attorney arrangements in place should they wish to. The home kept a record of any in place so they knew who had the legal authority to act on people's behalf.

People's nutritional needs were met by the service. People and relatives spoke highly about the food, said it was tasty and there was always a good choice. One person told us they were a fussy eater but the home often made them additional items which were not on the menu. We saw them eat a homemade soup which they had requested showing a person centred approach.

We saw people had access to a range of food and drink throughout the day. Food looked appetising and there was good variation from day to day and across the year to provide a balanced and varied diet. The mealtime experience was pleasant and unrushed with staff chatting with residents and attending to their individual needs in a prompt and effective manner. The chef asked people for feedback after lunch to help inform future provision. Snacks were available each day, this included fruit on the tea trolley. Information was available to the chef on people's likes and dislikes as well as people's weights so they knew if people needed additional calories. The chef had a good knowledge of people's needs.

Where people were of low weight we saw appropriate strategies were in place to manage this including monitoring food input and/or referring to GP's. People's weights were regularly monitored so that any changes were quickly identified and acted on.

People's healthcare needs were assessed and the service worked with a range of professionals. This included district nurses and GP's who regularly visited the home. One person said "They get someone in straightaway if I am not feeling well." A health professional we spoke with said the service provided appropriate care, were pro-active in managing people's care and listened to their advice. The service was signed up to the Red Bag pathway scheme. This is a local scheme to improve the care vulnerable people get in hospital, by ensuring key information on their needs is passed by the care home to hospital staff. This helped ensure if people were admitted to hospital, staff knew about their needs and how to provide appropriate care.

The building had been appropriately adapted for the needs of people who used the service. This included

adaptions to make areas of the building dementia friendly. The home was decorated to a high standard and people and relatives praised the way the home and their bedrooms looked.

Good

Is the service caring?

Our findings

Everyone we spoke with including people, relatives and health professionals said that without exception staff were kind, caring and compassionate. One person said "I came to be cared for and I am cared for here." A relative said "It has a professional but homely environment, very friendly. We see staff chatting to residents here, always chatting together."

We observed care in the communal areas of the home. Interactions were consistently positive from staff and demonstrated they were consistently treating people fairly, including people in conversation and encouraging people to get involved in social opportunities. Staff used affectionate body language such as smiling warmly at people and had a laugh and a giggle with them. There was friendly and inclusive atmosphere within the home with all staff types assisting people. For example, we saw the maintenance worker assisting people as well as the management team. It was clear staff enjoyed their role and interacting with people. Staff we spoke with demonstrated good caring values and a desire to provide person centred care and support.

It was clear that good positive relationships had developed between people and staff. Information on people's life history had been sought to better aid staff understanding people. We heard staff having discussions with people about their past and their family. It was clear staff knew people well and were able to hold conversations with people about their lives.

People's dignity was respected and upheld. We saw staff asked people's permission before assisting them and knocked on bedroom doors before entering. People looked clean and well dressed and staff supported people to look neat and tidy and wear appropriate clothing and jewellery in line with their preferences.

People said they felt listened to by staff. People were asked throughout the day what they wanted to do, where they wanted to sit and what food they wanted to eat. People were involved in discussions at resident meetings about future events, menu's and activities in the home. People and relatives said they felt involved in decisions relating to their care.

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 registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. Staff received training in equality and diversity and people's needs were assessed prior to admission

Good

Is the service responsive?

Our findings

People and relatives said that they received good, person centred care from the home. One person said "very good, they look after me." A relative said "Outstanding here. [Person] has complex needs, and they were very quick to respond." Another relative said "They have been incredibly good to organise and order equipment, proactive. They seem very organised."

People's care needs were assessed prior to admission and on admission a series of care plans were produced in areas of assessed need. These included eating and drinking, sleeping and moving and handling. These were subject to regular evaluation. The quality of care plans was generally good, although some of the quality of evaluation notes needed improving to demonstrate they had been robustly evaluated. People's religious and cultural needs were assessed and steps were taken to meet their needs. A Catholic care group regularly visited the home and others left the home to go to church services.

Handovers took place between each shift to pass on information. Staff we spoke with said communication was good. Staff demonstrated they were aware of people's needs and had good oversight of people's needs. Relatives said communication from the home was good, for example if people's needs changed or they were unwell. One relative said "They contact us quickly if any problems."

We looked at what the service was doing to meet the requirements of the Accessible Information Standard (2016). People's communication needs were assessed on admission and we saw adjustments were made to the format of information to help meet people's needs. This included making documents available in easy read format and ensuring large accessories were made for games such as Bingo to ensure partially sighted people could participate. One person we spoke with confirmed that staff had made extra-large bingo cards so they could enjoy the game. The manager understood the Accessible Information Standard and a policy was in place to ensure consistent practice in the area.

There was a very good range of activities and social opportunities available to people with the home. An activities co-ordinator was employed by the home who worked five days a week. On their days off arrangements were made for other staff to provide activities. People all said there was plenty going on within the home, including games, quizzes, arts and crafts and external visitors. We observed the activities co-ordinator was excellent at creating an inclusive and friendly atmosphere and encouraging as many people as possible to get involved in activities. They spent time chatting with people about their likes and preferences and delivering a range of person centred activities. These included games, reminiscence and reading the morning newspapers with a group of people which led to discussions about current affairs. Sensory based activities were undertaken with those living with dementia and there was an emphasis on keeping people active and maintaining their independence. One to one activities were also provided so that those who preferred to spend time in their rooms were not isolated. A relative said "[Staff member] is fantastic, she is so good at getting them interested and always makes sure nobody had missed out."

The service had developed strong links with the local community. This included the local school with children visiting the home to spent time with people who used the service. The service worked with other

local organisations such as a local gardening group to provide social opportunities for people. Volunteers had been recruited to provide additional interaction with people and there were plans to develop a local choir group.

People's end of life needs were assessed although some care plans needed more detail seeking and recording. The service worked with external professionals in end of life care to help plan and deliver appropriate care in this area.

Systems were in place to log, investigate and respond to complaints. People said they were satisfied with the service and had no cause to complain. Relatives said the management team were receptive to comments and suggestions to improve things. We looked complaints records which showed there had been four documented complaints since the service opened. There was clear evidence complaints had been taken seriously, fully investigated and actions put in place to learn lessons and improve the service. Those making the complaints had been communicated with to inform them of outcomes.

Good

Is the service well-led?

Our findings

People and relatives consistently provided positive feedback about the overall quality of the home. They said the home provided high quality care and staff and the management team were approachable and listened to them. One person said "manager is nice can go to them with any problems."

A registered manager was in place. They were supported by the deputy manager and senior care workers to enable the service to operate to a high standard. Staff we spoke with were confident in their roles and we concluded the service and its staff were well organised with well-defined responsibilities. There was a friendly, positive and inclusive atmosphere within the home with all groups of staff interacting with people and helping to meet their individual needs.

The service had a clear set of values, putting people at the heart of its function. Staff were recruited who were fitting with those values. These were discussed with staff during team meetings and supervisions to help ensure staff were consistently true to them.

Staff said morale was good and they enjoyed working in the home. One staff member said "Love it, enjoy working here, I have progressed a lot." Another staff member said "lovely place to work" They said the management team were very supporting and accessible to them should they need to discuss anything." A third staff member said "One of the best places, all communicate well together and work as a team."

The registered manager had good oversight of the service. We found they were receptive to any comments we made for minor areas of improvement and we felt assured these would be addressed. There was a culture of learning and continuous improvement of the service. A range of audits and checks were undertaken by the management team. This included night checks, and audits of incidents, complaints, infection control, the environment, medicines and care planning. Audits were detailed and thorough and produced a number of actions for staff to complete. Regular staff meetings were also held where quality issues and the findings of any audits were discussed. The managers of the group of homes managed by the provider met regularly to discuss best practice and ways of working. This helped ensure continuous improvement of the service.

People's feedback was sought and valued. People had regular care reviews and resident and relative meetings were held to enable people to raise their views. People said these meetings were valuable and gave them a say in things that happened in the home. A recent speaker had discussed Power of Attorney with people and their relatives to provide them with information on to help them decide whether they needed to appoint an attorney. In addition annual quality surveys were completed. We looked at the results of these which showed people were happy with care and any minor points had been addressed with the actions taken communicated back to people.

The service worked well in partnership with other organisations and agencies to improve working practices. For example, they were working with the Alzheimer's society to become registered as dementia friendly and in the development of a sensory dementia garden. Links with local schools and other local community

organisations were in place to provide people with social opportunities. Further links were also being developed with a Parkinson's disease group with the aim providing them with a space to meet within the home.