Springfield Retirement Home Limited

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Inspection report

14 Elms Road
Bare
Morecambe
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Tel: 01524426032

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Springfield Retirement Home provides care and accommodation for up to 15 people. At the time of the inspection 13 people were living at the home. The home is situated in the Bare area of Morecambe. It is close to a number of facilities and amenities. The building is on two floors with a stair lift for access to the first floor. The Promenade and Happy Mount Park are within easy reach.

Springfield Retirement Home 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, both of which we looked at during this inspection.

There was a registered manager 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.

At the last inspection in December 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

During the inspection visit we observed staff provided support for people in a sensitive and caring way. For example one person who lived at the home said, "Very caring and respectful they treat everyone so well." A relative wrote in a survey 'Excellent care'.

Risk assessments in care records of people who lived at Springfield had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required. Medication documentation in care plans provided staff with a good understanding about specific requirements of each person who lived at Springfield. Also staff had relevant training to assist them in the safe administration of medicines. This was confirmed by talking with staff.

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.

We confirmed people who lived at the home had access to healthcare professionals and their healthcare needs had been met. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.

People who lived at the home spoke positively about the standard of food provided. People only made positive comments about the quality of meals and food provided. They included, "Food is very good. We are fortunate to have a very good cook."

Staff knew people they supported and provided a personalised service in a caring way. This was confirmed by talking with people who lived at the home and relatives. Care plans were organised and had identified care and support people required. We found by conversations with staff they had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual. One staff member said, "The culture at this home is everyone is treated the same way with compassion and care no matter what background or religion they are."

People who lived at the home told us there were a variety of activities which were organised for their entertainment. These included exercise classes, dominoes, entertainers from the community and film afternoons with refreshments. One person who lived at the home said, "Sometimes if I come in the afternoon they have all sorts of activities going on."

We found there was information available with regards to support from an external advocate should this be required by them.

Springfield had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and resident/staff meetings to seek their views about the service provided.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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 25 January 2018 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Springfield Retirement Home. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Springfield.

In addition we looked at the Provider Information Return (PIR) the provider had sent us. 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 spoke with a range of individuals about this home. They included five people who lived at the home, four care staff, the cook, registered manager and a relative who was visiting during our visit.

We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We looked at care records of three people who lived at the home. This process is called pathway tracking and enables us to judge how well Springfield understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked documents in recruitment, staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

We asked people who lived at Springfield Retirement Home if they felt safe and secure in the care of the staff team. We only received positive comments and they included, "I feel safe and sound thank you." Another said, "The reason being it is a small home with plenty of people around."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the services whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them.

Care plans we looked at had risk assessments to identify potential risk of accidents and harm to staff and people in their care. We noted they had been regularly reviewed and updated as required. They included medication, falls prevention and the premises. Any changes had been implemented with involvement of the person who lived at the home.

We looked at how accidents and incidents were being managed at the home. There was a record for accident and incidents to monitor for trends and patterns. The registered manager at Springfield had oversight of these. Documents we looked at were completed and had information related to lessons learnt from any incidents. This meant the service was monitored and managed to keep people safe and learn from any incidents that may happen.

As of the previous inspection in December 2015 recruitment procedures remained safe.Three recruitment files we looked at confirmed this. The registered manager had updated recruitment documents to ensure new staff were scrutinised throughout the selection process. For example new induction processes were in place. In addition the application form had been changed to request any gaps in employment to be explained and recorded so that suitable staff would be employed. We spoke with a staff member who said, "A very good process for starting to work here I was given plenty of support and all checks were done."

The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide care people needed. One staff member said, "We have enough staff around to support residents as well as spend time sitting and chatting with them."

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medication during the lunch time round. We saw the medication trolley was attended to by another member of staff whilst they went to give a person there medication. We spoke with the staff member who said, "We would never leave the trolley open without a member of staff there to ensure people's safety." We observed people were sensitively assisted as required and medicines were signed for after they had been taken.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection

control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available. We observed these being used by staff undertaking their duties. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

Good

Is the service effective?

Our findings

People who lived at the home and relatives we spoke with told us staff were knowledgeable and aware of people's needs and support. One person who lived at the home said, "They know all about me and I have confidence that they know how to look after people like me."

Staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. We looked at a training programme for 2018 and found staff enrolled on a number of training events. These included, safeguarding, end of life care and fire safety. Staff spoke positively about access to training and support to develop skills from the registered manager.

Prior to admission to Springfield the registered manager had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. We found people had signed their care records, risks assessment and medication information. There was evidence staff discussed their needs and support with each person and obtained their written consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff and the registered manager worked with external healthcare professionals in meeting people's changing needs. For example seeking medical advice on identifying initial health needs. They had a system in place that included the person's brief medical history, medication and general information should a person require a visit to hospital.

We observed lunch in the dining room. People were given their preferred choice of meal and different portion sizes should they request that, or it was written in their care plans. One person who lived at the home said, "They do it just right I don't like being overfaced." The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal. People only made positive comments about the quality of meals and food provided. They included, "Food is very good. We are fortunate to have a very good cook." Another said, "[Cook] makes lovely cakes and puddings."

Staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet. People's food and fluid intake were monitored and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken.

People's healthcare needs were monitored and discussed with the person or relatives as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

Accommodation was on two floors with a stair lift for access between the floors. There were two lounges and a dining room for the use of people who lived at the home. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. There was evidence around the home that it was dementia friendly for people who were showing signs of early dementia. This included for instance signage on bedroom doors to help people navigate around the home.

Good

Is the service caring?

Our findings

People who lived at the home told us they were content and happy with support from staff. Comments were all positive about the care and attitude of staff towards them. They included, "They are all caring and respectful towards me anyway." Also a relative said, "It is fantastic a really good care home for people." Another said, "I come here a lot and see how they treat people with kindness and patience."

We observed during the day positive interactions between staff and people who lived at Springfield. People who lived at the home told us staff had time to sit and talk with them and get to know one another. A staff member said, "We are encouraged to spend time with people. This is a small home so we do get to know one another very well."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual. All staff we spoke with described how the registered manager promoted and provided training for staff to treat people with dignity and as individuals.

We found people who lived at Springfield were treated with dignity and respect. For example we observed staff support people with the stair lift during the day. A staff member gently assisted a person making conversation and reassuring them they were fine and supported them throughout the process. A staff member said, "Some people get a little nervous using the lift. It is a case of chatting and respecting they may be nervous so we try and remove that by constantly being there for them." We observed during the inspection visit staff respecting people's privacy by knocking on bedroom doors and they waited for an answer prior to entering people's bedrooms.

Care plans seen, and people who lived at Springfield told us they were at the centre of the care planning process. One person who lived at the home said, "Yes I was involved I can speak for myself and we went through things together." Care plans were in the process of being updated. Three care plans we looked at were completed and contained information about people's wishes, preferences and a 'this is me' document that contained life histories of the person. Daily records described support people received. We found people's care plans had been reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

We spoke with the registered manager about the ethos and culture at the home. They told us people who lived with illness or were on end of life care were at the centre of everything they planned and did. They involved people in that process. A staff member said, "The culture at this home is everyone is treated the same way with compassion and care no matter what background or religion they are. I would not work here otherwise." During the inspection visit we had discussions with people who lived at the home and they confirmed this.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They had written information details for people should they wish to use them. This

ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

People we spoke with who lived at the home were positive in the way they were treated as individuals. One person said, "The staff treat people the same in terms of caring but as individuals as their circumstances will dictate." Another person said, "They respond quickly to situations especially if I am not well."

We looked at what arrangements staff and the management team had taken to identify record and meet communication and support needs of people with for example, poor eyesight or sensory loss. Care plans confirmed the registered manager's assessment procedures identified information about whether a person had difficulty. In one instance large numbered telephones were available for people with failing eyesight. One person who lived at the home said, "I can see all the numbers now."

Community care plans were in place which were documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear direction as to how to support a person. For example information about whether a person had a DoLS in place, dietary needs and medication.

Care plans of people who lived at Springfield were reflective of people's support needs. They had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about support people in their care required. Completed assessments of the person's expressed needs, preferences and ongoing requirements were included in their care records.

Feedback from people we spoke with who lived at Springfield in regards to activities were positive. For example one person said, "We do get quite a lot going on the staff put a lot of effort into it." Another person said, "I love the man who calls to do singalongs he is very good."

Care records we looked at documented activities that were on offer daily. We noted for the week we were visiting the home staff had organised, skittles, quizzes and films with refreshments. However staff said they were flexible and activities would change subject to people's choices. A relative we spoke with said, "Sometimes if I come in the afternoon they have all sorts of activities going on."

People's end of life wishes had been recorded so staff were aware of these. Documentation and knowledge of end of life care provided by the registered manager and staff would ensure people to remain in the home where possible as they headed towards end of life care. The registered manager told us this allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

The registered manager had a complaints procedure which was on display in the hall area of the building. The document information was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. One person who lived at the home we spoke with said, "Never had to complain so far but I would know what the process was. I know the drill to complain but never had to." The registered manager told us she would

always respond to concerns raised immediately to prevent them developing into a formal complaint if they received any.

Good

Is the service well-led?

Our findings

When we spoke about the leadership of Springfield Retirement Home, people who lived there and relatives told us the management team worked jointly with them in the running of the service. For example, they told us they were involved in making decisions about activities, food and staff support. One person who lived at Springfield said, "I do like playing games. I brought it up with [registered manager] now we have afternoon days for dominoes and skittles."

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.

The registered manager demonstrated an awareness of each person who lived at the home background and health requirements. We observed during the day of the inspection visit they understood how best to approach and support people with kindness and understanding.

The registered manager conducted audits to assess the quality of the service provided. For example regular audits had been completed such as, medication, care planning and the environment. A recent building audit found a broken tap in a bedroom. This was documented and attended to straight away. Records showed the action taken to repair the problem. This ensured the service was continually monitored to improve standards and keep people safe.

People who lived at the home told us the registered manager was approachable and available all the time and had a visible presence within the home. One person said, "[Registered manager] is always around and available for a little chat." A staff member commented, "[Registered manager] is very supportive and always helps out when we are busy."

We saw evidence of the management team working with other organisations in the ongoing improvement of people's lives. For example social workers and care co-ordinators. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The registered manager held staff/resident meetings and obtained feedback from staff, people who lived at Springfield and relatives. The ensured people were able to discuss any issues or raise any concerns that may need attention and also to improve the home. One relative said, "I have had meetings with the manager and they are always trying to improve."

The registered manager, to gain the views of people arranged for surveys to be handed out to people who lived at the home and relatives. We read some surveys returned in January 2018 although not all had responded at the time of the inspection visit. Comments included, '[Relative] enjoys every day and calls it home. We are so grateful to the staff for their hard work and excellent care.' Any negative comments would

be analysed and acted upon.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.