Orchid Care Homes Limited

Springfield Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Springfield Residential Care Home provides accommodation and personal care for up to 29 older people including those living with dementia. Accommodation is located over two floors. There were 27 people living in the home when we visited.

This inspection was unannounced and took place on 12 January 2016.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had received training in this subject but those spoken with during this inspection were not able to demonstrate that they were fully aware of the principles of the MCA or DoLS and their obligations under this legislation.

Care plans did not contain all of the relevant information that staff required so that they knew how to meet people's current needs. We could not be confident that people always received the care and support that they needed.

Risks had not always been managed to keep people as safe as possible. Risk assessments had not always been completed when necessary. This meant that staff did not have the information they required to ensure that people received safe care.

The provider had a recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People's privacy was respected at all times. Staff were seen to knock on the person's bedroom door and wait for a response before entering. People's dignity was not always protected because there were instructions for staff on display around the home.

People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines in a timely manner and medicines were stored in a safe way.

The provider had a complaints process in place and people were confident that all complaints would be addressed.

The provider did not have effective quality assurance systems in place to audit all areas of the home to

identify areas for improvement. Therefore they were not able to demonstrate how improvements were identified and acted upon.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

Risks to people were not always identified and acted on.

People were supported to take their prescribed medicines.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

People's health and nutritional needs were met.

Is the service caring?

Requires Improvement

The service was not always caring.

People's dignity was not always protected.

There was a homely and welcoming atmosphere and staff respected people's privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were not detailed and did not provide staff with sufficient guidance to provide consistent, individualised care to each person.

People were offered various activities, hobbies and interests.

Is the service well-led?

Requires Improvement

The service was not always well- led

Systems were not in place to audit and demonstrate improvements in the quality of the service provided to people to ensure that they received a good standard of care.

There were some opportunities for people and staff to express their views about the service.

Springfield Residential 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 unannounced inspection took place on 12 January 2016. It was undertaken by two 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.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid our planning of this inspection

During our inspection we spoke with twelve people and two visitors. We also spoke with the registered manager, deputy manager and four staff who worked at the home. These were three care assistants, a chef, a member of the housekeeping staff and an activities co-ordinator. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at four people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

Risks to people's safety and welfare were not being identified. One person told us they had fallen down the stairs where they had sustained cuts and bruises, and required treatment from a district nurse. Records showed that this incident had occurred on the day prior to this inspection. The registered manager confirmed that they had had not reviewed the person's risk assessment following the incident.

Other hazards were observed during the inspection and brought to the attention of the registered manager. The fire exit in one of the corridors had been obscured with a large waste bin and a brush and dust pan. Additionally, a fire extinguisher was standing on the floor by a fire door in the corridor which would have caused an obstruction in the event of an emergency. Although staff had received training in fire awareness this had not been effective as staff had not ensured that fire exits were clear at all times. The laundry flooring was damaged posing an infection control risk. Additionally, cleaning products in the laundry had not been locked away and there was no lock on the laundry door. This put people at risk of contact with harmful chemicals.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Most people told us they felt safe in the home. One person said, "I feel a whole lot safer here than I did at home." Another person said, "I feel safe because I know there is always someone here who is able to look after me when I need it." A third person mentioned to us that at times they did not feel safe in their room as there were two residents living with dementia who tended to come into their room and handle their possessions; they told they found this very uncomfortable. They did tell us that when they pressed the call bell staff came and escorted the people out of their room. We mentioned this to the manager on the person behalf. The registered manager assured us they would address this. A relative said, "I have no concerns or worries as [family member] is in safe hands".

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "I would speak to the manager if I had any concerns about someone's safety". Another said, "I would always tell the manager if I had any concerns". Safeguarding information was available and accessible to staff in the office which included the telephone number of the local authority safeguarding team.

The provider had safe arrangements in place for managing people's medicines. Medicines were stored securely and safely. Appropriate arrangements were in place to ensure unused medicines were returned to the pharmacy to be disposed of. The service used a Monitored Dosage System (MDS) whereby peoples medicines were delivered to the service from the pharmacy already dispended into individual pods. Staff spoken with had good knowledge of medicines management within the service and felt the MDS provided a failsafe process, with less room for staff error.

We observed a member of staff supporting people to take their medicines. The member of staff clearly explained to people what medicine they were taking and why. Where people were prescribed medicines to be taken when needed, such as pain relief, the member of staff was observed asking people if this was required.

Each person had a Patient Information Chart listing their medication and information alerting staff of the common side-effects. The medication records were being completed accurately, using codes to reflect when people were absent or refused their medications. A check of people's medication records against the MDS pods confirmed that their medication was being administered as prescribed by their GP.

The deputy manager told us they were responsible for delivering in house medicines training for senior staff responsible for administering medicines. The training consisted of theory sessions and practical competency assessments. We found that all of the senior staff responsible for administering medicines had received training, and that there was a rolling programme of refresher training for them.

Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. We noted that records of the interview undertaken by the registered manager had not been maintained. We were therefore unable to ascertain if any gaps in the staff's employment records had been discussed and explored. When we asked about the interviews with the registered manager they told us they do not keep a record of the questions asked or the answers given. This meant that whilst the provider had taken some appropriate steps to ensure that staff they employed were suitable to work with people living at the care home, they had not always looked at their full employment history or kept a record of their interview.

We saw that people's needs were met in a timely manner and that their call bells were responded to promptly. We saw that staff were available in various areas of the home supporting people. The registered manager told us that they regularly assessed the number of staff required to assist people to ensure that their needs were met. This showed that the registered manager had enough staff available to deliver safe support and care for people who lived in the home. A relative told they had been coming to Springfield for many years and that staff turnover was very low. The registered manger and staff confirmed this to be the case.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether care staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's mental capacity to make decisions about their care had been assessed and DoLS applications had been made as a result.

Staff we spoke with had very little understanding and were not able to demonstrate that they knew about the principles of the MCA and DoLS.

People told us the staff met their needs well. One person told us about the care and said, "'The care, the way they look after you, the friendliness, I wouldn't change a thing, everything I want is here". Another person told us that, "Staff are wonderful and work very hard to meet our needs. I can't praise them highly enough".

Staff told us that the training they had received was good and had helped them to develop the skills they needed to carry out their role. One member of staff commented, "The diabetic nurse delivered training on how to check blood sugars and administering insulin. This gave me the confidence to administer people's insulin".

Staff told us they received regular supervision and support. This was to ensure they had the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics which included infection control and food safety, moving and handling, safeguarding people. Most staff had received training in MCA and DoL's and they were not clear about the principles to follow in ensuring decisions were made in people's best interests were people have not got the capacity to make their own decisions.

One person told us, "The meals are quite good. There is one or two that I don't fancy but we get a choice so I can always pick the other one". Another told us, "The food is lovely, there is nothing I don't like, and there is a good choice". A third person said, "The food is very enjoyable".

A relative told us, "If I could improve anything in the service, I would bring back the home cooked food. They used to cook all the food on the premises, it used to smell lovely. My [family member] has always had a

healthy appetite, but they are not over keen on the pre prepared meals now provided".

The provider used prepared meals which were delivered to the home on a weekly basis. These meals were nutritionally balanced and ordered to cater for people's specific dietary requirements, for example diabetes, lactulose intolerant, soft diets and pureed meals. The catering staff had a good knowledge of people's different nutritional needs. Each person's nutritional needs had been assessed and meals were ordered to meet their individual dietary needs. For example, we were told that one person had intolerance to onions, and that their meals were provided with onion flavouring instead.

The menu showed that people had two choices of main meal. However, at lunchtime we observed that one of the main choices ran out, leaving others with the option of the other main meal or a snack meal. We asked catering staff what alternatives were available, in these circumstances and if people did not want either choice on menu. They advised that people were able to choose from alternative ready meals of omelettes, scrambled egg on toast.

People were provided with assistance with their food and drink when they required it. Staff gave each person the time they needed and did not try to rush them whilst supporting them to eat. However, those people who chose to eat in their rooms had to wait to receive their meal until everyone in the dining room had been served. One person was walking up and down the corridor in anticipation of their lunch arriving. A member of staff said, "It's too long a wait. They always get served last. I have mentioned it several times (to the manager). By the time they finally get their lunch they won't want it".

Special diets were provided to people who required them and people were referred to a dietician when needed. We saw that some people's diets included "nourishing drinks." This showed that people at an increased risk of malnutrition or dehydration were provided with meal options which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the records were not all completed accurately. We found that some had a number of gaps, although staff confirmed that people were eating and they would report any concerns. This could potentially have an impact on people's wellbeing due to a lack of formal monitoring and recording

People told us that their health care needs were met. Although one person was concerned that their medical condition was not being well managed. However, we found that the person's health problem had been identified and the staff had sought additional professional advice to improve the person condition.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as community nurses, GPs, dieticians and therapists.

Requires Improvement

Is the service caring?

Our findings

Signage around the home was not appropriate to maintain people's dignity. Instructions for staff, such as reminding them to wash their hands, were attached to the outside of bathrooms and people's.

Staff were seen to encourage people to do what they could for themselves. For example we saw a person being encouraged to stand and staff were given them the instructions and allowing them time to action. They them accompanied them to the dining room. We noted that care was provided in a discreet manner.

People were complimentary about the staff, describing them as 'kind', 'friendly' and 'patient'. One person said "care is always given in a very respectful way". They went on to tell us that when they were supported with a bath it was done in a very caring way. "They [the staff] always make sure the water is just the right temperature for me". Another person said, "They [the staff] are starting to get to know me and what I like. They do take an interest and will always have a chat, even if it's a quick one when they are on the run (that is when staff were busy)". The person described staff as 'Mostly good, very polite and when they can, they have a chat."

People were supported to sit at the tables at lunchtime. Tables were laid with cloths, condiments and floral decorations that people had created during the morning. People had place settings that included their name so they knew where they needed to sit. This enabled those people living with dementia to remember where they liked to sit. One person said "My name is [person's name] I can see where I need to sit as I am very forgetful, this is [pointed to the table mat] very useful for me and reminds where I need to sit".

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. A visiting professional told us they had visited the service on a number of occasions and found the staff are to be very helpful, caring and attentive.

People said that staff understood the support that they needed and this was provided for them. They said that staff responded to their individual needs for assistance. One person said, "Although staff know what my needs are, they always ask me before helping me". People said that they would be happy to tell staff how they would like their care. One person said, "Staff are very helpful and always do what I ask".

A visitor described Springfield as 'Very homely' and that the staff were 'very obliging and good with the residents [people who used the service]'. They told us "Staff know residents well, and are kind and considerate. I often see them in residents 'rooms having a chat with them. It is a lovely home, I would come here". Another visitor said, "So far, I have seen nothing but good care".

People told us that staff respected their privacy when they supported them. One person said that staff knocked on their bedroom door when they wanted to enter and waited for a response. This was confirmed by our observations throughout our inspection. This meant that staff respected and promoted people's privacy.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

Care records were not person centred and information regarding people living with dementia was not up to date as it referred to people wandering and people with dementia. People's care plans were not focused on their individual needs. For example, one person's 'This is me' document stated they had no dementia. However, their care plan contained guidance on 'Feeding people with dementia'. Additionally, the person was reported to be independently mobile, with no risk of pressure ulcers. However, they had a care plan for pressure ulcer prevention and treatment. Their personal care plan stated they needed assistance for all personal care. Although there was a front sheet 'Guidance on basic personal hygiene for elderly people', this did not reflect the person's specific needs or preferences on how they required assistance from staff.

Another person's care plan stated that '[name] needs assistance for all personal care' although later in notes it stated what they were able to do for themselves. The plans also referred to the person using mobility aids although the care plan stated that they were independent with their mobility. Staff confirmed they did not use any mobility aids. A third persons plan had identified that the person had behaviours that challenge when being supported with their mobility. Although there was no information for staff in how to manage this safely. This person had also been referred to a dietician and although a letter following the assessment was held on the file the recommendations had not been transferred to the care plan.

This meant that people were at risk of receiving inappropriate care and support as information from other professionals was not easily accessible to staff providing care and support.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us, "We have been able to visit whenever we want" and that staff had kept them informed about changes in [name] health, care and treatment. They commented, "The staff are really good, they have got to know [person] and their needs over the three years they have been here. [Name] has been very happy here and the staff have been good to them.

The provider operated a day service facility at Springfield, Monday to Friday, which brings people from the community into the service. People using the service were happy with this arrangement and had made friends. This also provided people and families the opportunity to assess what residential living was like. The registered manager confirmed that one person had decided to move to the home on a permanent basis.

One person told us they go out into the local community independently. This they told us happened in the summer months and they do small pieces of shopping, but that in the winter months "staff are happy to pick up the things I need".

One person told us that the activities co-ordinator had supported them to meet there spiritual needs and enabled them to attend the local religious organisation of their choosing since coming into the home. Another person told us that they enjoyed playing dominoes but this has been more difficult due to a change

in circumstances. The opportunity was now not as frequent as there was no one else except staff that were able to play dominoes with them. The activities co-ordinator said they tried to play a game with them when they can.

There was a weekly plan for the activities on offer for people which included music, arts and crafts and quizzes. We observed people listening to music and watching television. Lots of smiles and laughter were occurring as a group of people were creating flower arrangements for the tables during the morning. Relatives and visitors told us there was usually some activity happening. They told us people were enjoying what was happening.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "If I did have a problem I would sort it out with the staff or the manager. They always listen to you and act on your little gripes". Another person said, "Oh yes I would talk to anyone of the carers. A relative said, "I have no complaints [family member] is well looked after."

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time at Springfield Residential Care Home . The home had a complaints procedure which was available in the office. We looked at a recent complaint and saw that it had been investigated and responded to satisfactorily and in line with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People we spoke with said that they knew who the registered manager was. One person said, "Yes, I know who the manager is and when I see her she is always polite and will speak to me". Another person said, "Although I know who she is, I don't have much to do with her." [They do not see them very often].
There were limited processes in place to assess and monitor the quality of the service. The deputy manager told us they oversaw the ordering, receipt, administration and returns of medicines. However, there were no auditing processes in place to check that people's medicines were being administered correctly. Failure to audit medicines on a regular basis may result in errors or omissions going unnoticed. This lack of oversight meant people may be at risk of not receiving their medicines as prescribed by their GP.

We saw a record keeping audit had been completed by the registered manager and identified some improvements that were required. It was unclear which records it related to, who was responsible for the improvements and when should it happen by. Although the registered manager could not provide us with records to show that the providers were assessing the quality of the service, we have been informed by the providers that they receive weekly audits from the registered manager.

People, including visitors, commented about the appearance of the home being tired and 'shabby'. One relative told us, "Although the service has a homely feel, it does appear drab when you enter." Residents' questionnaires completed in August 2015, contained suggestions on how the environment could be improved. These suggestions included, 'It would be nice to have a walkway with rails around the lawn and seating on the lawn, some carpets need changing and the décor, carpets and chairs are in need of a clean. The registered manager was unable to show us an action plan with regards to planned maintenance of the premises.

Staff told us that they felt supported by the registered manager. One staff member said, "They [registered manager] are very supportive and I can go and discuss any concern or ideas I have." Another said, "I love working here. I am well supported by both the management and the people I work with and the residents are well cared for."

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "I would have no hesitation in raising a concern if I thought something wasn't right."

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working.

One person said, "We used to have residents' meetings but so few bothered to come that it all just dwindled and we don't have anything like that anymore. But they do ask me my opinion about things". Another person said, "As far as I am aware there are no residents' meetings or means of expressing opinions via questionnaires or such like."

There was a maintenance book in place where issues had been identified; for example, when a room required decorating or a repair was required. We saw that the room was being decorated on the day of our inspection.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were at risk of receiving inappropriate care as their care plans did not reflect their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not protected against risks to their health and safety. Regulation 17 (2) (b)