

Masterpalm Properties Limited

Springfields

Inspection report

Springfield House
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Oldham
Greater Manchester
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Tel: 01616204794

Date of inspection visit:
09 January 2019
11 January 2019

Date of publication:
14 February 2019

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

This unannounced inspection was conducted by one adult social care inspector on 9 and 11 January 2019.

Springfields is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Springfields is in Waterhead, Oldham. The home provides care and accommodation for up to 24 older people, younger adults, people living with dementia, people with physical disabilities and those living with enduring mental health conditions. Bedrooms are situated over three floors of the home. Access between floors is via a passenger lift and staircase. The building is situated in its own grounds with gardens and some off-road parking. At the time of our inspection 21 people were living at Springfields.

At our last inspection in December 2017 we rated the service 'requires improvement'. At that inspection we found one breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to quality assurance processes.

Following the inspection, the provider sent us an action plan which showed how the breach would be addressed. This inspection was to check improvements had been made and to review the ratings.

At this inspection, we found that the service had improved and was now meeting all the regulations.

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.

People said staff protected their privacy and their dignity was respected. People were supported to be independent.

Detailed assessments of people's support needs and preferences were made. Risks to people had been assessed. Care records were person centred, detailed and reflected peoples support needs and what was important to them. All care records had been reviewed regularly and changes made when needed.

People said staff treated them with kindness and compassion and there were enough staff to meet their needs.

People received care from staff who were appropriately trained to effectively carry out their job roles. People were supported to have maximum choice and control of their lives. The service acted in accordance with the Mental Capacity Act (2005).

People's nutritional needs were met and they were supported to maintain good health and receive ongoing healthcare support.

Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Staff were aware of their responsibilities to safeguard people from abuse. Safe recruitment practices were in place and the service followed national and local safeguarding guidance.

Risks to people's safety were assessed.

Medicines were managed safely. Staff had received training in medicines administration and had their competency checked regularly.

We found that records were written in a positive and respectful way and provided guidance on how to support people.

Springfields had arrangements in place to receive feedback from people that used the service, their relatives, external stakeholders and staff members about the services 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?

Good ●

The service had improved and was safe.

Contingency plans were in place to guide staff in the event of an emergency that could disrupt the service.

Medicines were managed safely. Risks to people were identified and guidance given to staff on how to minimise those risks.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Is the service effective?

Good ●

The service was effective.□

Staff had received the induction, training and supervision they required to ensure they were able to carry out their roles effectively.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA).

The bathroom required an update to ensure people could remain independent.

Is the service caring?

Good ●

The service was caring.

People told us staff were cheerful, caring and kind.

Staff knew people very well and spoke about them in caring and respectful terms. Staff showed a genuine affection for the people they supported.

Staff respected people's privacy and maintained their dignity.

Is the service responsive?

Good ●

The service was responsive.

Care records were detailed and person centred. They contained information about what was important to the person. They provided staff with the information they needed to support people appropriately.

The support provided was reviewed regularly. People and those who were important to them were involved in those reviews.

There was a suitable complaints procedure for people to voice their concerns.

Is the service well-led?

Good ●

The service had improved and was well-led.

There were effective systems in place to assess, monitor and improve the quality of the service.

The service had a manager who was registered with the Care Quality Commission. Everyone was positive about the registered manager and the way the service was managed.

Policies and procedures were in place to guide staff on carrying out their roles effectively.

Springfields

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 was conducted by one adult social care inspector on 9 January 2019. On 11 January 2019 the inspector had telephone discussions with relatives about their views of the service and the quality of the support provided at Springfields.

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection. We also checked with the local authority commissioning and safeguarding teams. They informed us that they did not have any concerns about Springfields and were satisfied with the level of care provided.

We spoke with five people who used the service, four relatives, the registered manager, the cook and seven care staff members. We also spoke with two health and social care professionals that visited the service during the inspection.

We reviewed care records and risk management plans for four people who lived at the service, and checked other records relating to people's support plans which included medicines administration records to ensure these were accurate and completed correctly. We looked at a range of staff files and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed.

We spent time observing care in the communal lounge/dining rooms and used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

Is the service safe?

Our findings

People told us they felt safe at the service. When we asked people if they felt safe at the home they replied, "I'm absolutely safe, the staff keep a keen eye on things."; "There is a good balance, keeping me safe without stopping me doing things" and "Security is good here, I feel safe. A health and social care professional visitor told us, "I feel people are safe living at Springfields, I have no concerns about that."

Staff were trained in safeguarding procedures and knew what to do if they had concerns about a person's safety and welfare. The service had a robust safeguarding policy in place and had a system for passing concerns to the local authority.

The service carried out environmental safety checks of the fire safety equipment, fire alarms, electrical appliances, hoists and passenger lift. First floor windows had restrictors so people could not fall or jump out. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety and the alarms and emergency lighting were tested as required. There were contingency plans in place in the event of a fire or need to evacuate the premises. The temperature of hot water was checked to ensure it was hot enough or pose a risk of scalding and a legionella risk assessment had been carried out to minimise the risk of infection.

We looked round all areas of the home to check on the maintenance and cleanliness of the building, equipment and furnishings. We found the environment was clean and old carpets had been replaced with new, non-slip, washable flooring. There were no offensive odours. Staff wore protective aprons and gloves to control the risk of infection. People told us the home was kept clean and hygienic.

The home had scored 94% in an independent infection control audit carried out by the local authority in September 2018 which demonstrated the provider's commitment to high standards of hygiene.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five-star rating in food safety in November 2018.

Each person's care records included risk assessments and care plans to mitigate these risks. These included the risks of falls to people and moving and handling assessments with guidance on how staff supported people to mobilise safely. Care records showed risks regarding pressure areas to people's skin were assessed thoroughly. Specialist equipment was provided, where needed, such as pressure mats to alert staff should someone get out of bed and require support.

Risks of choking on food where people had difficulties swallowing were assessed and referrals made to the speech and language therapist (SALT) for assessment and advice. There was a care plan for managing these risks and we saw the cook followed procedures to ensure people received pureed food where this was needed.

Where accidents or incidents had occurred, there was an evaluation review and an action plan implemented to reduce the risk of a reoccurrence. The service also referred all accidents to the local authority for monitoring purposes.

The service provided sufficient staff to meet people's needs. We based this judgement on our observations, what people and their relatives told us. Staff also said there was enough staff to meet people's needs. The staff rota showed at least four care staff on duty during the day plus the registered manager. Night time staff consisted of two waking night staff. The registered manager was on call 24 hours to support staff. The service also employed two cooks and a housekeeper.

We reviewed the personnel files of three staff who had been recently recruited and found that this had been done safely. The staff personnel files contained an application form where any gaps in employment could be investigated, at least two appropriate written references and copies of documents to confirm the identity of the person, including a photograph. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks helped ensure people were protected from the risk of unsuitable staff being employed.

We looked at the systems in place for the receipt, storage and administration of medicines and found that medicines were managed well. We saw a monitored dosage system (MDS) was used for some of the medicines with others supplied in boxes or bottles. Medicines were safely stored in the treatment room on the ground floor which was kept locked, this included medicated creams. The temperature of this room was recorded daily to ensure medicines were kept in optimum condition.

Controlled drugs are certain medicines that due to their risks of misuse or abuse, are subject to more stringent legal requirements in relation to their storage, administration and destruction. The home was supporting people with controlled drugs at the time of our inspection and had relevant systems and procedures in place.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24-hour period, the route it should be given and what it was for. Stock counts were recorded daily. This helped prevent errors.

The service had a safe system for returning unused medicines and for the disposal of sharps.

We checked the stocks of some boxed medicines against the medicines administration record (MAR) charts and these were accurate. We also checked a sample of the MDS blister pack medicines against the MAR charts. These were also accurately recorded with no gaps. We observed a medicine round. Medicines were administered safely and signed for immediately following administration. The member of staff we spoke with was knowledgeable about people's medicines and why certain medicines were necessary. Senior carers with responsibility for administering medicines had received training to ensure they did this safely.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care and how risks were managed. We found service continuity plans were in place that gave direction to staff in the event of an emergency such as late visits, utilities failure, adverse weather, pandemic, flooding or winter conditions. These plans helped to ensure that in the event of an emergency staff can follow the correct course of action promptly to ensure continuity of service and to keep people safe.

Is the service effective?

Our findings

The service continued to provide effective care to people. People said they felt supported by staff who understood their needs. One person told us, "The staff helped me lots when I first moved here, they always ask for my permission. I'm happy here, there are some good people." People looked comfortable and at ease with staff and each other.

The homes environment was undergoing some refurbishment and people told us about the homely atmosphere. One relative told us, "Springfields is homely, [Name of relative] has been in a few places prior to moving there and Springfields has the nicest feel to it by far."

We noted that the main bathroom of the home was dated and in need of an update. People told us that this is an area of the home that would benefit from a remodel. One person said, "I have been here a few weeks and not had a bath because I can't use the bath here independently. I would much prefer a shower but there isn't one. I really would like some privacy." We spoke to the provider about this who immediately agreed to update the facilities. We spoke to the registered manager after the inspection who told us that work had already started on the new bathroom which will include a walk in shower and new bath.

Many people living at the home were able to make decisions about their own care and support. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). The 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 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. Applications for DoLS were made where appropriate. Staff were trained in the MCA and had a good awareness of the legislation. People told us staff asked for their consent before providing care.

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs and we saw training records that showed staff engaged in a range of learning opportunities.

We found staff received an induction when they started to work at the service that included completing training, an introduction to people who used the service and shadow-working alongside experienced staff. Staff we spoke with and records we reviewed showed that staff received training that included; manual handling, health and safety, fire safety food hygiene, basic life support and safeguarding vulnerable adults.

We saw that staff also completed training relating to people's specific support needs. The registered manager told us, "We are hoping to source some training specific to mental health to give staff more specialised information to support people."

Staff were very positive about the training they received. One staff member told us, "We are always doing some training or other, it does prepare us well for the role."

Records we reviewed and staff we spoke with showed that staff received regular supervision and an annual appraisal. Records we reviewed showed supervisions were detailed and included looking at workload, what staff enjoyed or did not enjoy about their role, any concerns or issues, training and development and staff achievements since last supervision. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Staff we spoke with told us they felt very supported. One staff member said, "[Registered manager] is always available to help you. She is very hands on and we communicate well."

People told us they liked the food and that there was a choice. One person told us, "The food is good, there is plenty of it and it is usually homemade." People's nutritional needs were assessed. People were asked what they wanted to eat during resident's meeting and there was a four-week menu to avoid repetitive meals. The cook had worked at Springfields for many years and knew people very well, ensuring people received appropriate meals for any dietary requirements. Meals were home cooked and fresh fruit and vegetables were provided. Snacks were made available day and night.

The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were well completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required. We saw that people were weighed regularly and referred to health professionals accordingly.

Care records contained information about people's health needs and showed that people had access to a range of health care professionals including GP's, speech and language therapists and district nurses. People we spoke with said that the service worked with the health care professionals involved in their care. This helped to ensure people's healthcare needs were met.

A relative said, "The staff are fantastic and always seek medical advice for [Name of relative], they always keep me updated too." A health and social care professional visitor told us, "The care here is effective, staff know people well and their needs are met in a timely way. The staff follow any advice I give them and the standard of monitoring is good."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The provider had a policy about how information would be made accessible to people if needed. We saw that information could be made available in different formats such as large print and languages other than English.

Is the service caring?

Our findings

People and their relatives commented on the kindness and compassion of the staff. For example, when we asked one person if they got on well with the staff they replied, "The best thing about this place is that if you need support, someone is there for you." A relative told us, "Staff are very, very caring! I absolutely know [Name of relative] is well looked after." Another relative said, "I'm more than happy, [Name of relative] is warm, well fed, loved and staff really go out of their way to care for them well."

We observed staff speaking to people kindly and with respect. Staff knocked on people's bedroom doors and waited for a response before entering, which promoted people's privacy. One person said, "The staff respect my privacy and give me the right amount of support. Yes, they do care."

Staff were aware of the need to treat people equally irrespective of age or disability or race. Staff had attended training in equality, diversity and inclusion.

A relative said they were always made welcome, "Springfields has a lovely welcoming atmosphere. I can make a drink for the family and move around the building and into [name of relative's] bedroom when I need to. I find the whole place is open and welcoming." We saw staff welcome visitors into the home and visitors came and went as they liked.

One person told us, "I'm quite independent. The staff encourage me to keep myself neat and tidy" A health and social care professional said, "Staff seem to have the right approach and balance of caring and helping people maintain the right level of independence."

Care plans showed people were involved in decisions about their care. People said they were able to exercise choice in how they spent their time, in the meals they ate and the times they received personal care. The manager told us, "People have control over their bed times and activities, it's up to them what they do." We saw people were well presented and dressed appropriately for the weather and looked well cared for. This showed that staff were attentive to people's needs and preferences.

Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. Some people chose to spend time in their rooms, but were invited to join any activities or events that were happening.

We saw that staff knew people well. People's known communication methods were used to determine what it was people wanted but we also saw that where people did not communicate verbally staff appeared to know what the person wanted or waited for a response from the person to see their reaction. We saw a care plan that explained that staff should observe body language and other cues to determine a person's mood. This helped ensure that people received the care they wanted.

During the inspection, one person became agitated and upset. We observed staff supporting this person with patience, whilst redirecting them and offering reassurance.

The service held monthly resident's meetings where people discussed menu and activity choices. The service could share information at this time and people could share any concerns.

All the records we asked to look at were stored securely. Staff received training in information management and confidentiality which ensured information would only be shared with people who needed to know people's personal details.

Is the service responsive?

Our findings

Care records showed people's needs were assessed prior to being admitted to the home. Care plans reflected individual needs and how people preferred to receive support from staff. Care plans showed attention to detail regarding personal care such as oral health care and people's needs at night. Each person had a care record which had details of their preferred routines, preferences and life history. People said they were involved in decisions about their care which were included in their records.

Springfields produced care plans with contained detailed information about each person. Care plans, medical information, monitoring charts and risk assessments were available to staff and could be updated daily.

There was an activities programme which included quizzes, crafts, bingo, exercises, card games, and musical entertainment. One person said, "There isn't that much to do really but it's not boring, I'm quite happy watching what is going on." An activities coordinator supported people with activities three days a week. We spoke to the registered manager about the selection of activities available, they said, "It is difficult finding stimulating activities that people want to take part in, often people don't feel like joining in. Some people enjoy helping fold laundry or pairing socks, we try to involve people in meaningful activity the best we can and some people go out with support or with their families." We will review the activities program at our next inspection of the service.

The service welcomed a local minister who visited regularly to meet with one person wishing to have holy communion and people at the service could attend church if they liked. This showed that the service was committed to supporting people with their spiritual needs.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Copies of the complaints procedure were provided in each person's information pack which was kept in their rooms. The registered manager told us there had been no complaints since our last inspection. People we spoke with told us they had no complaints but would be able to raise any concerns they had. One person said, "I am perfectly happy with everything. If I ever have a niggle I speak to staff and they sort the problem out." Others said, "If there is anything, we can raise it at the meetings we have" and a relative told us, "Anytime I have had any issues, [registered manager] has sorted them out immediately, they are very approachable."

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about people's needs.

The service helped people and their families to explore and record their wishes about care at the end of their life. The manager said their aim was always for people to have a death free from fear and pain. They explained how this was achieved, including practical steps, such as the provider buying equipment quickly to respond to people's changing needs, for example an adaptable bed with a specialist mattress. Staff were training in the six steps program so they were prepared to support people at this difficult time, with the support of the local district nursing team.

Some care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

Is the service well-led?

Our findings

The service is required to have a registered manager. 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.

Springfields had a manager that had registered in November 2014.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the lobby of the home.

At the last inspection in December 2017 we found shortcomings in quality assurance processes that had failed to identify various concerns we noted during our inspection. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, at this inspection we found that the service was meeting the necessary requirement and was compliant with this regulation.

We saw that the registered manager had systems in place to identify any accidents, incidents, safeguarding or complaints. We found they had detailed systems in place to help them identify any themes or lessons learned to help improve the service.

Records we reviewed showed that staff meetings were held regularly and detailed notes were kept of these meetings and included updates from the last meeting, what areas were discussed, any issues or concerns and agreed actions.

The service had a positive and inclusive culture. People and visitors said they felt "Always welcome." The registered manager and staff team encouraged feedback, led by example and were accessible to both people who used the service and family members. The home was transparent and open with good communication in place and information about the service was accessible. People living, working and visiting the service confirmed this in their feedback. The registered manager was held in high regard by people living at the home, relatives and staff. One member of staff told us, "The registered manager is great, always supportive both inside and out of work. Couldn't ask for more really."

Visitors commented on the registered manager describing them as, "A committed manager who is always around the home to speak to." Staff praised the registered manager for enabling them to develop their skills and confidence; One staff member told us they loved working at the home because they had been supported by the registered manager and staff to gain confidence. The service supported staff to train to obtain vocational qualifications (QCF) in Health and Social Care, encouraging them to go beyond the standard care requirements.

Staff met with the registered manager if they required support or to discuss important issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

The provider had a range of new policies and procedures, which related specifically to Springfields. These ensured that staff knew what was expected in their roles. We saw there was also a service user handbook and statement of purpose. These explained the service's aims, values, objectives and services provided. These documents helped to ensure people knew what to expect when they used this service.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and where issues were noted, staff discussed these with their manager or attended additional training. Any action taken regarding staff performance issues was also recorded. One staff member said, "[Name of registered manager] has good oversight of the home and staff team."

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.