

Care Consortium (Biddulph) Limited

Springbank Nursing Home

Inspection report

Mill Hayes Road
Knypersley
Stoke On Trent
Staffordshire
ST8 7PS

Tel: 01782516889

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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

About the service

Springbank Nursing Home is a care home providing personal and nursing care to 39 people aged 65 and over, many of whom are living with dementia, at the time of the inspection. The care home can accommodate up to 42 people in one adapted building across two floors.

People's experience of using this service and what we found

People were safe. Effective systems were in place to keep people safe. Risks to people were assessed and reviewed and staff understood how to manage these safely. People's medicines were stored and administered safely. People were supported by staff who understood how to prevent the spread of infection. Where things went wrong, lessons were learned and action was taken to avoid reoccurrences.

People's needs were assessed holistically and care was delivered in line with these needs. People were supported by well trained staff with the skills to meet their needs. People were supported to maintain a balanced diet and dietary needs were followed in line with their care plans. People were supported to access healthcare professionals when needed both within the home and the community. People were encouraged to personalise their rooms as they wished. People were asked for consent before receiving support.

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

People were supported by kind and caring staff who showed empathy and compassion. Staff were passionate about their role. People were supported by staff who encouraged their independence. Staff respected people's privacy and dignity. Staff involved people in making decisions regarding their care, for example food choices.

People and their relatives were involved in pre-assessments and care planning. People's communication needs were considered and staff communicated with people in a way that complied with the Accessible Information Standard (AIS). People were provided with a varied activities programme and were given the choice as to what they engaged with. A complaints policy was in place that was followed by the registered manager. Complaints were investigated and responded to and action taken where needed. People's end of life wishes and preferences were discussed and documented. The provider worked alongside the local hospice to provide support to people and their relatives in preparing for the end stage of their lives.

The service was well run. Effective audit systems were in place to check the quality of the service. Trends were identified and analysed and actions were taken to address any concerns identified. People, relatives and staff found the management team to be open and approachable. A person centred ethos was apparent with particularly focus on people's dignity and engagement in social activities. People and their relatives

were involved in residents' meetings to engage with the service. Staff were involved in team meetings and supervisions and were encouraged to make suggestions to improve the service. The provider had established positive links with other community organisations and healthcare professionals. The registered manager was focused on improving their own knowledge and encouraged staff to engage in further training opportunities to improve care for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Springbank Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, a nurse specialist advisor 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.

Service and service type

Springbank Nursing 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, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

On the day of inspection, the registered manager was on annual leave so we did not speak with them and spoke with the deputy manager instead.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the deputy manager, lead administrator, a nurse assistant, an agency nurse, a senior care assistant, care assistants and an activities co-ordinator.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at some speech and language therapy (SALT) documentation for one person and reviewed further documentation from some people's care files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One friend told us, "I know my friend feels safe here as they are always relaxed and happy."
- Effective systems were in place to keep people safe and staff understood how to keep people safe. A staff member told us, "If I found anyone treating a resident with disrespect or they were rough, I would write a statement and report it to the manager."
- Staff gave us examples where they had raised safeguarding concerns and they had been addressed immediately by the registered manager.
- Safeguarding referrals were made to the local authority when needed.

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed when needed.
- Risk assessments were in place and followed by staff. For example, we saw a risk assessment in place for someone who was at risk of falls. The risk assessment guided staff how to use the hoist safely and to ensure the person's bed was in the lowest position with a crash mat in place. Staff understood this and we saw this was followed.

Staffing and recruitment

- People were supported by a sufficient number of safely recruited staff. One person told us, "I'm safe here as there's always staff around." One staff member told us, "There are enough staff to meet people's needs."
- People told us if they ring their call bell, staff come to support them quickly.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken prior to staff commencing employment.

Using medicines safely

- Medicines were stored and administered safely. We saw medicines were stored in a locked trolley that was kept in a locked room.
- People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- Body maps were completed to ensure topical creams were administered safely and as prescribed.
- Clear and personalised protocols were in place to guide staff when to administer 'as required' medicines (PRN).
- Where people required covert medicines, the provider had followed relevant guidance and liaised with the GP and pharmacy to ensure these were administered safely.

Preventing and controlling infection

- People were supported by staff who understood how to prevent the spread of infection.
- Staff told us and we saw staff wearing Personal Protective Equipment (PPE). A staff member told us, "We use PPE including gloves and aprons and we have got masks if we need them. We also make sure we use bins correctly, making sure we put washing in the correct bins. We also use a sluice."

Learning lessons when things go wrong

- When medicine errors had been made, we saw these were investigated immediately and staff were retrained when needed.
- Staff told us the registered manager held staff meetings when things went wrong so they were all aware of what had happened and knew how to avoid further reoccurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in a holistic way. Assessments and care plans identified needs related to areas including communication, oral health, washing and dressing and continence.
- People's diverse needs were considered as part of the assessment process. For example, assessments identified people's religion and ethnicity and this was documented in their care plans.
- Care plans were reviewed as people's needs changed and documentation was updated to reflect people's change in need.
- Care was delivered in line with the assessment of people's needs and choices.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and had the skills to provide effective care. One relative told us, "I'm happy with staff as they seem to have a lot of training sessions here."
- Staff told us they were supported to engage in different training opportunities. One staff member told us, "Training is good, I have enough to do my job well. We go through time periods where there is loads of training".

Supporting people to eat and drink enough to maintain a balanced diet

- People were given a choice of meals and drinks. Meal choices were written on a menu in the dining area. One person told us, "I love my breakfast, two cups of tea and two rounds of toast with plenty of butter. They know exactly how I like it. We have a choice and I like it."
- Staff supported people to make their own choices regarding meals and drinks. For example, one person living with dementia was unable to make a choice regarding the drink they wanted. A staff member showed them a visual choice of drinks options which enabled them to choose themselves.
- People were supported to eat and drink in line with their care plans. One staff member told us one person had thickener in their drinks and a soft bite sized diet. The care plan reflected this and we saw these dietary needs were met at meal times.
- People whose nutritional status was at risk were monitored and referrals were made to a dietician when needed. One staff member told us, "We have quite a few people on a food or fluid diary, it depends on their weight. If they drop under a certain weight, they will go on a food and fluid chart." We checked people's records and found that food and fluid diaries were completed when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when needed. For example, we saw people had been visited by health professionals including SALT, physiotherapists, GP's and dieticians.
- A GP visited the home weekly to review people's healthcare needs. The deputy manager told us they would also make additional visits if required.
- People were supported to attend healthcare appointments outside of the home when required. One relative told us, "The home organises my relative's hospital visits and a member of staff goes with her."
- People were provided with toothbrushes and other oral healthcare products and the provider had made contact with dentists which were accessible for people from the home to use.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised in a way they preferred. Staff told us relatives were encouraged to bring personal items or furniture in so rooms could be furnished how people would like.
- People living with dementia were supported to orientate around the home as doors were painted in a set colour scheme. This enabled toilets and bathrooms to be identified more easily by the colour of the door. We discussed with the deputy manager how people living with dementia may benefit from pictorial signs and they confirmed they were considering this.

Ensuring consent to care and treatment in line with law and guidance

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. 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.

- Staff understood the principles of the MCA and knew how this applied to supporting people. One staff member told us, "I've had MCA training. I treat everyone as if they have got capacity and work in their best interests if they haven't. Making a decision for someone is not easy so it has to be the right decision."
- Decision specific mental capacity assessments had been completed. For example, we saw mental capacity assessments had been undertaken regarding whether people had capacity to decide on a bed sensor or crash mat.
- Where people were unable to make decisions for themselves, best interests decisions had been made in the least restrictive way possible.
- Staff asked people for their consent before supporting them.
- Where people were deprived of their liberty, appropriate DoLS applications had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff who respected them. One person told us, "All the staff are gentle and caring." One staff member told us, "We treat people with respect, treat them as you would your own Mum."
- People were treated with empathy and compassion. For example, when one person became distressed, we saw a staff member knelt beside them, held their hand and spoke softly to them which reassured them.
- Staff were passionate and positive about their role in supporting people to receive optimum care.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions for themselves. For example, we saw people given choice about whether to engage in particular activities and staff supported them with this choice.
- People were supported to choose what they would like to eat and drink at meal times.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their independence. One person told us, "Staff are very caring, I couldn't walk when I came in and they have encouraged me and given me confidence and I can now walk with a frame."
- People were supported by staff who understood how to promote their privacy. One person told us, "I can shower myself but staff have to be nearby. They are very respectful as they stay within earshot and give me privacy."
- Staff understood how to promote people's dignity. One staff member told us, "Dignity is really important to us, the registered manager is particularly focused on this. We have dignity screens to use if we need them."
- People's food was presented in a way that promoted their dignity. One relative told us their relative was on a pureed diet so, "At meal times, the staff have used carrot moulds to press the mashed food in so it looks more like the real thing."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in care planning. 'This is Me' documentation was in place which identified people's preferences regarding their care and provided information regarding each person's individual life history.
- People were supported by staff who knew them well and who provided personalised care to meet their specific needs. One staff member told us, "[Person's name] loves sport, they support Stoke City, they like being out in the lounge and joining in activities and love a cup of tea." We observed a staff member speaking to this person about football in the lounge and give them a cup of tea.
- People received personalised care that considered their diverse needs. For example, where English was a third language for one person, we saw the provider used a communication board with phrases in their first language and pictures to support with aiding communication and understanding.
- People were supported to have choice and control over how their needs were met. On the day of inspection, a singer attended the home and sung in the communal area. We observed staff ask people if they would like to attend. Those people who preferred to stay in their rooms were asked if they would like the singer to sing to them in their rooms and this was arranged.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs in a way that complied with the AIS. For example, people living with dementia who had difficulty understanding verbal communication were shown pictorial cards to support them with making decisions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities of their choice and there was a strong emphasis on promoting people's social wellbeing. One staff member told us, "There is a commitment to activities. The staff mentality is different here, all staff are supporting the activities programme."
- Activities co-ordinators supported people to engage in a wide programme of activities both inside and outside of the home. One relative told us, "The entertainment here is amazing, they have people come from outside." We saw evidence people had engaged in activities including art and craft, theme days, cooking and daily exercises. The registered manager had also written to another care home to suggest introducing a pen

pal service for people who lived there.

- The provider support people to maintain relationships and encouraged visitors. One relative told us, "It's a very happy place and visitors are welcome anytime, we are encouraged to join in."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and people and relatives knew how to complain. One relative told us, "Staff are very approachable and I'd know how to complain if I needed to."
- Complaints were investigated and responses provided to the complainant in line with the complaints policy.
- Action was taken when needed in order to address complaints and concerns. One relative told us they had raised a concern regarding a potential trip hazard and it was dealt with straight away.

End of life care and support

- People's end of life wishes and preferences were discussed and staff understood what people wanted at that time of their lives.
- The provider worked with a local hospice to ensure detailed end of life plans were in place for people. One relative told us, "They had someone from the local hospice at a residents meeting so we were able to complete forms which include not taking people into hospital if they don't want and end of life plans."
- Staff were supported following people's deaths and were encouraged to engage in reflective discussions that were documented.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the care home was well run and promoted positive outcomes for people. One person's friend told us, "When my friend first came here all they wanted to do was die. They are now relaxed, joins in and they're enjoying themselves."
- People and their relatives found the management team to be approachable. One relative told us, "The management are very approachable and friendly."
- Staff told us the registered manager was open and supportive. One staff member told us, "The registered manager is really good, I've never seen anyone so hands on before. I would be comfortable with approaching the registered manager with any issues and they would sort them out."
- The provider encouraged a person centred approach to people's care which staff understood and followed. Staff told us there was a strong emphasis on promoting people's dignity and to provide people with stimulation through a varied activities programme.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and acted on the duty of candour. When things went wrong, they were open and honest with people. For example, when a medicine error was made, they contacted the person's relatives to make them aware.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective audit systems were in place to check the quality of the service and action was taken where needed to address any issues identified by audits. For example, detailed care plan audits were undertaken that identified gaps in care plans and looked at the quality of the information within those care plans. Actions were taken to address any gaps identified.
- Accidents and incidents were analysed so trends could be identified and action could be taken to address any concerns. For example, we saw the accidents and incidents audit had identified one person had a high number of falls in their bedroom. The provider acted promptly to reduce this risk by lowering the bed and providing a crash mat.
- The registered manager and deputy manager were aware of their statutory responsibilities in relation to submitting notifications to CQC. The last inspection rating was clearly visible on display at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they were invited to relatives' meetings where they could provide feedback regarding the service. One relative told us, "They have residents' meetings. They seem to rotate the times they have them so people can attend."
- Relatives told us where they had provided feedback and made suggestions, the registered manager had acted on it and changes had been made. For example, one relative told us, "I brought up the fact that some of the upstairs residents prefer to eat upstairs but they had planned for a Christmas meal for all downstairs. This was taken on board and they offered residents a choice of where to have their Christmas meal."
- Staff were encouraged to provide feedback regarding the service in staff meetings and supervisions. One staff member told us, "We have meetings where the registered manager will take a group of staff, we raise any issues that need changing and make suggestions what to try next."

Continuous learning and improving care

- The registered manager engaged in external training provided by the local authority and local universities in order to improve their knowledge and improve care to people.
- Staff told us the registered manager was always encouraging them to improve themselves and was supportive of them engaging in additional learning opportunities. One staff member told us, "The registered manager is a qualified mentor so they are quite good at getting people to better themselves. If I had a training wish, they would definitely help me get it."

Working in partnership with others

- The registered manager had developed positive relationships with community organisations such as the local church, charities and other care homes.
- The service worked proactively with healthcare professionals to meet people's needs.