Horizon Care Springfield Limited

Springfield Grange

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Springfield Grange is a nursing home providing personal and nursing care to 41 people aged 65 and over at the time of inspection. The service can support up to 94 people.

Springfield Grange is a purpose-built home, split over four floors and comprising five individual units. At the time of the inspection only three of the units were operational. The homes offers both nursing and residential care. One of the units provides care and support to people living with dementia.

People's experience of using this service and what we found
People felt safe living at the home. However, we found resident list information provided on the inspection and the paper copy of people's personal emergency evacuation plans summary information contained contradictory information. Risks were managed appropriately. The provider had recruited additional care staff and was using a team of their in-house agency staff to help ensure safe staffing levels were maintained. Safeguarding concerns were processed appropriately. Medication administration was observed to be safe. However, we found there were two systems in place to record medicine room temperatures, the recorded temperatures of which were contradictory.

The home was being managed by a newly recruited interim manager. People and relatives spoke mainly positively regarding the new management team. The service used an electronic care planning system as part of their support and care planning process which included risk assessments and quality checks.

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 inadequate (published 23 October 2020) and there were two breaches of regulations. At this inspection we found improvements had been made in the domains of Safe and Well-led.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield Grange on our website at www.cqc.org.uk.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Springfield Grange

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.

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As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors and 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
Springfield Grange 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 did not have a registered manager. The manager was new in post and was being supported by an interim manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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 and professionals who worked with the service.

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 four people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, interim manager, clinical trainer, clinical nurses, nursing assistant and care assistant.

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

After the inspection
We continued to review evidence and additional information relating to inspection provided by the provider. We looked at data and electronic quality assurance records. We spoke with a further four care assistants.

Requires Improvement

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 requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However further improvement was required.

Assessing risk, safety monitoring and management

- Records showed staff had received fire safety training. People's personal emergency evacuation plan (PEEP) information was held electronically and also in paper format in an emergency red grab bag in the reception area to ensure the information was accessible in the event of an emergency. However, we found the information recorded on the paper PEEP version was contradictory to the resident's list. Four people who were listed on the paper PEEPs summary information were not on resident lists and one person's PEEP contradicted the resident list as to which unit the person lived on. The paper PEEP was also not dated. We fed back these concerns to the management team who told us they would immediately review.
- People were protected from avoidable harm. Electronic care plans contained enough detail for staff to follow to keep people safe. Staff understood where people required support to reduce the risk of avoidable harm. A person told us, "Everyone is kind and helpful. There were problems at first because I couldn't manage to get around but [staff] got me [walking] aids so I can now manage."
- Falls risk assessments were consistent with people's needs. One person's care plan stated they needed to wear a specific type of shoe with socks to keep the person safe whilst walking. We saw the person was wearing both.
- Records confirmed staff received moving and handling and risk assessment training.

At our last inspection the provider had failed to do all that is reasonably practicable to ensure the premises and equipment was clean. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However further improvement was required.

Preventing and controlling infection

- We were not always assured the provider was preventing visitors from catching and spreading infections. PPE located in the entrance to the home and in the corridors outside of the residential units were not

routinely stored in covered containers. This meant PPE could be exposed to air borne particles and put visitors at risk. We discussed our findings with the interim manager who immediately addressed our concerns.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was meeting shielding and social distancing rules.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

Using medicines safely
● Medicines were stored safely. The provider had installed an automated system which monitored and maintained room temperatures within high, medium and low parameters to ensure medicines were stored safely. However, we found some staff members were not aware of the automated system and were also manually recording room temperatures on a daily basis. We saw some of the manual recorded room temperatures were over 25 degrees. We discussed this subject with the interim manager to take remedial action.
● Medicines were safely managed. Records showed staff responsible for administering medication had received training and had their medicine competency checked to ensure their practices were safe.
● Where people required medication on an "as required" basis, often referred to as PRN, there were protocols in place to guide staff when these medicines should be used.

Systems and processes to safeguard people from the risk of abuse
● People felt safe with the staff providing their care. People and relatives told us they were confident any suspected abuse would be appropriately dealt with. One person said, "Yes, they are very good. There is always somebody around if I need them."
● There were systems in place to monitor and act upon any suspected abuse. The provider had taken the correct action when incidents of suspected abuse occurred, ensuring notifications were made to CQC and taking steps to prevent any recurrence.
● Staff were aware of the different types of abuse and understood their responsibilities in reporting any concerns they may have.

Staffing and recruitment
● People told us there were usually enough staff deployed to ensure their needs were met. Comments included, "I've not suffered from a lack of staff. They pop in regularly" and "They are always very busy, but I don't usually wait long if I press my bell." However, one person told us, "They [staff] haven't time to sit and talk, they are too busy."
● The provider used a team of their agency staff who were familiar with the home and their residents. The interim manager told us the service's reliance on in-house agency staff had been reduced due to a recent successful recruitment drive. A member of staff said, "There is loads of new starters. I believe there is enough staff now." Staff said they also covered for colleagues if needed but were never under pressure to do so.
● Recruitment practices were of good quality and suitable people were employed. One staff member said, "My induction was pretty good."

Learning lessons when things go wrong
● Accidents and incidents were recorded and reviewed. We saw these were analysed for themes and trends

and preventive action taken to reduce future occurrence.

Requires Improvement

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively. The provider had not assessed, monitored and improved the quality and safety of the service provided or taken appropriate action to mitigate risk. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However further improvement was still required.

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

- The provider had implemented positive change within the home since the previous inspection, however, will still need to demonstrate sustainability and stability across the service.
- There had been a few home manager changes since the last inspection. The home was currently being managed by a new in post interim manager.
- A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any shortfalls were identified. However, concerns we found regarding the PEEPs and storage of PPE had not been previously identified.
- Staff told us they were regularly updated on changes within the home. One staff member said, "Information gets passed down from [staff role] or the manager might come onto the unit to speak with us. We also have a communication book and it will say 'You need to read [Person] care plan or speak with [Staff member]'."

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

- Care was provided in a person-centred way. Staff we observed demonstrated this. One staff member told us, "Everyone has allocations, so we all know what we are doing."
- People and relatives gave mixed feedback when we asked whether staff respected their choices. Comments included, "I ask for toast, jam and butter to be separate. It helps my independence" and "I asked two weeks ago if [Person] could have fish and chips brought in. I know they do it for others. [Person] hasn't had any yet."
- Relatives told us the staff team were open and approachable, with one saying: "I've no complaints, they are good." Another said: "The new manager is very good, keen to get things right."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● People, visitors, professional and staff feedback focusing on caring was sought in January 2021. We saw 'You said, we did' posters addressing the feedback the home had received. However, feedback we received from people and relatives was mixed. Comments included, "I think there was a survey, but I didn't understand it", "No. I've never been asked" and "I was asked my opinions."

● Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service. One staff member said, "They've got a suggestion board for staff and residents to make it better for us all. We wrote on the board… and it has been actioned."

● Managers had an open-door policy. Staff spoke positively regarding the management team and the culture of the service. Comments included, "Since the new manager and deputy manager have started everything has been amazing" and "We have a lot of support. Whenever I've needed it, someone has always been there."

● The provider had implemented an employment 'Fit to care' initiative. The initiative enabled staff to discuss concerns and ask questions regarding employment or the workplace with the human resource team. Summary information from April 2021 showed the initiative had been positively received.

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 interim manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

● The service had notified CQC of significant events such as safeguarding concerns.

Working in partnership with others

● The managers and staff worked in partnership with other health care professionals to ensure people received appropriate care interventions.

● Links with the local community had been put on hold due to the pandemic and national lockdowns.