Rossefield Nursing Homes Limited

Well Springs Nursing Home

Inspection report

122 Leylands Lane
Heaton
Bradford
West Yorkshire
BD9 5QU
Tel: 01274 488855
Website: www.wellspringsnursinghome.co.uk

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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

Overall summary

The inspection was carried out on 15 September 2015 and was unannounced. There were 48 people who used the service at the time of the inspection.

The last inspection took place on 17 March 2014 and at that time the provider was meeting the regulations inspected.

Well Springs Nursing Home is registered to provide care and treatment for up to 52 people requiring nursing care.

The home is a converted house with large gardens which can be used by the people living there. Accommodation is provided over two floors. The service is well located for access to local amenities and public transport.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff knew how to recognise and report abuse and any concerns about people's safety and welfare. Information about whistle blowing was included in people's care records which helped to keep it at the forefront of people's minds. Checks on new staff were carried out to make sure they were suitable to work in a care setting before they started work and this helped to protect people.

There were enough staff to provide people with the care and support they needed. The numbers and skill mix of staff was kept under review and changed as necessary to take account of people's changing needs. Staff were supported to develop their skills and knowledge through a planned training programme and individual supervisions which helped to make sure they were competent to meet people's needs. We observed staff were attentive to people's needs and were patient and compassionate. We observed staff interacted respectfully with people who used the service, visitors and each other.

People's medicines were managed safely. The service was working in accordance with the requirements of the Mental Capacity Act which meant people's rights were protected and promoted.

People were supported to have a varied and nutritious diet and their individual preferences were catered for. When people were at risk of poor nutrition and/or weight loss this was being dealt with. People were supported to meet their health care needs and had access to the full range of NHS services.

The home was safe, well maintained and clean and there were no unpleasant odours. There was an on-going programme of refurbishment and redecoration.

People who lived at the home and/or their representatives were involved in planning how their care and support would be provided. People's care records were up to date and provided clear guidance for staff on how to support people to meet their needs and maintain their independence.

There was a varied programme of activities tailored to take account of people's individual preferences. Activities were organised in small groups and on a one to one basis and people were supported to take part in social activities outside the home.

People were given information about how to raise concerns or make a complaint. There was evidence complaints were dealt with and where appropriate action was taken to reduce the risk of the same thing happening again.

There were processes in place to monitor and assess the quality of the services provided and it was evident action was taken to address any shortfalls identified. People who used the service, their representatives and staff were supported to share their views of the service by way of quality assurance surveys, meetings and in the case of people who used the service individual care reviews. The management team had a visible presence in the home and there was a culture of openness and transparency.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe. Staff knew how to recognise abuse and report any concerns about people's safety and welfare.

There were enough staff and new staff were not allowed to start work until all the required checks had been done.

People received their prescribed medicines.

The home was clean and well maintained.

Good

Is the service effective?
The service was effective.

People were cared for and supported by staff who were training and competent to meet their needs.

People were offered a variety of nutritious food and drink. People told us they enjoyed their meals and had enough to eat and drink.

People's rights were protected because the provider was working in line with the requirements of the Mental Capacity Act 2005.

Good

Is the service caring?
The service was caring.

Staff were attentive to people's needs and provided support discreetly.

Staff were respectful of people's privacy and dignity and interacted with people in a way which showed kindness and compassion.

Good

Is the service responsive?
The service was responsive.

People and their family or friends were involved in planning how they wanted their care and support to be provided.

There was a varied programme of social activities designed and delivered to reflect people's individual interests.

People were supported to talk about any concerns they had and complaints were taken seriously and acted on.

Good

Is the service well-led?
The service was well led.

There was a positive and open culture and staff worked well together as a team.

Good

Summary of findings

There was a commitment to continuous improvement in every aspect of the service supported by robust quality monitoring systems.

People who used the service, their representatives and staff were encouraged to share their views of the service and felt their views were listened to and acted on.

Well Springs Nursing 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 inspection took place on 15 September 2015 and was unannounced.

The inspection team was made up of three 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. In this case their area of expertise was older people.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and speaking with the local authority contracts and safeguarding teams. Before the inspection visit the provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 13 people who lived at the home, four relatives, one visiting health care professional, one nurse, five care workers, the cook, one housekeeper, the maintenance man, the administrator and the registered manager. We looked at four people's care records and reviewed other records related to the day to day management of the service such as staff files, training records, maintenance records, meeting notes and audits. We looked around the home at a selection of bedrooms and the communal rooms. We observed people being cared for and supported in the communal rooms.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. When we asked one person if they felt safe, they said, “Oh yes I feel safe here, why wouldn’t you?” Another person who lived at the home said, “I am happy here.” A relative of a person who lived at the home told us, “I can go home and know that she is well looked after.”

The provider had policies and procedures in place to help make sure people were safeguarded from abuse. The training records showed staff had undertaken training on safeguarding and the staff we spoke with were able to tell us about how people’s rights could be abused. They were aware of how to report any concerns about people’s safety and wellbeing. People’s individual care records had information about safeguarding and whistle blowing which served to remind staff of their responsibilities and the actions they should take if they had any concerns about people safety and welfare. We saw the provider kept a record of safeguarding concerns and the action taken; this was cross referenced to the complaints records and showed that any element of a complaint which raised a safeguarding concern was identified and dealt with. One of the staff we spoke with said, “I’d whistle blow in a minute if I had to, as I know I’d be taken seriously”.

The provider told us they used a dependency tool to work out the staffing numbers and skill mix needed to meet people’s needs. The number and skill mix of staff was reviewed and changed in response to changes in people’s needs. At the time of the inspection the home was working with two registered and a minimum of six care assistants during the day and one nurse and four care assistants overnight. In addition, the housekeeping staff were trained to support people with eating, drinking and moving so that they were available to support people during busy times. The housekeeping staff we spoke with told us they enjoyed this aspect of their work. The registered manager was not included in the staff numbers and separate staff were employed for catering, maintenance and administration. During the inspection we saw staff were available to support people as needed and the people we spoke with did not have any concerns about the availability of staff. One person said, “Staff come at night when you need them”. Another person said, “The staff are excellent.”

We looked at five staff files and saw all the required checks were completed before new staff started work. This helped to protect people from the risk of receiving care and support from people who were unsuitable to work in a care setting.

We looked at how medication administration records and information in care notes for people living in the home supported the safe handling of their medicines. None of the people living at the home at the time of the inspection were administering their own medicines. We looked at people’s medicine administration record (MAR) and reviewed records for the receipt, administration and disposal of medicines and conducted a sample audit of medicines to account for them. We found records were complete and people had received the medication they had been prescribed. We found people's medicines were available at the home to administer when they needed them.

We asked a registered nurse about the safe handling of medicines to ensure people received the correct medication at the correct time. The answers given demonstrated they had a good understanding of their responsibilities yet on three occasions their observed practice demonstrated this was not always being translated into good practice. We observed three people receiving medicines after breakfast whilst written instructions from a pharmacist indicated the medicine should be administered 30 to 60 minutes before breakfast. Immediately after we brought this to the attention of the nurse they consulted with the registered manager and instituted a change to practice which would ensure this error could not be repeated.

Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. The staff maintained records for medication which was not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor.

Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given. The registered nurse demonstrated a good understanding of the protocol and during our inspection protocols were

Good

Is the service safe?

strictly observed. However, on one previous occasion we saw evidence where two different PRN antipsychotic medicines had been administered together without any reason documented in the care records. Indeed the care records indicated a period of calm and typical mood at the time of administration. We brought this to the attention of the registered manager who understood our concerns and assured us the matter would be investigated.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

We noted the date of opening was recorded on all liquids, creams and eye drops that were being used and found the dates were within permitted timescales. Creams and ointments were prescribed and dispensed on an individual basis. We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. Drug refrigerator temperatures were checked and recorded daily to ensure these medicines were being stored at the required temperatures.

We carried out a tour of the premises. We looked at four people's bedrooms, bath and shower rooms and various communal living spaces. We found all the radiators in the home were covered, or were of a cool panel design, to protect vulnerable people from the risk of injury. Hot water outlets to baths and showers were protected by thermostatic mixer valves. We saw records which demonstrated the valves were regularly calibrated or changed to maintain safe water temperatures. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. We saw that upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows.

We found all floor coverings were appropriate to the environment in which they were used. All floor coverings were of good quality and properly fitted thus reducing the risk of trip hazards. We reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant and within date.

We found the home was clean and there were no unpleasant odours.

Good

Is the service effective?

Our findings

People who lived at the home told us the staff knew how to support them properly. One person said, "It is very nice here the staff are all very good at their job and very nice as well. They are good company."

There was a planned programme of training which included mandatory and recommended training. The mandatory training covered areas of safe working practices such as fire safety, food safety, health and safety, moving and handling and safeguarding. The recommended training covered topics related to the needs of people who used the service such as the Mental Capacity Act (MCA), the Deprivation of Liberty Safeguards (DoLS), dementia awareness and communication, nutrition and hydration and pressure ulcer prevention. All the training was recorded on a training matrix and this was coded using a RAG (Red, Amber and Green) system which showed whether staff were up to date, due for an update or overdue for each individual topic. The administrator explained they updated the training matrices every month and made sure training updates were organised and staff were reminded about attendance. The records showed the majority of staff were up to date with training on safe working practices and where they were not there was evidence this was being addressed. Individual staff training records were maintained on the computerised system and included copies of training certificates which corresponded with the information recorded on the training matrices.

New staff received induction training when they started work. The provider had introduced the new Care Certificate induction training programme for staff. This is a nationally recognised training programme for care staff designed to make sure they receive the right training to carry out their roles effectively. We saw one member of staff was still doing the Care Certificate training and one had completed the programme. Staff told us they were well supported to develop their knowledge and skills. One of the staff we spoke with said, "We go on a lot of courses."

There was a planned programme of staff supervision and appraisals and the records showed this was up to date. The supervision and appraisals records were kept on the computerised records management system where staff were able to access their own individual records.

We spoke with the manager about the use of restraint which included the use of bed-rails. Our discussion demonstrated bed-rail assessments were used to ensure people who may roll out of bed or have an anxiety about doing so would be protected from harm. The manager demonstrated a good understanding of how inappropriate use of bed-rails may constitute unlawful restraint.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told one person using the service was subject to authorised deprivation of liberty and a further 29 applications had been made over the past year without any response from the supervisory body. We saw people were supported to make decisions. These decisions included Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms and showed relevant people, such as people's relatives and other professionals, had been involved. The manager had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and our discussions demonstrated they had a good understanding of the Act.

People we spoke with told us they enjoyed the food. One person said, "I really like it here, the cooking is excellent." Another person said, "The food is good and I choose what I want". One relative we spoke with said, "I haven't seen the meals myself but I think Mum enjoys them as my brother says when he's visited she wolfs down the meal".

The home uses an external provider who supplies ready-made frozen meals on weekly basis. Menus were displayed and showed an extensive variety of foods were available which catered for specialist diets such as diabetics. A healthy option was also available at each mealtime. We spoke with the cook who explained how the meals were stored, prepared and served and we saw records which confirmed checks were carried out to ensure the meals were cooked and served at the correct temperatures. The cook told us there had been a recent food hygiene inspection and the home had achieved a score of 5 (the highest rating).

We observed breakfast and lunch and saw people were offered a choice of foods. Pureed food was moulded separately so when the meal was presented it looked appetising like all the other meals. The cook explained how meals were fortified using butter, cream and milk powder

Good

Is the service effective?

to add extra calories where needed. We saw drinks and snacks were provided throughout the day and there were hot and cold drink facilities which people could access independently.

We saw staff provided one-to-one support where people needed assistance with their meals and gently encouraged and prompted others. Care records we reviewed showed people's nutritional needs were assessed using the Malnutrition Universal Screening Tool (MUST) and where a risk was identified nutritional care plans were in place. For example, one person was identified as at high risk of malnutrition and their care plan provided detailed information about their diet, aids and adaptations used to assist them to eat their meals independently and the support they required from staff. Another person who had been losing weight had been referred to the dietician and started on food supplements.

We saw people had access to healthcare services in cases of emergency, or when people's needs had changed. The registered manager told us the GPs for one surgery visited weekly and the community matron came twice a week. Records we saw showed input from GPs, the community matron, dieticians, opticians and dentists.

Good

Is the service caring?

Our findings

People and relatives we spoke with were happy with the care provided. One person described the staff as "very pleasant' and said, "You couldn't get better (staff) if you paid them in gold." Another person told us, "I like it here and the staff are lovely." We spoke with one relative who said about their family member, "She's had a smile back on her face since she's been here." The relative said they now felt they could have 'a day off' as they knew she was safe and well cared for and would be alright. Another relative told us, "The staff know my Mum as a person and they love her." They added, "I sometime come early and that is the best time to have a look because the staff have a lot to do and they are still really excellent. Everyone is given the very best of care."

We saw staff were kind and compassionate in their interactions with people. For example, we saw one person was a bit unsteady when they got up from the table and a staff member noticed straightaway and asked the person if they were all right and if they would like some assistance. The person said yes and the staff member offered their arm for support, we saw the person smiled and hugged the staff member's arm as they walked out together chatting.

We observed all staff addressed people by their name and gave explanations of what they were doing in an appropriate tone of voice. At lunch time we saw some people had plate guards which meant they were able to eat without support from staff. The plate guards were the same colour as the plates so that they didn't draw attention to the fact that people needed support to maintain their independence. We observed staff were attentive and encouraged people to eat and drink. For example, one person wanted to leave the table and one of the staff said, "Let's try to get you something to eat and drink first." They brought some sandwiches and a cold drink and the person ate all the sandwiches and finished the drink. We saw another person who when offered a choice of meals went quiet and looked down at the floor. The care worker asked, "Would you like me to decide for you?" to which the person replied "Yes". The person ate all their meal.

People looked well cared for and were wearing suitable clothing. One person who lived at the home told us, "My clothes are always sorted out nicely and when they help me get dressed in morning they always give me a good choice." Another person said, "We are kept very clean, our clothes are always washed and ironed." A relative told us, "She always gets her own laundry back".

We looked around the home with a registered nurse whilst conducting the morning medicine round and in doing so inspected some bedrooms. We noted that staff always knocked on doors prior to entering, thus respecting people's need for privacy. We saw people had been able to make choices about the decoration and furnishings in their rooms. Many rooms contained personal treasured items and family photographs.

We looked at four electronic care plans which showed people lacking in mental capacity had close family ties and therefore had no requirement for the appointment of an advocate. However a subsequent discussion with the manager showed other people lacking in mental capacity were without anyone, other than paid carers, to represent their needs. Our discussion with the manager assured us that where decisions needed to be made an advocate would be sourced to provide independent support to people.

Good

Is the service responsive?

Our findings

One person who lived at the home told us, "Staff always ask what I want and I am very involved in my care planning process." A relative we spoke with described the care as very good and said staff kept them informed about their family member and described their involvement in care decisions.

Staff we spoke with showed a good understanding of people's needs and the support and care they required. Staff told us there were good communication systems in place to make sure staff were aware of any changes in people's conditions, which included detailed handovers when staff changed shifts.

We looked at four peoples care records on the electronic care management system. We found detailed and up to date assessments of people's needs, which identified risks and showed evidence of regular review. Care plans were personalised and identified what people could do for themselves as well as the support they required from staff. For example, the care plan for one person provided clear instructions about how to support them in meeting their personal hygiene needs. This included specific details about what the person could do for themselves such as washing their own hands and face as well as the routine the person liked to follow which was important for this person as otherwise they would refuse to get washed. Another person's care plan gave detailed information about how continence needs should be met.

We saw staff were confident and competent in using the electronic care record system which meant records were updated each time care and support was delivered providing 'live' information about each individual.

We spoke with a community matron. We asked about how they worked in partnership with the home to provide for safe and effective care. Our discussion confirmed our findings from written care plans that the home worked effectively with visiting health care professionals. The matron told us, "If my relatives required nursing home care this home would be on my list of choice". We also asked about their involvement in reviewing medication. The matron told us the home actively sought to engage with healthcare professional to minimise the use of medicines especially medicines prescribed to modify behaviour.

The home offered a wide range of activities and information about planned activities was displayed using a visual format which helped to make it more accessible to people. Each person had an "About me" folder which included information about people's lives past and present and information about people's preferences and interests. Activities were arranged in small groups or on an individual basis with different things going on at the same time rather than everyone doing the same thing. One person who lived at the home told us, "I have been to a football match and that was great, I am going again." Another person said, "There are lots of things to do and make." A relative told us "[person's name] likes to draw and crayon and bake, she does all these things here."

There was a complaints procedure and information about the procedure was made available to people who used the service. In a recent survey, (July 2015), seven people who lived at the home said they were happy they were able to discuss any concerns or complaints and were confident any concerns they had would be taken seriously and acted on. The records showed the provider followed their procedures and dealt with complaints in a timely way. The complaints records showed the actions that had been taken in response to complaints and where it was indicated we saw the provider had used their staff disciplinary procedures. The registered manager told us they operated an open door policy and encouraged people to tell them if they had any concerns so that they could be dealt with there and then. This was reflected in the conversations we had with people and our observations during the visit. The home also kept a record of compliments and information about compliments and concerns was shared at staff meetings.

Good

Is the service well-led?

Our findings

One person who lived at the home said "I have already recommended this home to other people". Another person told us, "I would really recommend it here and wouldn't say that if I didn't mean it."

We observed there was a positive and open culture and staff worked well together as a team. We saw staff embodied the values of dignity and respect in all interactions whether with each other, visitors or people who lived in the home. One relative told us this was what they had noticed when they first came to look round the home. They said, "The manager was very open and all the staff were so friendly and said hello to me, which was very different from other homes I'd been to." Another relative told us, "This place is like an extension of my family and I feel very relaxed here"

Staff spoke highly of the management team and the provider, who they said were very supportive. Staff told us they were encouraged to put forward suggestions about how improvements could be made and felt their ideas were listened to. All the staff we spoke with said they would be happy for their relative to be cared for in the home and said they loved their job. One staff member said, "It's all about the residents and if they're happy, I'm happy."

Before the inspection visit the provider told us the home had a shared vision that embraced a Culture of Compassion based on the six Cs, Care, Compassion, Competence, Communication, Courage and Commitment. Our observations showed the way the service operated was consistent with their stated vision.

The provider had a robust quality assurance and monitoring system in place. There was an annual quality assurance plan and this was broken down into a schedule of monthly audits. The audits covered all aspects of the service such as medication, people's care records, people's weights, nutrition, accidents and incidents, the environment and infection control. The administrator told us they oversaw the implementation of the audit processes and "audited the audits" to make sure they were being done. The results of the audits were reviewed at a monthly operations meeting which was attended by the provider, the registered manager, the general manager and the administrator. The operations meeting planned how any shortfalls were to be addressed and this was followed up at subsequent meetings. In addition, the provider engaged the services of an external consultant who reviewed the quality assurances processes two or three times a year.

The provider told us they were committed to continuous improvement of the service and had a rolling programme of improvements. Recent improvements included changes to the main entrance, a new nurses' station with additional computer terminals for access to the care management systems and a new visitor's toilet. On-going improvements included the replacement of all beds with profiling beds, purchasing new quality soft foam or air mattresses and the redecoration of bedrooms as they became vacant.

People who used the service and their representatives were invited to share their views through a programme of annual quality assurance surveys and meetings which were held throughout the year. The meetings were usually linked with a social event to encourage people to attend, for example the next meeting in November was going to coincide with a menu tasting organised by the external food supplier. People who used the service and their representatives were encouraged to take part in care reviews to discuss and plan how they would be supported to meet their individual needs.

Staff were supported to give their feedback on the service through an annual staff survey and regular staff meetings in addition to their individual supervisions and appraisals.