

Ascot Care North East Limited

Springfield Lodge Care Home

Inspection report

North Street
West Rainton
Tyne and Wear
DH4 6NU

Tel: 01915842805

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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

This inspection took place on 31 October 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. Springfield Lodge Care Home was last inspected by CQC on 26 May 2016 and 1 June 2016 and was rated 'Good'.

At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Springfield Lodge Care 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.

Springfield Lodge Care Home accommodates up to 40 older people who require personal care. On the day of our inspection there were 38 people using the service. People who used the service and their relatives were complimentary about the standard of care at Springfield Lodge Care Home.

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was clean, spacious and suitable for the people who used the service. The provider had effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were carried out. Accidents and incidents were appropriately recorded and risk assessments were in place where required. The registered manager understood their responsibilities about safeguarding and staff had been trained in safeguarding vulnerable adults. Appropriate arrangements were in place for the safe management and administration of medicines.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. Staff were suitably trained and supported to provide care to people who used the service through regular supervision and appraisal. Staff said they felt supported by the registered manager.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Activities were arranged for people who used the service based on their likes and interests and to help meet their social

needs, in the home and within the local community.

Care records showed people's needs were assessed before they started using the service. Care plans were written in a person-centred way and were reviewed regularly. Person-centred is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account. Care plans were in place that recorded people's plans and wishes for their end of life care.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People had access to healthcare services and received ongoing healthcare support.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint. The provider had a quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Springfield Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home, we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. We also contacted Healthwatch, the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with eight people who used the service and ten relatives. We spoke with the

registered manager, deputy manager, four care staff, the cook, activities co-ordinator, hairdresser, two domestics and a laundry assistant.

We looked at the personal care and treatment records of three people and we reviewed three people's medication administration records (MARs). We also observed how people were being cared for.

We looked at the personnel files for three members of staff. We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Springfield Lodge Care Home. People told us, "I feel secure, they lock the door", "I am safe they look after me well", "I do feel safe, I have friends here", "Yes I am safe here, everyone is friendly" and "Oh yes, I do feel safe, the carers are kind and caring." There were sufficient numbers of staff on duty to keep people safe. Staff, people who used the service and visitors did not raise any concerns about staffing levels. Our observations confirmed call bells were responded to by staff in a timely manner.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. The provider's safeguarding people from abuse policy provided staff with guidance regarding how to report any allegations of abuse. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

The home was clean, spacious and suitable for the people who used the service. All visitors were required to sign in. En-suite bathrooms, communal bathrooms/shower rooms and toilets were well maintained. Appropriate personal protective equipment (PPE) and hand washing facilities were available. Staff had completed infection control training.

The provider had effective procedures in place for managing the maintenance of the premises. Appropriate health and safety checks were carried out and the records for portable appliance testing, gas safety and electrical installation were all up to date. Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Accidents and incidents were recorded and referrals made to professionals when required, for example, to the falls team. People had risk assessments in place relating to, for example, falls, skin integrity and nutrition. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe. The service also had environmental risk assessments in place relating to, for example, the use of equipment which contained detailed information on particular hazards and how to manage risks.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. People who used the service had Personal Emergency Evacuation Plans (PEEPS). A fire emergency plan was displayed in the reception area, a fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

Appropriate arrangements were in place for the safe management and administration of medicines. Staff

could explain how the system worked and were knowledgeable about people's medicines. Medicines were stored appropriately and temperature checks for treatment rooms and refrigerators were regularly recorded. People's medication administration records (MARs) we viewed were up to date with no omissions. Medicine administration was observed to be appropriate. Staff who administered medicines were trained and were required to undertake an annual competence assessment. People told us, "I get my medication on time" and "I get my medicine when I need it."

Is the service effective?

Our findings

People who lived at Springfield Lodge Care Home received care and support from trained and well supported staff. Staff training was up to date and where gaps were identified, training was planned. Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

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 with appropriate legal authority. 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. The registered manager had a good understanding of their legal responsibilities about the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body and consent to care and treatment was documented in people's care records.

Care records provided information on people's dietary preferences, whether they had any specific needs and guidance for staff to follow to support the person. They also demonstrated people's weight was monitored regularly. The cook was knowledgeable about people's special dietary needs and preferences. The provider had a nutrition policy in place and staff had completed training in nutrition and food hygiene. A 'hydration station' was available all day for people to access cold drinks and healthy snacks. The home had been awarded a '5 Very Good' Food Hygiene Rating by the Food Standards Agency on 27 July 2018.

Lunch was a sociable experience. We observed staff assisted people to their tables in the dining room and we saw staff supported people on a one to one basis, if they required assistance with their meal. Staff chatted with people and the mealtime was not rushed. People were supported to eat in their own bedrooms, if they preferred. People told us, "It is very good all handmade, all good. I get a choice of two meals" and "I can ask for anything and they will get it." Relatives said, "[Name] has massively improved since coming in here. They were feeding her at first now she is eating on her own. She is even eating better than she did at home" and "They really put themselves out, make her diet as normal as possible. They give her extra fluids, soft food and things to eat in between. They check her weight monthly. She has put all the weight back on she lost in hospital."

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including, GPs, district nurses, dentists, community psychiatric nurses, dietitians, opticians and chiropodists.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitably designed for people living with dementia. For example, there was clear signage displayed on people's bedroom doors and memory boxes were in place which contained a range of meaningful memorabilia for people to reminisce. Walls were decorated to provide people with visual stimulation and corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Springfield Lodge Care Home. People told us, "Staff are very good, I am very comfortable", "They are kind and I get on with the staff", "They are caring, they listen to me and do what they can to help" and "Caring yes, they come in at night if I have had a nightmare. I have fun with the carers." Relatives said, "The staff are caring and it is very friendly in here", "They are caring and kind she is never distressed when we come here", "I feel she is nurtured. The carers really care, it's like a big family" and "Staff are very good kind and caring. It's the way they check up on him. They have a good relationship."

We observed staff chatting to people in communal areas and engaged with them in meaningful conversation. Staff knew people's names and talked with, and listened to, people in a kind and caring manner. People were well presented and looked comfortable in the presence of staff. We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring way. People told us, "The carers come in and talk to me and we can have fun" and "When they [carers] are passing they pop in and have a chat with me."

Staff demonstrated they understood what care people needed to keep them safe and comfortable. Staff worked well as a team giving individualised care and attention to people. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. People told us, "They dress me in the mornings and respect my privacy" and "The staff knock on the door and ask before they enter." A relative said, "They are very thoughtful and respectful, they know how to treat her." Staff had completed equality, diversity, dignity and respect training. Our observations confirmed staff treated people with dignity and respect.

People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. Relatives told us, "I am pleased how quickly my relative has settled in, they take time to talk to her and understand her needs. They come close to her so she can see them better" and "She seems more settled and happy. They are very conscious of her need for attention."

People's bedrooms were individualised, most with their own furniture and personal possessions. Many contained photographs of relatives and special occasions. Staff supported people to maintain their independence. A relative told us, "They encourage her to do what she can for herself, for example, wash her face."

People were encouraged and supported to maintain their relationships with their friends and relatives. Staff could tell us about people's relatives and how they were involved in their care. People told us, "They know about my family and talk to me about them", "My relatives can come and see me whenever they want to" and "They make them feel very welcome and they can come at any time of day." Relatives said, "I can come in at any time, including at night when I am passing" and "I feel very welcome and I have been on an outing with my relative."

People were provided with accessible information about the service in the provider's 'statement of purpose' and 'service user guide'. Advocacy information was made available to people who used the service. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We saw that people's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Is the service responsive?

Our findings

People's care records were person-centred and demonstrated a good understanding of their individual needs. A pre-admission assessment was completed to determine whether the service would be able to meet people's needs.

People's care records contained a 'This is me' document which had been developed with the person or their relative and detailed what was important to the person and how they wanted to be supported. Care plans were in place and covered a range of needs including, personal care, dementia, continence, and mobility. People had emergency health care plans in place which contained information about their health needs. This would accompany the person should hospital treatment be required. Care records were regularly reviewed, updated and evaluated.

Some people had emergency health care plans and in place which contained information about their health needs. These would accompany the person should hospital treatment be required. Staff used a range of assessment and monitoring tools. For example, the Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, was used to identify if people were malnourished or at risk of malnutrition and Waterlow, which is a tool to predict pressure sore risk.

People and their relatives were aware of and involved in the care planning and review process. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw people's end of life care wishes were recorded and staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

Planned activities, outings and events were displayed and included bingos, dominoes, cake decorating, arts and crafts, film afternoon, cards and entertainers. People and their relatives were complimentary about the activities in the home. People told us, "I like a game of dominoes", "I like to play bingo, it is fun", "It is good I go in for everything, the other day we were icing a cake", "They come and have a chat with me in my room, we talk about lots of different things", "We visit the park, if it is a nice day" and "We have been to Roker, The Heritage Museum which was very interesting. Sometimes we have singers in from the local school, pupils who sing hymns."

Relatives said, "We come in and play dominoes with him and another resident. Today we are going to the pub with them", "They have outings, he has been to the Winter Gardens in Sunderland recently", "We have been out together to Penshaw Monument, Sunderland and Whitley Bay", "They did a quiz the other day and my relative enjoyed it" and "I can bring the dog in all the time and dogs are welcome. The residents like to the dog." We observed the Halloween celebrations and staff in fancy dress encouraging people to join in the singing and dancing.

People informed us that they were treated as individuals and were able to make choices for themselves. One

person told us, "I can get up when I want to and go to bed when it suits me." People's preferences were recorded and met by staff. We also saw how the staff used picture cards, hand signs and iPad translator technology to communicate and engage with a person whose first language was not English. One person told us, "They [staff] listen to us and ask what we want" and a relative said, "The new manager does listen to what the residents want."

The provider's complaints policy was on display. There were no open complaints at the time of our inspection. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed.

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. The registered manager had been registered with CQC since 24 August 2018 and told us they felt supported in their role. The home had a positive culture that was extremely person centred, open and inclusive. The registered manager told us the home had an open-door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time.

People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable and visible. People told us, "She [Manager] is lovely, pops in to say hello", "The manager is just new, she is alright" and "The manager and the staff are lovely." Relatives said, "The manager is very approachable, she will make suggestions if necessary", "The manager is a pleasant lady, she listens to the residents", "The manager is very nice, runs up to me to see I am alright, they care about me too" and "[Staff Name] is lovely really nice and always comes in to see her, makes a point of coming in to see us and always speaks."

We looked at what the provider did to check the quality of the home and to seek people's views about it. The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits of care records, health and safety, nutrition, infection control, dining experience, medication and maintenance. The provider's compliance manager also carried out a monthly quality audit. These visits included auditing records and talking to people who used the service and staff. These were up to date and included action plans for any identified issues.

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings were held regularly. The staff we spoke with felt supported in their role and felt they could report concerns. Staff described the manager as, "Lovely" and "Wonderful." We also saw positive responses from the 2018 'employee's satisfaction survey'. Staff comments included, "Since the new manager has arrived, the home is a pleasant place to be. Staff are working together and residents and family have commented on how lovely the home is. The atmosphere has changed in the past few months for the better", "The manager has brought new enthusiasm to Springfield and is greatly respected by staff and families", "I feel happier to come to work", "The manager has made a big difference to staff morale" and "I think [Manager Name] is doing a great job."

The provider regularly sought the views of people who used the service, their relatives and visiting professionals through quality assurance questionnaires. We saw positive responses from the results of the 2018 'resident's satisfaction survey'. Themes included, meals, home cleanliness and staff. Responses were all rated as 'good' or 'excellent'. Residents and relative's meetings were held regularly. Discussion items included the home refurbishment and activities. One person told us, "All seems to be well managed." Relatives said, "It seems to work well" and "I am more than pleased with them. They are tremendous."

The home had close links with the local community including the schools, churches and community centre. The registered manager informed us they were going to set up a community dominoes drive and provide a

trophy. They also described how they were working to do a joint nativity show with the local school children.

Policies and procedures were in place that considered guidance and best practice from expert and professional bodies. These provided staff with clear instructions and the staff we spoke with told us they were accessible and informative. The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.