Springdene Nursing & Care Homes Limited

Springview

Inspection report

8-10 Crescent Road,
Enfield, Middlesex, EN2 7BL
Tel: 020 8367 9966
Website: www.springdene.co.uk/springview/

Date of inspection visit: 13 August 2014
Date of publication: 21/05/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The service met all of the regulations we inspected against at our last inspection on 2 August 2013.

This inspection on 13 August 2014 was unannounced. Springview is a care home on four floors that provides care for 58 elderly people, some of whom have dementia.

There were 54 people living at the service when we inspected. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe. Staff knew how to recognise and respond appropriately to incidents or allegations of bullying, harassment and abuse. Staff were aware of people's individual risk assessments which included moving and handling and falls.

Summary of findings

Medicines were disposed of correctly. However, we found some medicines were not stored correctly and staff needed further training and guidance to help them administer all medicines correctly.

People told us they were receiving the care they needed, they knew most of the care staff and they and their relatives had been involved in their care planning. Staff were aware of people's preferences and had the necessary skills to provide care to people with dignity and respect.

People were supported to maintain good health, access to healthcare services and receive healthcare support. This included doctors, district nurses and physiotherapists.

People and their relatives told us people were listened to and were encouraged to make their views known and meetings took place with people using the service.

The managers of the service undertook audits and checks of various aspects of the service provided.

There were a wide range of activities available and we saw people enjoying those activities. Call bells were responded to promptly.

Assessments of people's capacity to understand and make decisions about their care had been undertaken in line with the requirements of the Mental Capacity Act (2005), and the provider understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who lived in the home.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was not always safe. Some medicines were not stored correctly and staff needed further training and guidance to help them administer all medicines safely, as prescribed.

Staff knew how to recognise and respond appropriately to allegations of abuse and were aware of risks to people. Reviews of people's capacity were taking place in line with the requirements of the Mental Capacity Act (2005).

Is the service effective?

Good

The service was effective. People were appropriately supported by staff to receive adequate nutrition.

People were supported to maintain good health and had access to healthcare services.

Is the service caring?

Good

The service was caring. Staff showed compassion, dignity and respect towards people.

People were encouraged to make their views known about their care and the service and were involved in care planning.

Is the service responsive?

Good

The service was responsive. Staff understood people's specific care needs and the action that was necessary to respond to those needs.

People and their representatives were encouraged to raise concerns about the service. Information on how to complain and the response time they could expect was displayed in the reception area and in people's welcome pack.

Is the service well-led?

Good

The service was well-led. Staff understood the recently updated purpose and vision for the home. This included respecting people's wishes and decision making and their dignity and the core values expected from staff.

The service had systems in place to include and empower people, their relatives and staff. People and relatives were asked for their views about the service.

People told us the registered manager and staff were approachable.

Springview

Detailed findings

Background to this inspection

The inspection team consisted of six people – an inspector, a specialist nurse, specialist occupational therapist, CQC pharmacist inspector and two experts 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.

We reviewed all the information we held about the service before our visit. This included the 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. We reviewed previous inspection reports, statutory notifications and enquiries. A notification is information about important events affecting the service which the provider is required to send us by law.

We spoke with 18 people using the service and seven relatives. We looked at the care records of ten people and two staff records. We spoke with nine care workers, the relief manager, maintenance worker, and the provider's operations manager. The registered manager was on leave during our inspection so we did not speak with them.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at records and reviewed information given to us by the provider. We looked at audits and incident logs, residents' and relatives' meeting minutes, staff meeting minutes, staff records and a selection of the provider's policies and procedures.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act (2005) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014.They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe and that staff protected them from harm. One person told us, "I feel very safe." People told us they received medicines when they needed it and medicines and their side effects were explained to them. We saw one care worker explain a person's medicines to them and how to take them. One person told us, "They're very good at medicating, but I leave that all to them."

We found that all prescribed medicines were available at the service and records were kept of medicines received, administered and disposed of which were clear, accurate, and up to date. However, medicines requiring refrigeration were not always stored and used safely, more guidance was needed for staff to enable them to administer some medicines correctly and the medicines error reporting procedure was not always followed when there were issues with people's medicines.

Staff made clear, accurate and timely records when they administered medicines, except when people had been prescribed a variable dosage, for example one or two tablets at each dose. For these we saw that staff did not record the actual dose given. We saw that senior care workers signed medicines records when care workers applied creams, however there were insufficient instructions for care workers on how often and where to apply creams. Some people were prescribed medicines to be given only when needed, for example pain relieving medicines for people who were not able to communicate verbally when they were in pain. We saw that there were insufficient instructions for staff to enable them to administer these medicines correctly.

Two people with limited capacity had their medicines administered covertly because they were refusing to take them. The service had obtained the appropriate approvals before doing this; however there was no information for staff on how to administer these medicines. For example, whether to crush a tablet or add it whole to food. We saw that one of these people was left unsupported and had not eaten their breakfast which contained their medicine.

There were insufficient instructions to administer pain relief and no formal pain scoring charts were evident. Staff told us they used observation and what people told them to assess people's pain which may mean that people received a variation in pain management.

All staff with responsibilities for administering medicines had received training before being allowed to administer medicines; however some staff had received only half a day's training on medicines systems which did not include training in the safe management and use of medicines. There were no formal documented assessments of their competency to administer medicines.

These were breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When changes were made to people's medicines, we saw that these were documented clearly and implemented promptly. When people had allergies, this was recorded clearly for their safety. Information leaflets were available for medicines so that people and staff had access to information about medicines. The community mental health team and end of life care team were involved as needed to ensure people were prescribed and used medicines appropriately.

Records showing testing of gas, electricity, water and the fire detection system were current. We found two window restrictors on upper floors were detached. The sluice room on the second floor was unlocked. We raised these issues with staff during our visit and they were attended to.

Most people we spoke with told us they had the right equipment for their needs. The two hoists we inspected were working and had been serviced.

Records showed that individual risk assessments were completed for the risks associated with most people's support. Staff were aware of these assessments which included moving and handling, falls, skin integrity and risk of urine infections.

Care staff carried out regular reviews and observations and followed these up if they had any concerns.

Records showed that where necessary people were being turned regularly to maintain their skin integrity.

People told us that they thought the premises were clean and this was confirmed at our visit. One person told us,

Requires Improvement

Is the service safe?

"Cleaning standards are very high." One visitor told us the home was "always clean" and they were impressed that "there were no nasty smells around". Appropriate arrangements had been made for the storage and collection of waste. We saw that offensive waste was stored externally in appropriate containers.

People said that they would speak with relatives, care staff or the person in charge if they were worried about something. Staff we spoke with knew how to recognise and respond to incidents or allegations of bullying, harassment, avoidable harm and abuse. Staff were aware of the provider's safeguarding policies and procedures. Staff told us they would report concerns initially to their manager. Staff knew to refer to external agencies where appropriate and were aware of the provider's whistleblowing policy.

Assessments of people's capacity to understand and make decisions about their support were undertaken in accordance with the Mental Capacity Act 2005 (MCA). The provider had appointed a registered mental health nurse specifically to undertake a review of all people's capacity to make decisions. We saw that these reviews were taking place. Most staff had not received recent training in the MCA, however staff we spoke with were aware of people's capacity and the use of best interest meetings. The operations manager told us improvements were needed to staff training in relation to understanding of the requirements of the MCA and a new training provider was being trialled to provide this.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The provider had policies and procedures in place to support staff to identify when an application may be necessary.

People differed on their opinion as to whether there were enough staff to meet their needs. One person felt that numbers were insufficient, whilst another person thought it was okay. A third person felt that staff were a "bit stretched". One relative told us there were enough staff to meet their relative's needs whilst another told us there were not enough staff on the late shift. Records showed staffing levels were assessed by establishing the dependency levels of people individually and across the service. We saw the provider's method for assessing staffing levels had been recently reviewed.

People and their relatives told us of their concerns regarding agency staff who were used to provide cover when there was a shortage of permanent staff. We observed some poor care and lack of knowledge from some agency staff but also some good practice from agency staff who had worked at the home for some time and were familiar with people's needs. The operations manager told us agency staff received two days' induction and were supervised. They told us they were recruiting more permanent staff.

We reviewed two staff recruitment records which showed that checks were undertaken before staff began work. Records showed staff had criminal record checks, two written references, evidence of the right to work in the UK, proof of identity, a full employment history and evidence they were physically and mentally fit for work.

Good

Is the service effective?

Our findings

People told us they had menu choices and enough to eat and drink. One person told us, "The food is very good. It's quite varied and tasty." Another person said, "I like the food." Some people told us they could have an alternative to the planned menu and we saw staff in the dining room offering an alternative. One relative told us the food was good and they had eaten at the home. We saw people being offered drinks during our visit.

We observed staff supporting people to eat. Some care workers chatted to people and encouraged them to eat.

Records showed people's dietary needs and self-feeding abilities were assessed. People, their relatives and specialist health professionals were consulted where necessary. We spoke with the deputy chef and care staff who told us people's preferences, dietary needs and allergies, such as when people needed pureed food.

One relative told us their relative was given a "special diabetic diet" and a choice of food. People told us, and records showed that people were regularly weighed. Nutritional and hydration status was monitored and people were referred to a dietician or speech and language therapist where necessary. Records showed the breakfast meal time had recently been started earlier to enable all people to receive this meal in a timely manner.

We observed some very good work undertaken by motivated staff but also found that some agency staff were not supporting people to the same standard as permanent staff.

Staff told us they received induction training which was geared towards moving and handling and health and safety. Some staff told us they had been trained in dementia care and medicines management. The provider's records showed low levels of staff receiving some key refresher training in the last two years, including 15% of staff being trained in fire safety and first aid, 9% in food hygiene and 29% in health and safety.

We were told by some staff that individual supervision was not always regular. The provider's service improvement plan had identified that individual staff supervisions had not occurred regularly and a plan was in place to recommence with targets set for completion by the end of October 2014. Themed and group staff supervisions were also being developed. Some staff told us they were able to participate in staff meetings, however these were not regular.

Some staff told us that there had been an increase in the number of people with complex and high dependency needs and they needed more training to respond effectively to those needs. The operations manager told us, and records showed that a new training provider was being trialled and a training programme was being developed and implemented to improve staff skills. They also told us that they were working with the local authority's Care Home Assessment Team and district nurses to provide appropriate care for people with higher needs.

People were supported to maintain good health and have access to healthcare services. People's records showed regular clinical observations were taking place in accordance with care plans and people's health was monitored. Staff made referrals to healthcare services including doctors, district nurses, physiotherapists and dentists when staff identified concerns. People we spoke with confirmed this.

Good

Is the service caring?

Our findings

Staff we observed displayed compassion towards people and treated them with dignity and respect. We saw some staff had a positive and warm rapport with people. We saw one care worker tell a person, "I know you like to use a particular bathroom so I will let you know when it's free." This male care worker did not enter another person's room as they told us, and records showed that the person preferred female staff.

We saw another care worker being friendly with one person, sharing a joke which they both enjoyed. One person told us they liked a particular care worker as they took time to give them care. Another person told us, "The carers are nice." One relative told us, "Everybody that we have come into contact with so far has been really good".

However, we saw that some agency staff who were not familiar with the people using the service did not engage as well with people. One relative told us, "Some carers are good and some not so good."

People and their visitors told us that staff took account of their individual needs and they were listened to. One person told us they could ask the staff for anything including explanations of what was going on. Another person told us, "You can have a laugh and a joke with them." People's records included their individual needs and staff we spoke with were aware of those needs.

Records showed that staff were keyworkers for people and those we spoke with told of people's preferences. Relatives told us, and records showed that people received visits from religious ministers and religious meetings and services were held at the home. People told us they were supported to go out with care staff, relatives or individually.

People and their relatives told us they were encouraged to make their views known about their care and the service and were involved in care planning.

Good

Is the service responsive?

Our findings

Most people told us they were happy with their care, staff understood their needs and knew what they were doing. One person told us they were "very happy with the standard of care received" but that "some carers were better than others and sometimes the carers are missing and I have to wait for help to arrive". Another person told us, "What I need is what I've got."

One relative told us they were happy with the care their relative was receiving and felt that there had been an improvement in their relative since they had moved into the service. They told us, "There's definitely an improvement in the way she moves about, her voice is much stronger."

Records showed that falls were reported and recorded in the incident log, discussed at twice daily handover meetings and the directors' meeting.

There was a list of daily activities providing physical exercise, intellectual stimulation and opportunities for people to socialise. We observed activities taking place which included pet therapy, a quiz, a game of dominoes and an exercise session. Some people were on a trip to the seaside on the day of our visit. One person told us, "It's a very good activities list." A hairdresser was available three times a week. Regular services for worship in various faiths took place and other clergy were available if requested. One care worker told us they chose a number of songs that people liked to sing along to. We saw, and people told us, that relatives and friends visited some people or went out on visits with them.

We attended a handover meeting and observed key staff discuss plans for a surprise party for one person. Staff also discussed people's specific care needs and the action that was necessary to respond to those needs, for example how they would manage one person's urinary tract infection and how to manage another person's continence needs.

We found that call bells were answered promptly. One person told us staff came as quickly as they were able when they pushed the emergency call button. Visitors told us staff responded quickly to call bells. For those people that were not able to use their call bell but were mobile staff told us that regular monitoring was used in the day and infra-red movement detectors were used at night. Records showed that regular checks were made for those people that were not mobile and unable to use a call bell.

People and their representatives were encouraged to raise concerns about the service. Information on how to complain and the response time they could expect was displayed in the reception area and in people's welcome pack. People told us they would speak to care workers or the person in charge if they were worried about something. Any complaints made were reviewed at the weekly director meetings. We reviewed written complaints that had been made since our previous visit and found that they had been responded to appropriately. The customer satisfaction survey stated that people and their relatives were satisfied with the complaints procedure.

The provider conducted a customer satisfaction survey in May 2014. This asked for people's and relative's views on the physical environment, care standards, communications and staff. Most people surveyed were satisfied with the service.

Good

Is the service well-led?

Our findings

People and their relatives told us that managers and staff were approachable.

The service had systems in place to include and empower people, their relatives and staff. People and relatives were asked for their views about the service.

A regular relatives' and carers' support group took place across the provider organisation's services. This included emotional support to families and friends and provided information and education about dementia.

The provider's employee handbook included policies to encourage staff to question practice. The provider's whistleblowing policy encouraged staff to raise concerns and included staff core competencies which include knowledge sharing. Some staff told us they would like to be more involved in care planning in addition to providing daily monitoring to improve the quality of the service people received.

The provider carried out audits of the service, looking at care plans, repositioning people, call bells response and maintenance. Regular medicines audits were carried out by the service and by the pharmacy supplier. However, we found that the internal medicines audits were not comprehensive and did not cover all areas of medicines management; therefore these audits had not picked up some of the shortfalls we observed with the management of medicines. We saw that an audit in March 2014 had picked up an issue with dates of opening on medicines which had not yet been addressed. We noted two incidents with medicines when we reviewed people's care plans that had not been reported under the provider's medicines error procedure.

Records showed weekly directors' meetings with key staff took place and included reviews of staffing, training and supervisions, safeguarding, vulnerable residents, complaints and accidents.

There were links with the community and regular fundraising events were held. Staff and friends of Springview raised money for a charity through a sponsored walk.

Staff we spoke with understood the recently updated purpose and vision for the home. This included respecting people's wishes and decision making and their dignity and the core values expected from staff.

The service had a registered manager who was on leave when we visited. We spoke with the relief manager and operations manager during the visit. The provider's welcome pack, statement of purpose and employee handbook identified the organisational structure, members of the provider's board and key personnel.

The operations manager who was visiting the service on the day of our inspection told us a clinical audit was in progress. The service operations handbook was being reviewed to incorporate all improvements identified from audits and the service improvement plan.

Records of incidents and accidents showed that notifications to CQC and the safeguarding authority were being made appropriately, as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not protect service users against the risks associated with the unsafe use and management of medicines. Regulation 13