

Orchid Care Homes Limited

# Springfield Residential Home

## Inspection report

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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

Springfield Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates up to 29 people. It is a Victorian property in a residential area of March, within walking distance of the town centre. The original house has been extended and provides accommodation on two floors. Nursing care is not provided.

At our previous comprehensive inspection in January 2017 the home was rated as requires improvement. This unannounced inspection took place on 10 May 2018. The service is now rated as good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager was present during this inspection.

People felt safe living at the home and staff understood their responsibilities in protecting people from harm. Risks to people had been identified, assessments were carried out and guidance put in place to minimise the risks to people.

There was an effective recruitment process in place to reduce the risk of unsuitable staff being employed. There were enough staff available to provide care and support. Training and supervision systems were in place to provide staff with the knowledge and skills that they required to care for the people accommodated

Assessments of people's needs were carried out before the person was offered a place at the home. This was to ensure that the home could provide the care and support that the person needed and in the way they preferred. Technology and equipment, such as hoists, were used to enhance the support being provided.

People's nutritional needs were met and people were supported to have enough to eat and drink. A range of external health and social care professionals worked with the staff team to support people to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Information about advocacy services was available if anyone wanted an independent person to assist them with any decisions they wanted to make. Staff respected people's privacy and dignity and encouraged people to remain as independent as possible.

Care plans were personalised and gave staff guidance on the care each person needed. People and their relatives were involved in planning their care. People were encouraged to participate in activities and interests of their choice.

People and their relatives were given opportunities, such as meetings, to give their views about the service and how it could be improved.

The provider and registered manager were aware of their responsibilities to uphold legal requirements, including notifying the CQC of various matters.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood their roles and responsibilities in safeguarding people.

Staffing levels were sufficient to ensure that people received the care they required. Appropriate recruitment checks were carried out to make sure suitable new staff were employed.

Risks to people were assessed and managed by staff. Accidents and incidents were recorded and appropriate action taken.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements.

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were provided with sufficient food and drink.

People were supported to access all the healthcare services that they required.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring, kind and respectful staff who knew each person and the well.

People and their relatives were involved in planning their care and support and staff showed people that they mattered. Visitors were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

### Is the service responsive?

Good ●

The service was effective.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements.

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were provided with sufficient food and drink.

People were supported to access all the healthcare services that they required.

### Is the service well-led?

Good ●

The service was caring.

People were supported by caring, kind and respectful staff who knew each person and the well.

People and their relatives were involved in planning their care and support and staff showed people that they mattered. Visitors were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

# Springfield Residential 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 home, and to provide a rating for the home under the Care Act 2014.

During this unannounced inspection which took place on 10 May 2018 we found overall the service was rated 'good'. The inspection was carried out by one inspector 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.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

In February 2018, the provider completed 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. We used this information to assist with planning the inspection.

During our inspection we observed how the staff interacted with people who lived at Springfield Residential Home. We spoke with ten people who lived there, four relatives/visitors of people who lived there and five members of staff: three care workers (including a senior care worker), the deputy manager, the maintenance person and a member of the kitchen staff. We looked at two people's care records as well as other records relating to the management of the service. These included records relating to the management of medicines, meeting minutes and audits that had been carried out to check the quality of the service being provided.

We contacted the local authority contract monitoring and safeguarding teams prior to this inspection who provided us with feedback to aid us with our planning.

# Is the service safe?

## Our findings

People who lived at Springfield told us they were happy and felt safe. One person told us "The staff are very friendly and welcoming." Another person said, "The carers are very good. I always feel safe." A third person said, "I always feel safe with the carers." A relative said, "[Family member] is very safe here. I don't have any concerns about the care they receive when I leave."

Information and guidance was displayed about safeguarding within the home. We spoke with staff during our visit about safeguarding. One staff member told us, "We have discussions in staff meetings about safeguarding and I would never leave work without passing on any concerns I may have." Staff were able to tell us the signs of abuse and how they would report any concerns both internally and externally. One staff member said, "If I had any concerns I would report them to the (registered) manager. I could go to the manager, CQC or social services."

Where potential risks to people's health, well-being or safety had been identified, these had been assessed and reviewed regularly. This included areas such as medicines and mobility. For example, one person who had mobility issues had been assessed for bedrails due to the risks of falling from their bed. This meant that risks were monitored and reviewed and actions were taken to keep people safe.

There were enough staff on duty to keep people safe and meet their needs in a timely manner. People and their relatives had no concerns about staffing numbers and how people's needs were met. One person told us, "[Staff] are good at answering the bell." The deputy manager explained that they used their knowledge of people to judge when people needed extra support and they would increase staff numbers. Staff felt there were enough staff on duty and confirmed additional staff are brought in if a person had an external appointment.

Appropriate recruitment checks remained in place to ensure that suitable staff were employed. Information received prior to a person starting employment included a criminal record check (Disclosure and Barring Service), qualifications, proof of identity and employment references.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. One person told us, "I get my tablets regularly, [staff] stay with me while I take them." Administration records were all up to date with no gaps or errors found. People's individual plans of care contained detailed information about the medicines they used, what they were for and guidance about potential side effects. We saw that when medicine errors had occurred they were thoroughly investigated and effective steps taken to reduce the risks and likelihood of reoccurrence. One staff member told us, "I feel I have the right skills and training to feel confident to give people their medicines." Where medication that was prescribed to be given when required, protocols were in place that gave guidance to staff on how to manage this appropriately.

The service was clean, tidy and well-maintained. Not all signage was clear as bathrooms were described as toilets. We discussed with the deputy manager and they confirmed they would look at purchasing additional



signs to improve clarity for people. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. Staff made appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available. This meant staff were protecting people who lived in the home, and themselves, from potential infection when delivering personal care and undertaking cleaning duties.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment were also checked and serviced to ensure they were safe.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager, which ensured that reoccurring patterns were identified and actions put in place to mitigate risks.

# Is the service effective?

## Our findings

People's needs were assessed prior to being admitted to the service. This included an assessment of physical needs, mental health and social needs in line with up to date legislation and guidance. The initial assessment enabled a plan of care to be formulated as information for staff and was followed by ongoing assessments when people's needs changed.

Staff members told us that they had completed training on line (via a computer) and could request any training that would help meet people's needs. There was a training plan in place which identified when staff needed to complete the updates for on-line courses. This meant that people were being looked after by staff who had received the necessary training to support and meet the needs of people living in the home.

Staff told us that when they had started work at Springfield Residential Home they had completed an induction which included training on various topics. New staff 'shadowed' and worked with more senior staff. One person told us, "When I started I worked alongside a senior member of staff. This helped me to get to know people."

Staff told us that staff meetings took place regularly. Staff also confirmed they had regular supervision, but if they had any issues or concerns they could speak to the registered manager at any time. One member of staff commented, "I am supervised by [name of deputy] monthly. If necessary I can go straight to any member of the management if there are problems." A staff member said, "We are very well supported. There is no doubt about that." This demonstrated staff comments were valued and supervision was a two-way process.

People were supported to have enough to eat and drink. A system of prepared foods, which were specifically made to support the nutritional requirements of older people was used. People told us they enjoyed their meals. Comments included, "The food choices are good"; "There's lots of choice for breakfast, plenty of different cereals. When you come in here you can have what you're used to or something different"; "Very good choice for lunch, can't fault the food at all"; and "I like all the food choices, it's always nice and hot. I can have it in my room or the dining room." We observed the lunch time service. We found this to be a calm and unrushed time. People that required assistance to eat were treated with respect and assistance given in an unhurried way. The member of staff sat next to the person and was at the same level. The meals were taken on a tray to those people who wished to remain in their rooms once people in the dining room had been served. This ensured that meals remained hot.

A choice of drinks, including milk shake, were available throughout the day. One person told us, "I've got a jug of juice and if I like I can have a strawberry milkshake." Another person said, "I get plenty to drink."

Staff worked with various professionals in providing people's care and treatment. Regular visits from the GP took place. One person said, "[Staff] call doctor in if I'm unwell." A relative told us, "Doctor comes out when needed. The staff are very good at knowing when to request a visit."

There was a continuous programme of maintenance and redecoration in the home. Wheelchairs and moving and handling equipment were stored safely and did not pose risk to people's movement around the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People living in the home had their capacity to make decisions and consent to their care assessed appropriately under the MCA and recorded. DoLS applications had been made to the local authority. Staff said they had received training and understood the basic principles of the MCA. Information in people's care plans had not always shown how the MCA impacted on them. However, staff told us how they provided care that was in the person's best interest and as least restrictive as possible. One deputy manager said, "Yes we have some people on DoLS. [Name of registered manager] continues to check on the progress of already submitted applications." A member of staff told us, "Best interest is about what the [people who live in the service] want and how we can meet [those needs]." The member of staff was able to give an example of one person who wanted to go out but was on DoLS. They went out because staff were able to support them to go out for a walk.

## Is the service caring?

### Our findings

We saw kind and caring interaction between staff and the people who used the service. People we spoke with were complimentary about the staff. One person told us, "[Staff] have been very good with me." Another person said, "I'm grateful for what [staff] do, I'm very happy here." A third person said, "I had lots of help from the staff to get settled in."

Staff helped and supported people to ensure they respected their privacy. Staff were seen to knock before they entered people's room. They waited for a response and on entering told people who it was. The staff's approach throughout the inspection was calm, caring and respectful of people's needs. One person we spoke with said, "Staff always make sure they keep me covered when they help me have a shower or a bath."

People were relaxed and comfortable with each other and the staff around them. People were assisted by staff in a patient, respectful and friendly way. Staff frequently checked on people's welfare, especially those that remained in their own rooms. Daily notes recorded any daily interventions and tasks that were undertaken. One person said, "[Staff] have been very good with me, they're very kind."

Care plans contained detailed information and guidance as to people's preferred wishes and preferences and about how they liked to live their life. Staff we spoke with were all able to demonstrate they understood how to promote independence and respect towards people. They encouraged people to maintain their independence, for example using a walking frame when possible, rather than a wheelchair.

We noted from the visitors' books that there were regular visitors to the service and there were no restrictions on visiting. We observed visitors coming and going throughout the day.

Confidentiality was maintained throughout the home and information about people's health, support needs and medical histories was kept secure.

Information about local advocacy services was available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

## Is the service responsive?

### Our findings

People and their relatives had been involved in developing people's care plans. One relative told us, "The [registered] manager and her assistant are very good, always know what's going on to be able to give us updates." One person told us, "I am involved in my care plan, staff listen to me and they have always been supportive."

People's care plans provided staff with detailed information on how to respond to each person's individual needs and preferences. For example, one person's plan stated that they washed their hands and face independently but required staff support to wash the rest of their body. Another person's plan stated what support was required in order to manage their oral care. Staff told us that they found the care plans helpful, particularly when somebody first moved into the home. For example, one member of staff said, "The background is helpful. For instance, names of their family members and pets which help prompt conversations." Records also provided detailed information of the equipment and number of carers required to undertake the task. The deputy manager reviewed each person's plan regularly to make sure it remained up to date. One relative said, "The care plan was done when [family member] moved in." A person told us, "My daughter looks after the paperwork."

There were regular meetings held for people and their relatives to share their opinions about the service and facilities provided at Springfield Residential Care Home. A visitor said, "The [registered] manager is always around if I have a question about [name's] care, they are approachable and professional." Another visitor told us, "I like to come along to the meetings so I can find out what is happening and raise any concerns I may have. It's also a nice time to meet up with others who live here." People we spoke with were aware of the meetings.

An activity calendar was displayed on notice boards. Showing a number of activities that were being offered. Activities included manicures, board games, arts and crafts and a music afternoon. There was a church service held each week.

There were mixed views from people and their relatives about the activities available at the service. One person told us, "I used to go to the lounge but there's no one to chat to." Another person said, "I would like more people to chat with." A third person said, "I'd like to have a chat and play games with others like me." A relative told us, "Birthdays, Easter and Christmas are all celebrated and rooms are decorated accordingly." Other comments were, "I've not seen any entertainers but I've done crafts and exercises"; "The vicar visits weekly, I can go when I choose"; "There doesn't seem to be so many activities but I'm made aware on the day. I do go to communion"; and "I get told about the entertainers and church service."

People mentioned that there had been a few trips out. One person told us, "We have trips out a few times a year, last year we went to a garden centre at Huntingdon." Another person said, "We've had some lovely trips out in the summer."

The provider used technology in a number of ways to support care delivery. Each person had a call bell in

their bedroom so that they could call staff if they needed to. Equipment such as hoists and hospital-style beds were in place to assist people, and staff, to stay safe.

The provider had a clear complaints policy which made sure all complaints and concerns were fully investigated and responded to. The policy was displayed within the service and people received a copy when they moved in. Where complaints had been made the deputy manager told us that the registered manager would meet with the complainant to make sure they fully understood their concerns. The records showed that complaints were dealt with in line with the provider's policy.

There was a policy and procedure for end of life care in place to support staff in meeting people's needs. There was no one at the time of this visit who was receiving end of life care. People's end of life care wishes had been recorded as part of their support plan, with details such as preferences as to who was important to the person, where people wanted to be and what they wanted to happen after they died. The deputy manager told us that they would continue to support people where possible with the support from professionals if people were nearing the end of their life.

## Is the service well-led?

### Our findings

People we spoke with were very positive and complimentary about the care at the service. One person described Springfield as 'quite homely' and 'welcoming'. A relative said, "The staff are wonderful, we're always made to feel welcome."

The registered manager was well known to everyone we spoke with connected with the home. Staff told us they regularly saw the registered manager out on the floor. One told us, "The [registered manager] listens to what your concerns are. We can discuss anything with them." Another said, "[Name of registered manager] is very approachable and we sort things out as a team."

Staff told us they worked together well and were very supportive of each other. Staff told us that staff meetings provided the opportunity for people to know what was happening in the service. One member of staff said, "We meet at the start of each shift. We all know what we are doing and if there are any appointments happening."

There was also a newsletter in place. This provided information about up and coming events, minutes of the relative and residents meeting, staff leaving and new staff starting.

There was a quality assurance system in place to ensure that where needed improvements were made. The registered manager carried out monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and was fully aware of what was happening in the service. Areas for improvement had been noted by the registered manager and actions were underway to address these. For example, redecoration of different areas within the home including a timeframe for completion and purchasing of radiator covers throughout the home.

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner. We also saw that the previous inspection report rating was conspicuously displayed. This, and the way they supported staff, demonstrated that the registered manager was aware of their responsibilities. Staff were aware of the whistleblowing procedure and told us they felt confident to use it if they had any concerns that they needed to raise.