

G Qadir

Springfield Nursing Home

Inspection report

191 Spendmore Lane
Coppull
Chorley
Lancashire
PR7 5BY

Tel: 01257470140

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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

About the service

Springfield Nursing Home is a residential care home that at the time of inspection was providing accommodation, nursing and personal care to 35 people aged 65 and over. The service can support up to 40 people. Accommodation is provided in single bedrooms over two floors. Some of the rooms have en-suite facilities. The home is located in Coppull a suburban area near Chorley in Lancashire.

People's experience of using this service and what we found

People told us they were well cared for and felt safe in the home. They also told us staff treated them with dignity and were respectful. Our observations supported these views and people said they felt listened to and seemed confident in raising any issues.

We found the service had not followed safe practices in recording checks made in the recruitment of a staff member. The issues were resolved during the inspection and no one was harmed as a result of this omission. We have made a recommendation about this in the 'safe' section of this report.

Staff were well trained and there were enough staff on duty to ensure people were appropriately supported. Staff told us they felt well supported and received regular supervision during which they were able to discuss their professional development.

People said they were encouraged to maintain their independence whilst being supported to take positive risks to live full and active lives. .

Staff had completed safeguarding training and knew the correct action to take to protect people from the risk of abuse. Staff told us there was a regime of openness and transparency in the home and had no concerns about raising any issues with the registered manager and senior staff including those issues relating to people's safety.

People received their medicines as prescribed and all aspects of medicines administration and storage were safe. People said they were happy they received their medicines as prescribed. The provider had a system to ensure staff documented any accidents or incidents which had taken place and there was learning from these incidents.

The provider had systems to assess and monitor people's health and nutritional needs. A health care professional spoke highly of the home, the registered manager and staff and how they supported people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The interior of the home was clean and free from malodour. There was an outside area people could safely access and enjoy.

The home had not received any formal complaints in the past 12 months. Any minor issues were dealt with prior to becoming complaints. Everyone said they felt their views were respected and they could offer feedback on any aspect of the home which would be respected and acted upon.

The registered manager had systems to assess and monitor the quality of the service. The provider also completed checks which, we noted, had led to changes that improved the well-being of people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Springfield Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector, a specialist adviser who was a registered nurse 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service. We checked for feedback we received from members of the public, health care professionals and local authorities.

We asked the service to complete a 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives. We completed checks of the premises and observed staff interacting with people in communal areas of the service. We spoke with a total of six members of staff. These were the registered manager, two nurses and three members of the care staff. We also spoke with the provider and one health care professional.

We reviewed a range of records relating to the way the service was run. These included five people's care and medicines records, four staff recruitment files, minutes from meetings, audits and checks completed in the service and a sample of policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment procedures were not always followed. We found some checks into staff members' histories had not been thorough enough. Some checks with previous employers in health and social care had not always been made.
- In one case, we saw that an issue of concern had not been addressed before the new employee started work. All other checks such as those into identity and criminal records had been made and there was no evidence anyone had been harmed as a result of the omissions. We raised this with the registered manager who ensured that further enquiries were made to ensure the employee was safe to work with vulnerable people.

We recommend the provider thoroughly reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed and we observed a good staff presence throughout the inspection. One person said, "There's no big turnover of staff and plenty of them. It's very rare that they use agency staff."

Using medicines safely

- Medicines were managed safely. People confirmed they received their medicines when they should. Medicines were recorded within people's medication administration records. This meant the registered manager and nursing staff had oversight of medicines people took and ensured they were administered in line with the prescriber's instructions.
- The service continued to provide 'homely remedies'. This had been approved by a GP and there was an individualised system that would account for someone needing, for example, pain relief.
- Medicines were administered by staff who had completed relevant training to administer them safely. One person said, "The medication staff are good and professional."

Preventing and controlling infection

- The provider had safe and effective infection control procedures. We noted all areas of the home were clean and tidy. There were no malodours.
- Personal protective equipment such as aprons and gloves were available around the building. We saw staff make use of these to ensure correct practices were followed to reduce the risk of infection. The kitchen and food preparation areas were clean and the home had recently been awarded a five star rating for food hygiene.
- Staff received training and regular audits were undertaken to ensure standards were maintained. Discussion with staff confirmed this and meant people were protected from the risks of poor infection

control.

- People's views on the cleanliness of the home were positive. One person said, "It's always clean and they have separate cleaners, so the care staff can concentrate on what they do." A relative said, "I do consider the home to be clean and well maintained."

Systems and processes to safeguard people from the risk of abuse

- The provider and registered manager protected people from the risk of abuse and their human rights were respected and upheld. Care practices were safe and people told us they received safe care. One person said, "Oh yes, I feel safe in here. I feel safe and comfortable with all the staff"
- Safeguarding procedures were followed and staff had a good understanding of what to do to ensure people were protected from abuse. Although staff told us training around this was provided and updated, some felt it should be more practically based. One staff member commented, "The manager is keen to protect people and will always do the right thing." A person said, "I've not seen any issues at all. I'm sure the staff wouldn't tolerate anything like that."

Assessing risk, safety monitoring and management

- The registered manager and senior staff assessed risks to people's safety and acted on these to ensure people were safe. The assessments provided information for staff about people's risks and how best to support them to reduce risk. They included helpful information about mobility, falls prevention and administration of medicines. These were regularly reviewed. A health care professional said, "Their [staff] management of people's symptoms is very good."
- We noted staff were attentive to people's safety and wellbeing. With a person who was at risk whilst sleeping, a relative said, "They [staff] manage the risks well, they've put [relative] on a low bed with an alarm mattress. They are also checked every half hour throughout the night."

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. The registered manager regularly reviewed accidents and incidents and put actions in place to help minimise the chance of reoccurrence. However, we noted some types of incidents such as relatively minor medicines errors were not being reviewed by management. During the inspection, the registered manager created a system to ensure such issues were reviewed in a timely fashion.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and senior staff completed comprehensive assessments to ensure people's needs could be met and a care plan developed. Care records contained details about people's care needs, their ability to help themselves and what support was required. These were regularly reviewed and updated where required. Records we looked at confirmed this.
- Where the service could not meet the needs of people, the registered manager took steps to ensure professionals and family members were involved so people were appropriately supported. One relative said, "The service has been really good at supporting family and our relative during changes to their health condition."
- We saw evidence the registered manager was referencing current legislation, standards and 'best practice' to achieve effective outcomes. For example, they followed the National Institute for Health and Care Excellence (NICE) guidance in a range of areas such as medicines administration and moving and handling support. NICE provides guidance and advice to improve health and social care services.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt comfortable and confident staff had the skills and expertise to support them with their care needs. A relative said, "The staff in here have all the skills, know how and experience to provide the care my relative needs."
- Staff confirmed they had received training that was relevant to their role and enhanced their skills. They completed a thorough induction programme after they had been employed and before they started their duties. We noted senior staff were to receive practical training around specialist feeding techniques in February 2020.
- Staff told us they felt supported by the registered manager, nurses and senior staff and received regular supervision and appraisal of their work.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Where concerns had been identified regarding people's food and fluid intake, appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at risk.
- We received positive comments about the quality of food and drinks and the amount of choice. One person said, "They always ask me what I want and keep me well supplied with drinks. Sometimes I just want a sandwich and they will do that for you." Another said, "Portions are good and there's always plenty of choice."

- We observed the lunch-time arrangements in the main dining room. It was organised, well managed and provided a relaxed occasion for people to enjoy their meal. People were supported with their meals where appropriate.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the management team worked closely with health care services including GPs, and district nurses. A health professional was positive about the home. They told us how well the registered manager and staff worked with them to ensure people received the right care and support.
- People confirmed they were supported to attend healthcare appointments when required. A relative said, "Sometimes the service assists my relative and takes them to appointments when I am unavailable."

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring and the use of specialist equipment.
- People's bedrooms were personalised. One person said, "We can set our rooms out how we like. I've put lots of pictures up."
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers and other devices to connect to the internet and communicate with family and friends. Where required, people were supported by staff around the use of this equipment.

Supporting people to live healthier lives, access healthcare services and support

- People experienced effective, safe and appropriate healthcare support which met their needs. People spoke positively about the way the staff and management team had improved their quality of life and ensured all healthcare appointments were met. One person said, "The staff are very skilful, they work well together with my specialists. There's a lot of multitasking."
- Care records confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and documented the reason for the visit and the outcome.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 when this is in their best interests and legally authorised under the MCA.

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. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

- People told us staff asked for their consent before supporting them. Care records contained consent to care documentation and, where appropriate, was signed by the person receiving care. Where appropriate,

relatives were involved. One person said, "They [staff] always ask permission before they do anything. They go the extra mile and make me feel very welcome."

- People's mental capacity was assessed but this was not always recorded in a form staff could access. During the inspection the registered manager undertook a review of all files to ensure detail around people's capacity to make decisions was readily available to staff.
- The registered manager managed the DoLS process effectively and staff had received relevant training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for. People and their relatives were positive about all staff members' and the registered manager's caring attitudes. One person said, "I'm always treated with respect, I'm looked after one hundred percent." Another said, "I can get up and go to bed whenever I want and have a bath when I want." A relative said, "They always treat [relative] with respect and he has a laugh and a joke with them."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. Each person had their life history recorded in care plans which staff used to get to know people and build positive relationships. One relative said, "All the staff know me and my relative well. That's really important as this is their home."
- We observed positive interactions between people, relatives, the registered manager and staff. One relative told us they visited regularly and was always made to feel welcome. They said, "They let me have a meal with my relative and this all helps to care for, support and love my relative."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care and support. One person said, "I'm a very independent and can get around the home whenever I want. I maintain contacts with people in the community and the home support me with this."
- People had choice and control in their day to day lives. We noted there were regular 'residents' meetings' where people were encouraged to provide their views on the running of the home.
- When people could not make day-to-day decisions, if required, the registered manager could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf if other supporters, such as relatives were unavailable. We saw an example of this service being used when there were concerns around meeting a person's needs and the registered manager engaged meaningfully with the advocate.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. Management and staff treated people well and understood their needs. Staff showed genuine concern for people. Staff members said they were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- Relatives told us staff members and the registered manager were always available to speak about their family member. One said, "The manager or nurses are always on hand and keep you up to date on how things are going."

- We noted confidential documents were locked away with only authorised staff having access to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and senior staff ensured care plans were person centred, up to date and reviewed regularly. They were well written and contained information about people's daily routines and specific care and support needs.
- Staff knew people's needs and preferences and were responsive to their changing needs. One staff member said, "It's a close knit team of regular staff and this helps to get to know our residents, their like, dislikes and the things we need to look out for to keep them safe."
- People were supported by staff to participate in meaningful activities. Generally, people were positive about the support and encouragement they received around this. One person said, "I really enjoy the singing and dancing. I will have a go at whatever there is." A relative said, "There are plenty of activities here. People come in singing and entertaining. Children come in from local schools. People bring animals in. They celebrate all the major saints days." However, another person said, "Sometimes there isn't something to do and recently some of the activities have dried up." We raised this with the registered manager and provider. They said the activities coordinator had recently left the service and they were recruiting for the post. At the time of the inspection the position was being filled by a part time member of staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met people's communication needs. The registered manager or senior staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. The registered manager provided examples of how information could be provided in different formats to enable people to engage with staff and other professionals.

Improving care quality in response to complaints or concerns

- People knew how to complain. People told us if they had any concerns they would speak to staff directly. They complemented the registered manager as being able to sort out most minor issues alleviating the need to raise a formal complaint. One person said, "I have been asked to give feedback on the service but usually you just mention it to [registered manager] and it's sorted out."
- People were given a copy of the provider's complaints policy when they moved into the home. This contained clear information about how to raise any concerns and how they would be managed.

- The service had not received a formal complaint in the 12 months prior to the inspection. We noted the provider had a comprehensive policy on complaints.

End of life care and support

- The provider had a comprehensive end of life care and support policy. At the time of the inspection, one person was receiving end of life support. A health care professional said, "End of life care is very good, with regular liaison with the GP and they request regular visits for those at end of life."
- The registered manager said in the event people required end of life support, the service would work with them, their relatives and health care professionals to ensure people's needs and wishes were met. They said although specialist training around this important area of support had been provided to most senior staff, this was to be arranged for most members of staff through the local hospice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, provider and staff understood the primary aim of the service was to deliver the best possible care and support to people. Where appropriate, the registered manager completed regulatory notifications to CQC so that oversight could be provided on any issues such as significant events that may occur.
- There were systems to monitor the quality and safety of the service. The registered manager provided monthly audits to the local authority around essential areas of care and support. They said this allowed them to review care and support needs and monitor staff performance such as training.
- There were other checks that monitored quality and safety in the service. These included fire safety and cleanliness checks. Some checks made by the provider were not documented. After the inspection they provided documents that supported a regime of recorded checks and said this would be implemented straight away.
- Staff told us they understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. There was an on-call system that provided support to staff out of the normal hours of work such as at night. One staff member said, "There's lots of support here. If not the manager, then one of the nurses are always available."

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

- The registered manager, provider and staff members were committed to providing high-quality care which reflected the preferences of people living in the home.
- The registered manager and provider had developed a clear vision and strategy for the service. They led by example and staff members were encouraged in this practice and supported in their roles.
- Staff said that people living in the home were at the heart of support and care arrangements and this was encouraged by the registered manager and provider.
- We observed positive interaction between the registered manager, provider and staff. It was also respectful of each others position and centred around doing the best for people they supported. A person said, "The manager is very approachable and gets on with his staff. A nice lovely man. He's had a lot of decorating and maintenance work done on the building."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they were always honest with people if things went wrong and made the necessary referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong with a person's care.
- We noted an incident where a person had sustained an injury and required hospital treatment. The registered manager had engaged with the person and family. The contact was open and fully inclusive around the concerns and outcome.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was sought regularly and acted upon. This included daily informal contact with the registered manager and senior staff and more formal pre-arranged meetings. People were also provided with feedback questionnaires and the completion of these was high. One person said, "The manager is approachable and we get to provide our views. I would definitely recommend this place."
- Staff had opportunities to provide feedback via supervisions and at meetings. A staff member told us they were able to raise issues at any time and the registered manager and provider were receptive to suggestions about how to improve the service.

Working in partnership with others

- The service had developed good links and working arrangements with health and social care professionals. We also noted the service was working well with relatives in support of people who may be very poorly. A health care professional said, "I have spoken to family and friends and they have always been satisfied with the approach of staff towards their friends and family who are receiving care and support."