

Springfield Park Care Home Limited

# Springfield Park Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

Springfield Park Nursing Home is a care home providing personal and nursing care for a maximum of 70 people in one adapted building. There were 45 people receiving care and support at the time of the inspection.

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

The administration of medicines was not always safe. Safeguarding policies, procedures and staff training helped protect people from abuse. All necessary checks on staff and the environment were undertaken to keep people safe. Risk assessments helped protect the health and welfare of people who used the service.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. 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.

People were treated as individuals which helped protect their dignity. Staff were trained in equality and diversity. People's equality and diversity was respected by a caring staff team and where they wanted they were supported to continue with their religious needs.

We saw that the service responded to the needs of people by providing meaningful activities, having regularly reviewed plans of care and any concerns acted upon. Staff training enabled them to care for people at the end of their lives.

The home and deputy manager were developing auditing systems to improve the service. However, they had not picked up some auditing errors. The registered manager led and attended meetings to discuss best practice topics with other organisations to improve the service. People who used the service and staff said managers were available and approachable. People who used the service and relatives were able to air their views about how the service was run.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (report published 15 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since 15 July 2019. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions, therefore this service is no longer in Special Measures.

### Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. We found evidence the provider needs to make further improvement. Please see the safe and well-led domains of this full report. The provider took action to mitigate the risks found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield Park Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to Regulation 12(2)(g) The proper and safe management of medicines because the administration of medicines was not always safe and Regulation 17 (1)(2)(a)(b) Good Governance for ineffective audits at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Springfield Park 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 undertaken over two days. On day one there were two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector completed the inspection on the second day.

Springfield Park 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 did not have a manager registered with the Care Quality Commission. A manager had been employed and applied to register with the CQC. A registered manager 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

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We asked the local authority commissioning and safeguarding teams and Healthwatch Rochdale for their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch Rochdale had no recent concerns about the service. Rochdale Metropolitan Borough Council staff had been liaising with the service by visiting weekly and holding regular multi-agency meetings. They told us the service had improved in many areas of concern we found at the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with the home manager, deputy manager, area manager, the cook, a registered nurse, three care staff and a visiting professional. We reviewed a range of records which included five people's care records and multiple medicines records.

We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including quality assurance audits and policies and procedures. We observed staff interaction with people and toured the building.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the organisational training records, documents about the accessible information standard and the response the managers made to areas of concern we found at this inspection.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the administration of medicines was safe. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12(2)(g). The safe administration of medicines. We found no evidence that people had been harmed, however systems were not currently robust enough to demonstrate safety was effectively managed.

- We found an error in relation to the number of medicines one person had in stock and there were some gaps in the medicines records because staff had not signed them. One person did not receive their medicated toothpaste as prescribed.
- We saw improvements had been made to the details staff required to administer 'as required' medicines, there was a record to show medicines were stored within manufacturers guidelines and staff had been trained in the use of drink thickeners. All staff who administered medicines had received further training.
- Other aspects of medicines management were safe such as ordering, storage and disposal. There was a system for recording creams and ointments that were administered.

The provider responded immediately during and after the inspection. The auditing of medicines administration records would again be audited weekly by managers, until they were satisfied senior care staff could monitor records effectively and a reflective supervision session given to staff found responsible for any errors.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have a system in place to respond to any trends for accidents and incidents. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. At this inspection we saw that accidents and incidents were recorded and audited to help minimise further occurrences.

- There were systems and processes to keep people safe. People said they felt safe and a relative commented, "I feel safe leaving my relative here now and I have had my first holiday because I feel confident they are safe."
- Staff felt able to report any incidents of abuse, were confident managers would respond and had received training in safeguarding adults.
- There was a policy and procedure to aid staff in reporting safeguarding concerns and there were records to show how the provider responded appropriately.

### Assessing risk, safety monitoring and management; learning lessons when things go wrong

At our last inspection the provider had failed to protect people from poor moving and handling techniques,

staff were unaware of what equipment to use and equipment was not always used correctly such as wheelchair foot plates. Charts were not in place to manage behaviours that may challenge. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

- We saw that the provider had addressed the issues and we did not observe any poor moving and handling, equipment was maintained, each person now had their own sling to ensure individualised care and behavioural charts were used to record and try to prevent behaviours that challenge.
- One person had their own electric wheelchair and had broken a footplate. Repair had previously been arranged and the plate was fixed by a contractor on the second day of the inspection.
- Each person had a personal emergency evacuation plan to help the fire service safely evacuate people in the event of a fire and the provider had a contingency plan to cope with any emergency.
- Regular checks were undertaken to ensure all equipment was maintained such as the electrical installation and fire detection system. There was a maintenance officer employed to undertake health and safety checks and we saw examples of water temperature outlet checks and window restrictors were in place to help protect the health and welfare of people.

### Staffing and recruitment

At our last inspection the provider had failed to provide sufficient staff to meet people's needs. The evidence showed the provider was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The upstairs residential unit where the main staffing issues were found was and has remained closed by the provider. Downstairs the home had been split into two sections, one for nursing, one for residential and each had a staff team. Staff knew where they were working, and people now knew the staff who looked after them for good continuity of care.
- The handover document showed where staff were working to ensure managers knew where every staff member was. There was a dependency tool which informed the home manager of the numbers of staff needed, dependent upon people's needs.
- Overall, people, relatives and staff thought there were enough staff to provide care and support.

### Preventing and controlling infection

- We toured the home and found it to be clean and tidy. People and relatives said the home was kept clean.
- The service had been visited by the local authority prevention and control of infection team and the provider was working towards the plan of improvement they had received.
- The service had infection prevention and control guidance for staff to follow good practice and we saw staff had access to protective equipment such as gloves and aprons.



# 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 requires improvement. At this inspection this key question has improved to good. 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

- People's needs were assessed, which included oral health care. However, the assessments had not been fully put into practice. We found evidence which suggested that people had not had any oral health care.
- There was an assessment of need for each person prior to receiving a service to ensure their needs could be met at Springfield Park Nursing Home. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.

The provider responded to the concerns raised. Prior to inspection two staff members had received training from an oral health nurse to be classed as 'champions'. The two staff members were due to deliver the training to all staff in January 2020 when the oral health nurse was going to observe them to ensure the training they delivered was effective. This should ensure people get the oral health care they need. Managers said they would add oral health care to their auditing until good practice was embedded.

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

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 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). At the last inspection documentation to support how the service was meeting the MCA was weak. This resulted in a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that at this inspection systems were in place to record the ability of a person to consent to care and treatment. Each person had a mental capacity assessment. Where people did not have mental capacity to make important decisions we saw a DoLS had been applied for and if any conditions imposed how they were being met.
- We saw best interest meetings were held with relevant parties to ensure the decisions were the least

restrictive.

- Where possible people signed their agreement to their care and treatment.

Staff support: induction, training, skills and experience

- New staff were given an induction when they commenced working at the service to familiarise themselves with the service and who they are looking after. New staff are also commenced on the care certificate. The Care Certificate is a recognised set of standards to equip people with skills for working in care.
- Staff were attending courses for all aspects of training and managers had sourced new training included behaviours which challenge (January 2020) and care of the dying at the local hospice.
- Supervision of staff was ongoing although some staff had not had formal supervision for some time. The new managers had recommenced supervision and there was a plan to ensure all staff have had their supervision soon. Staff told us managers were more supportive now and they could go to them at any time. The manager's office had been relocated to a more central area to improve communication and management support.

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

- People were supported to eat and drink in line with their care plan. Most of the people and relatives we spoke with said food was good, although two people did not think so.
- People's weight was regularly recorded, and the cook was aware of any special diets a person needed. Information had been improved around the use of thickeners following the latest guidance.
- We saw people had access to dieticians and speech and language therapists for their dietary needs if they were assessed as being nutritionally at risk.
- There was a good supply of fresh, frozen, dried and canned foods. The service had been inspected by the food hygiene agency and achieved the best rating to show the cooks followed good practices.

Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support

- Managers worked well with other agencies. We spoke with a professional who said they had been working with the provider to help improve the service and the new managers were working well with them.
- Managers had contacted other services for assistance with training, including the oral health nurse, the local hospice and the Daisy Accreditation scheme. This scheme makes an award to services who can demonstrate they provide a caring service for people who have a dementia to help them retain their dignity.
- People we spoke with told us they were supported to see GPs and dentists when they needed to, and we saw evidence in people's records to confirm this.

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

- The environment was suitable for the people accommodated at the home. There had been improvements since the last inspection, security around the building had been improved and there was new flooring to many areas. We did bring to the attention of the manager that the two baths were looking tired, although the shower room was modern and pleasant.
- Signage was suitable for the people accommodated at the home.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection people's privacy and dignity was compromised by staff talking about personal issues in corridors and doors being left open with no records to support this. People were left in incontinence products rather than being assisted to use the toilet, blended food was not appealing, and respectful language not always used. This was a breach a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection the issues had been addressed and we found staff promoted people's privacy and dignity. The only door we saw open had documentation to show us this was the person's preference to talk to staff as they passed by. Every person had a care plan relating to their preference for doors being opened or closed. Other issues had been resolved, the residential unit had been closed where the past incidents of a lack of privacy occurred, staff disciplined where necessary and training given to support privacy and dignity. New managers oversaw staff attitude and we observed staff were friendly, professional and did not discuss personal issues within earshot.
- Staff received training about confidentiality, there was a confidentiality policy to inform staff on what information could be shared and we saw all records were stored securely.
- People and relatives were happy with the staff who cared for them. Relatives said, "The care is very good. They have tried to make the changes gentle and all for the positive. A better and willing bunch of staff" and "I would like to say how much it has improved here. It's a different service, staff are welcoming, and they are part of my social life."
- The deputy manager had received further training in dignity and was due to roll out a good practice session to all staff in January 2020. It was planned to gain the Daisy Accreditation which is a standard set by an external organisation and promotes dignity in care for people with a dementia.

Ensuring people are well treated and respecting equality and diversity

People's equality and diversity was respected.

- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- Staff were trained in equality and diversity. Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. People were able to follow their religion of choice and maintain relationships if they wished. People thought staff respected them and said, "The staff are all very nice, they come in, talk and are polite", "They [the staff] are very kind. I am independent, and they let me do my own thing. They are very good" and "The staff are friendly and check you and ask if you want anything. If you ask them for anything they do it. I

have asked for a shower this afternoon and I will get one."

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

- People and family members were able to express their views. People and family members were consulted about the care and support during meetings and completing satisfaction questionnaires. People were able to comment on what improvements they wanted, and we saw the service responded by improving communication with managers and changing the menu. One person told us, "At the resident's meetings there are only little things and they always take notice."
- Every care plan was being updated completely with people being consulted about their care needs.
- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.

# 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 requires improvement. At this inspection this key question has now improved to good. 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

- Plans of care were developed with people who used the service if possible, family members where appropriate and regularly reviewed. The plans were detailed and gave staff sufficient information to deliver effective care.
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.
- The registered manager and other key staff audited the plans to ensure they remained effective and updated to reflect people's care and support needs. The managers were rewriting all the care plans to ensure they remained effective which were 50% complete.

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 (AIS). 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 was aware of the AIS. The provider was aware of the AIS. Some documents had been produced in an easy read format. This included the complaints procedure and the mental capacity act. A relative said, "The family have done flash cards to aid communication. Staff use them." Some staff spoke languages other than English to provide information to people where it was not their first language.

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.

- People were able to participate in activities that were socially and culturally relevant. People thought the activities were suitable to their needs. Some did not wish to join in activities or liked one to one support in their rooms and played dominoes, watched television or read. Activities were provided in groups and individually.
- Activities were provided twice a day. We saw a session of music and exercise and an entertainer singing during the inspection. We also saw people going out to the park and for lunch in a local public house with family.
- Younger people were supported to go to college to complete courses.

Improving care quality in response to complaints or concerns

- The service responded to complaints. At the last inspection people did not always have their complaints

responded to formally. We saw that improvements had been made to the recording of complaints and responded to. Managers sought a resolution to any complaints made and used them to help improve the service.

- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further. People told us, "I have nothing to complain about", "I'd complain to the manager" and "I'd complain to the seniors."

#### End of life care and support

- The service did not currently have any people who required end stage palliative care. Staff had completed end of life training at the local hospice and could offer care and support for people who used the service, staff and families in times of bereavement.
- We saw that some people had completed a document around their end of life wishes. The document told staff what they wanted should they deteriorate, such as any religious or cultural needs and what they wanted when they passed away.
- The service had contacts with external professionals who would support the service should a person require end of life care.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. However, the new managers had made improvements to the service in the short time they had been at Springfield Park Nursing Home.

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

At our last inspection the provider had failed to identify the issues we found. At this inspection we found that some improvements had been made. However, audits had failed to pick up medicines recording errors and people's oral health needs not always met. The service remained in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits were ongoing and showed how improvements were being made. The area manager looked at all aspects of service provision and recorded the details of the staff member responsible for making the improvements and timescales for completion. The manager and deputy manager were developing robust systems for checking the quality of the service and we were confident they would improve the service.
- There was a clear management structure and staff felt supported at the service. Staff told us, "The new managers are out and about getting to know people", "Excellent changes with management, they listen to concerns. Both managers are nurses and we are in safe hands. The atmosphere and staff morale has improved and "I didn't feel supported. The new management are better. I feel better, supported. We've had proper training invested in us."
- The manager had applied to be registered by the Care Quality Commission and was awaiting interview.

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

- There was a positive culture which achieved good outcomes for people. Most people knew the manager who had been at the service for a few weeks. Relatives we spoke with said, "The managers are lovely, and the new manager seems really nice. I would like to say how much it has improved here" and "The managers are much better. The new managers are more approachable, and you can talk to them."
- Staff were able to attend regular meetings. Good practice information was discussed, and staff were asked for their views to help improve the service.

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 was aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed within the home and on their website.

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

- Plans of care took account of people's diverse needs when developed and reviewed.
- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.

Continuous learning and improving care

- The home manager attended meetings within the organisation and the health and social care community to discuss best practice to help drive improvement.
- The handover at the beginning of the shift had been much improved and encouraged staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.

Working in partnership with others

- The service had worked closely with the local authority commissioning team to improve the service. Managers had re-established links with the local hospice and had engaged with clinical commissioning staff. Professional's commented, "I spoke with several staff and they said how much better they felt supported. The managers have an open door policy and staff feel they can go to them" and "I have just completed a review and am pleasantly surprised. There have been significant improvements."



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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The auditing of prescribed medicines was not robust and we were unsure if people had taken them.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Audits had not picked up the errors we found, particularly around the administration of medicines.
Treatment of disease, disorder or injury	