Northumbria Care Limited

Springfield House Care Home

Inspection report

Springfield House
Bunker Hill
Philadelphia
Tyne and Wear
DH4 4TN

Tel: 01915120613
Website: www.springfieldcarehomes.co.uk

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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 House Care 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. Springfield House Care Home accommodates up to 50 people with personal care needs in one purpose built building. Nursing care was not provided. At the time of the inspection, there were 47 people using the service.

People's experience of using this service: People told us they received a good service and felt safe. Accidents and incidents were recorded, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

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

Rating at last inspection: At the last inspection the service was rated Good (published October 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service remained Good.

Details are in our Well-Led findings below.

Springfield House Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and an expert by experience formed the inspection team. 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 House Care Home is a care home. 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 inspection was unannounced. This meant the staff and provider did not know we would be visiting.

What we did: Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also viewed the latest report on the Healthwatch website. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection: During inspection we spoke with six people who used the service and four family members. We spoke with the registered manager, deputy manager, administrator, activities coordinator and three care staff. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People said they felt safe. Comments included, "I feel completely safe" and "Oh yes, I am safe and secure, definitely."
• The registered manager understood safeguarding procedures and had followed them.
• Staff had been trained in how to protect people from abuse and described the action they would take if they suspected abuse had taken place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection
• Accidents and incidents were recorded and appropriately actioned.
• Lessons were learnt from incidents. These were documented and shared with staff via memos, supervisions and staff meetings.
• Risk assessments were in place for people. These described potential risks and the safeguards in place to reduce the risk. Records were up to date.
• The premises were clean and checks were carried out to ensure people lived in a safe environment. These included health and safety, infection control, fire safety, and premises and equipment servicing and checks.
• People and family members told us the home was clean. Comments included, "It's clean and tidy, like a hotel" and "I am happy with the staff and it is clean."

Staffing and recruitment
• The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.
• There were enough staff on duty to meet the needs of people. Staff absences were usually covered by the provider's own staff however they did occasionally use agency staff. A staff member told us, "Everyone pitches in."

Using medicines safely
• Appropriate arrangements were in place for the safe administration and storage of medicines.
• Records described the support people required with medicines.
• Medicine administration records (MAR) were regularly audited and staff competency checks were carried out.

Good

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

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 before they started using the service and continually evaluated to develop support plans.

Staff support: induction, training, skills and experience
• People and family members told us they thought staff were appropriately trained and skilled. Comments included, "The staff are all very good, I have nothing to complain about" and "They [staff] look after people well."
• Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.
• Staff training was up to date. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported with their dietary needs. For example, one person was at risk of choking. Relevant guidance had been sought from a speech and language therapist (SALT), which was documented and followed by staff.
• We observed lunch and saw it was a pleasant experience, with people visibly enjoying their meals. People told us the food was good and they had plenty of choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported with their healthcare needs and to attend appointments when necessary.
• A weekly multi-disciplinary team meeting took place, involving health and social care professionals, to discuss people's individual healthcare needs.

Adapting service, design, decoration to meet people's needs
• The premises incorporated environmental aspects that were dementia friendly. Signage was in place to aid people's orientation around the home. Handrails clearly stood out, communal bathroom and toilet doors were painted a different colour, and corridors were light and clear from obstruction.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves. DoLS had been applied for where necessary.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People and family members told us staff were kind and considerate. Comments included, "They [staff] are kind and compassionate. We think it's wonderful here. My [relative] is impressed with it" and "They [staff] are kind and compassionate, without a doubt, we couldn't say any other."
• People's religious and spiritual needs were recorded. None of the people using the service at the time of the inspection had specific needs in this area however members of the local church visited regularly.

Supporting people to express their views and be involved in making decisions about their care
• People's preferences and choices were clearly documented in their care records. For example, preferred name, whether they preferred male or female staff, and choices regarding personal care routines.
• Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Some of the people using the service at the time of our inspection had independent advocates.

Respecting and promoting people's privacy, dignity and independence
• Care records described, and people and family members told us staff respected privacy and dignity. Comments included, "Privacy, dignity, respect? Yes they [staff] do" and "They [staff] show respect and dignity."
• People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
• We observed people carrying out tasks independently, such as eating and drinking, and mobilising. However, staff were on hand to provide assistance if required.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
• Records included important information about the person, such as marital status, nationality, religion, medical history, social history, what was important to the person and how best to support them.
• People's individual goals and outcomes were recorded. These described what the person wanted from their care and support. For example, one person wanted to ensure their hygiene needs were met and they were dressed smartly and appropriately.
• People were given information in a way they could understand and support plans described the level of support they required with their communication needs.
• People were protected from social isolation. We observed various activities taking place at the home. We spoke with the activities coordinator and saw activities and events were planned based on people's individual likes and interests.
• People were enthusiastic about the range of activities and events available at the home. Comments included, "There's always something on, I think it's brilliant" and "The activity team are brilliant. They have a movies afternoon, they get chocolate and ice creams. I'd recommend it to anyone."

Improving care quality in response to complaints or concerns
• The provider had a complaints policy and procedure in place. People and family members told us they did not have any complaints but were aware of how to make a complaint.
• Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support
• None of the people using the service at time of our inspection were receiving end of life care however they had end of life support plans in place. These recorded where they wanted to be cared for, whether they had funeral plans in place, and who they wanted to be contacted.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• People and family members told us the registered manager was approachable and the service was well-led. Comments included, "[Registered manager] is approachable, you could discuss anything with them" and "I've been impressed with [registered manager]. They have a good eye for detail. They have picked the right staff, they've all been superb."
• Staff told us they were comfortable raising any concerns and the management team were approachable. Comments included, "I love it here, it's a lovely place to work" and "I am happy, they [staff] are all lovely, we make a good team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager and staff understood their roles and responsibilities.
• The management team carried out audits to monitor the quality of the service. These included; care records, medicines, infection prevention and control, and the dining experience. These were up to date.
• The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Annual questionnaires were sent to people and family members so they could feed back on the quality of the service. These were analysed and actions put in place for any identified issues.
• People and family members were also able to feed back during regular meetings.

Continuous learning and improving care; Working in partnership with others
• Staff meetings took place monthly and memos were sent out to update staff on any changes or information of note.
• The service worked with other health and social care professionals, such as the local authority and clinical commissioning group, and had good links with the local community.