

Care Consortium (Biddulph) Limited

Springbank Nursing Home

Inspection report

Mill Hayes Road
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Stoke On Trent
Staffordshire
ST8 7PS

Tel: 01782516889

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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

This inspection took place on 4 April 2017 and was unannounced. Springbank Nursing Home provides personal care and accommodation, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 42 older people some of whom are living with dementia, at the time of the inspection there were 32 people living at the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service is run.

We carried out a focussed inspection on 8 March 2016 and checked on whether people were safe and if the service was well led. We found the provider was meeting the regulations; however we asked the provider to make improvements to the administration of medicines and demonstrate the quality assurance systems were used to drive sustainable improvements.

At our last comprehensive inspection on 27 November 2015 we found the provider was not meeting some of the regulations. At this inspection we checked to see if the provider was meeting the regulations and we found the provider had taken action to make all the improvements required.

People felt safe and staff knew how to protect them from potential abuse. Staff could describe how they supported people to reduce risks and we found people's risks were managed safely. There were enough staff on duty to provide care safely and promptly to people. Staff administered medicines safely and people were happy with the support they received.

People received support from knowledgeable staff that had access to good support from the provider. Staff understood the Mental Capacity Act 2005(MCA) and supported people in line with the principles of the act. People enjoyed the food, could choose what to eat and had their dietary needs met. People received support to access health professionals to maintain and improve their health.

People received care and support from staff that supported them in a kind and caring way. People were able to make choices for themselves and were supported to maintain their independence by staff. Staff respected people's rights to privacy and ensured people were treated with dignity.

People were involved in assessing their needs and developing their care plans which identified their individual needs and preferences. People were supported by staff that had a good understanding of people's needs and preferences. People could maintain their hobbies and had access to individual and group activities. People knew to make complaints and had confidence they would be appropriately managed. The provider had a system to effectively manage complaints.

People were positive and complimentary about the management of the service. People felt involved in the service and were asked about their experiences. The provider looked for ways to improve the quality of the service people received and had effective monitoring systems in place.

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.

People received support from staff who understood their responsibilities in protecting people from harm.

Risks to people were assessed and plans were in place to manage risks to people's health and safety.

There were sufficient staff to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were well supported and received training to ensure they had the skills and knowledge to meet people's needs.

People were supported by staff who understood the principles of the Mental Capacity Act 2005 (MCA).

People had their dietary requirements met and had a choice of food and drink.

People had access to health professionals to maintain their health.

Is the service caring?

Good ●

The service was caring.

People had developed caring relationships with staff.

People were able to make choices about their care and support.

Staff understood the importance of people maintaining their independence and encouraged them to do so.

People were treated with dignity and their privacy was protected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were personalised and contained information to ensure their individual needs were met.

People were positive about their opportunities to maintain their hobbies and enjoyed the group activities provided.

People had access to a complaints procedure and felt confident any concerns would be dealt with.

Is the service well-led?

Good ●

The service was well-led.

People, relatives, and staff were positive about how the service was run.

The culture was open and inclusive and people felt they could influence change.

The provider looked for continual improvements and monitored the effectiveness of the service people received.

Springbank Nursing 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 service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 4 April 2017. The inspection team consisted of two inspectors.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with six people who use the service and three relatives. We also spoke with the registered manager, one nurse, two senior care workers, one care worker and one well-being assistant.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We reviewed a range of records, which included the care records of three people. We looked at three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, meeting notes, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last focussed inspection the service required improvement with regards to how people were supported with their medicines. We found peoples medicines were not always recorded accurately and staff did not have guidance on administering as required medicines. At this inspection we found the provider had made the required improvements.

People who lived at the service told us they felt safe. One person told us, "It's the attitude of staff that makes me feel safe, I am up a lot during the night and there are always staff around".

A relative told us, "[My relative] wouldn't be here if I didn't think it was safe, it's a really good service". Staff were able to tell us about the different types of abuse and how to recognise and report them. They were able to explain how they would support people who they suspected had been a victim of abuse. One staff member said, "I would report any sign of abuse or poor practice". Staff could give examples of how they had reported suspected abuse and of the action that had been taken. We saw the provider had appropriate systems in place and where required referred allegations of abuse to the local safeguarding authority. This showed us staff understood how to report any concerns about people's safety for investigation.

People were supported to manage risks to their safety. One person said, "I have access to a buzzer to use when I need help, I may fall otherwise". A relative told us, "[My relative] had a fall and they rang me to tell me about what happened and what they were doing to prevent future falls". Risks to people were assessed and documented. Staff could tell us about people's risks and the actions they needed to take to keep people safe. We saw staff worked to reduce risks to people's safety. For example, we saw staff supporting people to mobilise safely and monitoring people that were at risk of choking during mealtimes. Staff could explain what action to take if someone had an accident including calling for help and seeking medical advice as required. Accidents and incidents were recorded and analysed and we saw appropriate action had been taken to prevent future incidents form occurring. For example, one person was at risk of falling out of bed and bed rails had been put in place to keep the person safe. This showed staff understood what action to take and the systems in place to keep people safe.

People told us there were enough staff to meet their needs. One person said, "I never have to wait for anything, the staff are always here when you need them". Another person said, "We never have to wait for any help we need". Staff told us there was sufficient staff on duty and if there were sufficient plans in place to cover staff absence. We saw there were adequate numbers of staff available to support people on the day of the inspection. For example, we saw there were staff available in all communal areas of the service and people did not have to wait for care and support. The registered manager told us they looked at the support people needed to work out how many staff were required. This showed us there were sufficient staff to ensure people were safe.

People received support from safely recruited staff. The registered manager told us they carried out appropriate pre-employment checks, which included criminal records checks and reference checks. The staff we spoke to told us these checks were completed before they started work and the records we saw confirmed this.

People told us they received their medicines as prescribed. One person told us, "Staff manage all my medicines; I know what I need to take so I know they get it right". Another person told us, "The staff make sure I take the medicines I need". Staff told us they received training in administering medicines safely and their competency was checked, the records we saw supported this. We found where people needed medicine on an 'as required basis,' there were records in place for staff to refer to providing information about when to administer these medicines. We observed staff checking with people if they were ready to take their medicine. Staff checked people had taken the medicine and recorded this on MAR charts accurately. We found staff understood where medicines were needed at specific times and found these were administered appropriately. We saw medicine were stored and disposed of safely. For example, where required there was lockable refrigeration. This showed us people received their medicines safely.

Is the service effective?

Our findings

At our last comprehensive inspection on 27 November 2015 we found people were not always supported with their nutritional needs, advice from health professionals was not always followed, and checks on the effectiveness of staff training were not carried out. At this inspection we found the provider had made the required improvements.

People and their relatives told us the staff understood how to support them. We asked people and their relatives about staff training they told us they felt staff were skilled and understood how to meet people's needs. One person said, "Staff know me well and understand my conditions, they know how to support me". A relative said, "Staff are really good, they understand [my relatives] needs and they love it here". Staff told us they had regular training which helped them to stay up to date with the best approaches for supporting people and they felt this was effective. One staff member told us about how they used their training in dementia to change the way they engaged with people. Another staff member explained how their training in risk assessments was used when they took people on outings. We saw staff had regular updates provided to their training and the registered manager told us they assessed staff competency. Staff told us they had good support from the registered manager and nurses on duty and they could seek advice about people's care needs. We saw staff checking things with nurses throughout the day. We found there were opportunities for staff to discuss their role through individual and group meetings. All new staff received an induction and the registered manager told us this enabled them to work towards the care certificate. The care certificate is the minimum standards, of induction training of new care workers. Staff confirmed they undertook training and shadowing as part of the induction and had their competency assessed, the records we saw supported this. This showed people received support from staff who had received training and managerial support that enabled them to be effective in their roles.

People told us staff sought their consent to care and support. One person told us, "Staff always explain what they are doing and ask if it's ok". Staff understood the need to seek consent and we saw staff asked for consent and withdraw if this was not provided. For example we saw staff seeking consent when administering medicines.

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. We saw where people were unable to consent their capacity had been assessed, discussions had been held with appropriate people and decisions were being made in their best interests. For example one person had a best interest's decision taken for using bed rails. The registered manager told us these decisions were reviewed and gave an example of one person that had been cared for in bed, in their best interests. They told us following the review the person had been assessed for a suitable chair to enable them to get out of bed.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the local authority for DoLS assessments. This demonstrated that people had their rights protected by staff that understood and applied the principles of the MCA.

People told us they received enough to eat and drink and had a good choice of meals. One person said, "The food is really nice here, there is a good choice". Menus were displayed which offered a choice of meals and we saw the cook asked people what they wanted to eat and drink. Some people required a special diet and this was provided. Staff could tell us about what these people needed and what type of food they should have. For example, some people needed a soft diet whilst others were living with diabetes and required a low sugar diet. We saw people received meals, which met their dietary needs. Staff understood people's nutritional needs and preferences, and referred to the care plan when required. We could see Malnutrition Universal Screening tool (MUST) was in use to identify people, who were at risk in relation to their nutrition and the action required to reduce the risk of malnutrition was documented. We found records which showed staff followed the plans to meet people's nutritional needs and where required monitoring was in place. For example, one person required restricted fluids; we saw staff monitor the fluid intake for this person. This showed people could choose what they wanted to eat and drink and received support to meet their nutrition and hydration needs.

People and their relatives told us they had access to health professionals when required and were supported to maintain and improve their health. One person said, "I have a regular visit from a specialist nurse". A relative told us, "The staff always call a doctor to visit if [my relative] is unwell". We saw people received support to monitor their health and people had access to nursing staff 24 hours a day to provide support. Staff told us people had support to manage their health. One staff member said, "If people have a specific health condition the care plan will tell us about it and how to manage this". Another staff member told us, "We have advice from health professionals to help people with maintaining their weight". We saw records, which supported this, for example, one person who had a specific health condition had a plan in place, which told staff what to monitor. The registered manager told us they had good access to health professionals such as doctors, chiropodists and opticians and visits were recorded in care plans. We found staff followed instructions given by health professionals. For example, a doctor had requested regular checks for one person, and we could see these were carried out by nursing staff. This showed people could access professional support when they needed it and people were supported to maintain their health and wellbeing.

Is the service caring?

Our findings

In our last comprehensive inspection on 27 November 2015 we found the provider was not meeting the regulation for dignity and respect as people were not always treated in a way that took account of their dignity and privacy. At this inspection we found the provider was meeting the regulation as they had made the required improvements.

People and their relatives told us the staff were kind and caring. One person said, "The staff are kind and caring, you see they are always checking with you if you are ok and if you need them for anything". People told us staff made time to speak with them and get to know them and relatives told us they felt welcomed by the staff and involved in their relatives care. Staff spoke to us about people in kind and caring way they told us they had to work in a way which respected the fact the service was peoples home. One staff member said, "You have to be people focussed, and give people the time they need". We found staff interacting with people in a very caring and friendly way. For example, we saw staff chatting to people whilst they ate their breakfast and sitting discussing what was in the local papers. The registered manager told us they encouraged staff to have one to one time with people and had employed people specifically to spend time during the day with people talking and doing things with them. They told us this role was important as they wanted to ensure people had time with staff that was not task focussed. Our observations throughout the day and conversations with staff confirmed this was encouraged. This showed people received care and support from caring staff who took time to build relationships with them.

People and their relatives told us they had choice in all aspects of their life. One person told us, "I am able to choose to bring things in from home to my room". Whilst a relative said, "They have respected [my relatives] choice about not having male carers to support them". From our observations and discussions with people, we confirmed people were able to make choices about their care and support. We saw staff offering choice to people throughout the inspection. For example, staff checked with one person if they wanted to go to the lounge, another person was observed having a choice of meals and drinks. We saw staff offering people a choice of taking part in a planned outing on the day of the inspection. Staff told us they understood people were diverse and they had to respect that and understand people's preferences. They told us they made sure people had choice and gave examples such as people choosing what to wear. This meant people were able to make choices about their everyday life and how their care and support was delivered.

People's independence was promoted. People told us staff encouraged them to do things for themselves. One person told us, "I would love to walk more and go to the toilet by myself, but it's just not safe, staff help me to do as much as I can to maintain my independence". We observed staff encouraging people to be independent and do things for themselves. For example, we saw staff supporting people to walk with their walking aid at a pace that suited them. Staff encouraged people to eat independently and provided plate guards and adapted cutlery to assist people where required. The registered manager told us about one person that had been supported to regain mobility which enabled them to take a trip to see family members. This showed people had their independence promoted.

People and their relatives told us staff respected them and maintained their privacy and dignity. One person

said, "Staff recognised I do not mix with people much, and although I am always invited to things, they respect this has always been my way of life". A relative said, "Staff always treat people here with respect". Staff told us they made sure people's privacy was protected when providing care. For example, they told us how they ensured all discussions with people were done in private, people were treated courteously and when care and support was required this was offered discreetly. We observed staff treating people with dignity and respect throughout the inspection. For example, we saw staff were patient when they spoke to people. We saw staff provided reassurance and took time to listen to what people were saying. Staff supported one person that had begun to feel unwell to leave the dining area, and then return when they were feeling better. The registered manager told us respecting people's privacy and dignity was an important part of the values in the home, staff confirmed they understood this during our discussions. This showed the staff promoted people's privacy and dignity and the registered manager encouraged this.

Is the service responsive?

Our findings

At our last comprehensive inspection on 27 November 2015 we found the provider was not meeting the regulation for person-centred care. We found people's care was not always provided in accordance with their preferences and assessed needs. At this inspection we found the provider was meeting the regulation as they had made the required improvements.

People were involved in the planning of their care and support and this was reviewed regularly. One person said, "The registered manager discusses my care plan with me regularly to see how it's all going". Another person said, "I was assessed before I came here whilst in hospital, this helped to identify what help I needed". Relatives told us they had been involved in discussions about their family members care and were also contacted if anything changed or there was a review. Staff told us people were involved in all aspects of their care and support and where appropriate relatives were also engaged. Peoples care was regularly reviewed and records confirmed that people and their relatives were involved in care reviews. People and their relatives told us the staff understood their preferences. One person said, "Staff know what I like, such as when I prefer to get up". One relative told us, "[My relative] doesn't like milk, so staff know not to put that on cereal for example". Staff could describe people's needs and preferences and knew people well. They could tell us details about what people liked and disliked and how they ensured these preferences were met when they provided care and support. The registered manager told us, they were continually working to improve the detail of people's preferences in their care plans. They said they wanted to make sure peoples care records fully reflected how well the staff understood people's needs and preferences and they felt there were further improvements they could make to achieve this. This showed us the provider had systems in place to provide personalised care that responded to people's needs.

People told us about their interests and how they were supported to follow them by staff. One person said, "I enjoy doing tapestry, and staff know I prefer to spend time doing this or going out with a friend". People told us there was always something going on, they said they enjoyed having entertainment sometimes and there were trips out to different places. One person said, "I suggested a garden centre for a trip and this was arranged". A relative told us about a mother's day tea party which had been a great success and lots of family members had attended. Staff told us there was plenty of activities and trips arranged and people decided where they should go and what should be on offer. The registered manager told us they had employed a wellbeing assistant and their role was to support people with their interests and ensure meaningful activities were available. We saw people participating in activities throughout the day of the inspection and some people went out on a trip. People told us they were able to decide what activities were on offer and they enjoyed their participation. This showed people were supported to follow their interests and had access to a varied activities programme.

People and their relatives told us they knew how to raise complaints if they were unhappy with any aspect of the service. They told us they felt staff would listen to them and the registered manager would take action. Everyone we spoke to told us they had never had any cause for complaint. One person said, "I am very happy here, the people make the place good and I have no complaints". Staff understood how to support people to make a complaint and the registered manager told us they ensured all issues raised were

recorded. We saw records which supported this. We could see the registered manager took action to investigate and respond to complaints and they were used to improve the service. For example, one complaint had been raised about people not having access to a bath when they were cared for in bed. We saw the registered manager had purchased equipment to allow people in bed to have a shower in their room. This showed the provider had a process in place to receive feedback and act on any concerns raised.

Is the service well-led?

Our findings

At our focussed inspection on 8 March 2016 we found improvements were needed to ensure systems for managing the service were embedded and sustained by the registered manager. At this inspection we found the provider had sustained the systems and made the required improvements.

At our last comprehensive inspection on 27 November 2015 we found there was no registered manager in post which was a breach of the registration conditions and there had been delays in notifying the commission about incidents that occurred at the service. At this inspection we found the provider had made the required improvements. There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service is run. The registered manager had appropriately notified us of events they are required to do so by law.

People and their relatives told us they knew who the manager was and felt the service was managed well. People and their relatives made positive comments about the service. One person said, "I can go to any member of staff about any concerns and I always get a response". Relatives told us they were pleased with how the service was run and very happy with the care people received. One relative told us, "There is an open door policy, you can go to the manager at any time, and there is a mutual culture of respect". Another relative said, "The atmosphere is good, staff genuinely care, you can see it in how people are treated". Staff told us they were happy with how the service was managed and the support they received from the registered manager, they said they felt able to influence how the service was developed. Staff told us the service had improved and they gave examples of working out how staff should be deployed to improve how much time they could spend with people and how suggested new equipment had been purchased. One staff member said, "I wouldn't work anywhere that I wasn't happy for my parents to live". Another staff member said, "We make a good team, everyone from the kitchen to housekeeping". Another staff member said, "There is an open door policy, if something isn't right you can report it straight away". The registered manager told us they had worked to improve the service and felt they had developed an open and transparent culture. During the inspection, we found people were happy to approach the registered manager and ask questions. This showed there was a positive culture in the home and people felt supported by the management team.

People had access to effective care and support, which was monitored by the registered manager. The registered manager had systems in place to check the quality of the service people received. We saw regular audits were in place to assess the quality of the service such as monitoring accidents and incidents, environmental audits, care plan audits, and medicine administration audits. Where any issues were identified action was taken to address the concern. For example, the medicines administration audit identified some recording issues. Staff had been informed of the concerns and we found appropriate action was taken to rectify this issue. The registered manager had systems in place to check the quality of the care provided and make required improvements.

People and their relatives told us they could contribute their views about the quality of care. One person told us, "There are resident and relative meetings held regularly where any concerns can be raised". A relative told us, "The registered manager is always asking people what could be improved". Another person and their relative told us the feedback about the service given at the meetings resulted in improvements at the service. For example, they told us about requests to make changes to the menu which had been implemented and improvements to the car park which had been addressed. We could see the notes from the meetings reflected what people had told us and the registered manager confirmed this was a positive forum for people and their relatives to raise areas for improvement. This showed people and their relatives were asked for their views and the registered manager used this to improve the quality of the service.