Barchester Healthcare Homes Limited

Springvale Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This was an unannounced inspection which took place over two days on 19 and 20 January 2016. The service was last inspected in June 2014 and was meeting the regulations in force at that time.

Springvale Court is a care home providing accommodation and personal care to 40 older people, including people with a dementia diagnosis. There were 38 people living at the service at the time of the inspection.

The registered manager post had been vacant since September 2015. The former deputy was acting as manager and was in the process of applying to become registered manager. 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 found that the service and staff knew how to keep people safe and reported any concerns to the appropriate agencies. Staff could tell us how they would keep people safe from possible harm that may occur.

Medicines records were not being completed correctly by all staff. Some records had gaps or had not been checked by other staff. 'when required' medicines were not being managed effectively.

The home was well furnished, clean and well maintained. People told us they liked the environment and we found no malodours or areas for repair.

There were enough staff and we observed that staff were able to respond to peoples' requests for assistance throughout our visit. Some staff told us and feedback from the provider's last survey of people in 2015 told us that sometimes staff did not have enough time to talk to people.

Processes were in place to recruit staff safely and ensure they had the skills and knowledge to support people. However, supervisions and appraisals of staff had not been happening as frequently as the provider's policy stated.

People were identified who needed support to eat and drink to maintain their well-being. However some of the records kept of people's food and fluid intake were being completed inconsistently so people were at risk of not maintaining their well- being.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We saw that people were subject to DoLS as appropriate and that staff we spoke with were aware of the process to identify people subject to a DoL.

Staff were observed to be caring and to respond quickly to people's need for support. People and their relatives told us that staff treated people well and spent time getting to know them and their families.

Care plans were in place to support consistent care; however the evaluations carried out were inconsistent and lacked the details needed to ensure that care was provided in a personalised way. The care records did not always document where people or their relatives had been involved in the creation of care plans and whether consent had always been obtained.

Some staff and people told us that activities could be limited at times. A part time member of staff was now leading on activities as the regular staff member was absent. The last survey also identified that activities could be further improved.

The service did not have a registered manager in place, but the former deputy had been appointed to manage the service and was in process of registering with us. We saw that they had responded positively to complaints made about the service and had taken steps to act on feedback from the last survey of people to improve the service further. The service had a low staff turnover and staff told us they had a positive ethos in the service, of looking after people the way they would like to be cared for themselves.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Peoples' medicine records did not demonstrate that people were receiving their medicines safely.

Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service, and these would be addressed to ensure people were protected from harm. People in the service felt safe and were able to raise any concerns.

The building was safe and well maintained and any repairs were responded to quickly.

Is the service effective?

Requires Improvement

The service was not always effective. Staff supervision and appraisal processes had not been in place to support staff to improve their practice.

Staff did not consistently follow external professionals advice to help someone to eat and drink safely.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people where they did not have capacity. Where people were deprived of their liberty this was in their best interests and was reflected in their care plans.

Is the service caring?

Good

The service was caring. Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's rights to privacy and choice.

Staff knew the care and support needs of people and took an interest in people and their families to provide them with individualised care.

Is the service responsive?

Requires Improvement

The service was not always responsive. People had their needs assessed and staff knew how to support people according to their preferences. However, not all care records reflected people's current care and support requirements and lacked personalised details.

People could raise any concern and felt confident these would be addressed promptly.

Is the service well-led?

Good

The service was well led. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. This helped to reduce the risks to people who used the service and helped the service to continually improve.

The provider had notified us of any incidents that occurred as required.

People, relatives and staff spoken with all felt the acting manager was knowledgeable, caring and responsive.

Springvale Court

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 inspection took place on 19 and 20 January 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At this inspection we were joined by commissioners from Gateshead Metropolitan Borough Council. (MBC).

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team and commissioners of care was also reviewed. They had minor concerns relating to care documentation.

During the visit we spoke with eight staff including the registered manager, eight people who used the service and seven relatives or visitors. Observations were carried out over a mealtime and during a social activity, and a medicines round was observed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Five care records were reviewed, ten medicines records and the staff training matrix. Other records reviewed included safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed the complaints records, five staff recruitment/induction and training files and staff meeting minutes. Other records reviewed also included people's weight monitoring, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining areas on each floor, offices, storage and laundry areas and, when invited, some people's bedrooms.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the service. This was also reflected by people's relatives and visitors we spoke with. However we had concerns as people's medicines were not always managed safely.

We looked at ten peoples medicines records and observed a medicines round. From looking at medicine administration records we saw that some records were blank and these included for prescribed pain relief and people's inhalers. It was unclear if people had received these medicines or if they had been declined as this was not recorded. We also observed that the staff member administering the medicines left the trolley unlocked and unsupervised for a short period of time. People who received 'when required' medicines did not have a clear care plan about how best to support them. For example, people who lived with a dementia related condition who required pain relief may require prompting or support to monitor for possible symptoms of pain. They would require a detailed care plan to direct staff to manage their needs consistently. We also saw that some handwritten entries on the medicine records had not been checked by a second staff member and double signed to avoid the risk of human error. Medicines were supplied to the service in blister packs for time periods throughout the day. We discussed with staff who had responsibility for medicines how they were ordered, checked and stored. We saw that medicines were stored correctly and securely in a suitable room. We checked staff training records and saw that only suitably trained staff who had their practice checked annually were able to handle medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us what they did to make sure people remained safe, for instance, by ensuring that people who needed supervision at all times were supported by a staff member. They told us they had attended safeguarding adults training and described what potential signs of abuse might be in people with a dementia or with impaired capacity. Staff all felt able to raise any concerns or queries about people's safety and well-being, and felt the acting manager or their deputy would respond to their concerns. One relative we spoke with told us, "I've got relatives in here and I'm very happy. I would be the first to complain if I had any worries about anything. They're all looked after really well. They have plenty to eat, they get the right amount of support and they even took (name) to the club last weekend."

People's files included risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. Risks of falls were being managed and referrals to external professionals were made if required. These risks were generally updated monthly by staff, but some had not had been reviewed as regularly. We brought this to the acting manager's attention who agreed to take immediate action. Records showed that where a person was at increased risk of falls a referral had been made to the local falls team for advice and staff had been made aware to increase the monitoring and support of that person. A person told us, "The staff give you as much help as you want or need. They are there for you when you need them."

The service had an emergency plan in place in case of an incident such as a fire. Each person had an

evacuation plan and the service had plans in place to support people if the need arose.

The acting manager and maintenance lead undertook regular checks within the service to ensure the environment was safe. A maintenance log was kept and work was undertaken promptly in response to issues identified. Equipment checks were undertaken regularly and safety equipment, such as fire extinguishers and alarms, were also checked regularly. People told us that repairs were addressed quickly if they had any issues.

The acting manager explained how they calculated the staffing numbers across the service to ensure there was adequate staffing using the provider's assessment tool. This was based on numbers of people and their levels of dependency and was reviewed regularly. We observed that staff were able to respond to call bells quickly and had time to spend with people as well as provide any care. People told us that generally the staff responded quickly, however some people said it varied. One person told us, "How quick they answer the buzzer depends on how busy it is. They can't be everywhere." Some staff also told us that at times it was very busy, they told us that they were task focussed at particular times of the day meaning they did not always have time to talk to people. We brought this to the acting manager's attention who agreed to work with the staff team to review how staffing was calculated.

Before staff were confirmed in post the acting manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff had been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Staff we spoke with told us they had been subject to these checks. However, the staff recruitment files we reviewed did not have all the records in place for their original recruitment as they were long standing and may have been archived. We brought this to the acting manager's attention who agreed to ensure that records of recruitment were retained in the staff's files.

We saw domestic staff cleaning and they told us there were schedules in place to make sure all areas of the home were kept clean. Staff wore aprons and plastic gloves when they were cleaning. The home was clean and free from any malodours during our visit.

Requires Improvement

Is the service effective?

Our findings

People told us they felt the service was effective at meeting their needs. People's relatives also told us they felt the service was mostly effective in ensuring their family member's needs were met. However, we had concerns that staff were not receiving regular supervision and appraisals to help maintain their competence in meeting people's needs.

We looked at five staff supervision and training files. We found that the provider's supervision policy which stated the frequency of supervisions for staff was not being followed and that staff had not received appraisals of their development and training needs. One staff member's records only showed they had recorded supervision twice in the previous three years. Supervision records that were in place did not always detail the content of supervision, set any clear goals for staff or give them any clear feedback on their performance. Staff we spoke with told us they did not always have supervisions regularly, and that they had not received annual appraisals. We discussed this with the acting manager who showed us their supervision and appraisal planner for 2016 to ensure this would be rectified in future.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records of staff induction training showed that all staff went through a common induction process to prepare them for their roles. Not all induction records had been signed off by the staff and acting manager. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home. We saw all staff had attended mandatory training such as moving and handling. Staff told us the key to knowing the people who used the service was spending time with them and talking to them and their families about how best to support them.

We checked how the service supported people with their food and fluid intake. There were people who required nutrition and dietary supplements to help them maintain their well-being, for example thickener to assist with swallowing. We looked at one person's care plan where a speech and language therapist had given advice about how to support a person with risks around their swallowing. They had given specific instructions about the use of a thickener for drinks and the consistency of their food to reduce the risk of choking. Their intake was monitored by staff who recorded what actions they had taken and how they supported the person. These records were inconsistent in that different staff were using different amounts of thickener in their drinks and this affected the consistency of people's food placing that at risk of choking. Fluid intakes were inconsistently recorded each day. It was unclear from records how the service was supporting this person to eat and drink adequately and safely each day. Evaluations carried out by staff had not detected this inconsistent approach by staff or taken any action. This meant the person was at risk of not receiving adequate support. We brought this to the acting manager attention who took immediate action to ensure staff followed the correct guidance.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a mealtime. During mealtimes staff were able to tell us the food each person preferred and how they supported them to eat well. We saw people made choices about their food and staff responded promptly to a request for an alternative and where people needed prompting or support to complete their meal. The food was well presented and hot and cold drinks were available. People told us they enjoyed their meals and we observed a pleasant and relaxed mealtime experience. Some people chose to eat in their rooms and this was supported by staff. There were drinks available throughout the building and we observed people accessing these during the day. Weights were monitored monthly or more frequently when an issue had been identified. We saw entries in the care records which showed staff sought advice or assistance from health care professionals such as the GP, dentist, speech and language therapy and dietician where concerns were identified with people's nutrition. The menu plan for the day was not available upstairs until later on in the first day of inspection. People told us they liked the food at the service. One person told us, "The girls look after us and if you've got any kind of problem they'll sort it. The food's very good, although the choice is limited but there's enough of it. You never go hungry." Relatives told us they felt the staff supported people to eat and drink. One relative said, "If you have a concern about anything you just need to mention it and they will sort it out for you."

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.

Each person's care records had a consent form. However, these had not all been signed by the person or their representative. We brought this to the acting manager's attention who agreed to remedy this. People told us they had been involved in the development of their care plans, but had not always been asked to sign. We observed that staff always asked people about their wishes before delivering any care to them. For example, they asked people if they wanted to go to their room or go to the lounge after a meal.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw from records that the acting manager had referred people for assessments for DoLS as necessary. There were people at the service subject to DoLS and this was reflected in their care plans. We saw that the acting manager had a process in place to review DoLS as people's needs changed or to request a renewal.

There was evidence of joint working between the service and the local GP's and community health professionals. Records showed this input was used to consult and advise about people's changing health needs and care plans were regularly updated following this advice. Staff told us how they used this advice to adapt their approach to working with some people.

Good

Is the service caring?

Our findings

People told us they felt the staff team cared for them well. This was supported by peoples' relatives. One person told us, "I would rate this place as good because they really look after you." Relatives' comments included, "We're made to feel like we are part of a family, they're that welcoming and the events are great. We had a great fair and Halloween party and Christmas was fabulous. I've just agreed to do a Bingo night on a Wednesday," and, "[Name] is very happy here and I feel quite happy too. [Name] is well cared for and everyone seems to know what they're doing. They get all the help they need."

Staff talked about people with kindness and terms of affection in their conversations with us. They said they liked to care for people as if they were relatives or how they would like to be cared for themselves. Staff told us the biggest cause of stress for them was when they were busy and did not have some much time to spend with people. Many of the staff came from the same local community as people living at the service and they liked to think they supported people as they would like to be supported themselves in the future.

We saw staff had good relationships with people and they went about their work showing care and concern for people. For example, care workers took time to reassure and assist a person who was not sure what they wanted to do and was walking without purpose around the corridors. They took the time to assist the person into a lounge and got them a drink, spending some time with them before returning to their original task.

During the inspection we observed that staff acted in a professional and friendly manner, treating people with dignity and respect. Staff gave examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear that day, ensuring doors were closed when helping with personal care, keeping people covered when assisting them with personal care and respecting people's choices. Staff told us they promoted people's independence by allowing them to do things for themselves if they were able. We found that people's dignity was promoted by the staff. For example, we saw one person supported to change after a meal as they had food on their clothes. Staff discreetly prompted them and supported them to their room.

We saw information was available in the office about advocacy services provided in the local area. Advocacy is a process of supporting and enabling people to express their views and concerns. One person had advocacy support to assist in decisions about their care and treatment.

Peoples' records were stored in a locked cupboard where they were accessible to staff, but stored securely. Staff told us they kept records secure at all times. However, we observed that a person's care record was left unattended in a communal area by a member of staff for a period of more than two hours where it was unsecure. We brought this to the acting manager's attention who spoke with the staff member responsible.

We were told that there were regular resident and relatives meetings where problems could be raised and changes discussed. People's families were also invited to attend these meetings and to have an input. The relatives we met said the staff and acting manager were receptive to their ideas and suggestions.

We saw people had information recorded about their preferences for care at the end of their lives. Staff told us they were experienced in providing end of life care and this was supported by training records. Staff said they linked in with local GP's/NHS nurses to administer medical support such as pain relief and making advance decisions care plans. They also told us they worked closely with people and their families to ensure end of life wishes were met.

Requires Improvement

Is the service responsive?

Our findings

Those people who could communicate with us told us they had been involved in creating their care plans and relatives told us staff actively sought out their input into their relative's care. We had concerns that records did not always accurately reflect the care people required.

Records showed a comprehensive assessment of needs was carried out prior to admission to the service. Each person had a draft care plan prepared before their admission so staff were clear about the support they needed. This was then amended as staff got to know people better and understand their preferences and needs. However, not all records showed evidence that monthly evaluations were carried out effectively and that all necessary details were recorded. For example we looked at one person's records where complex decisions were being made about the person's capacity and their care plan. There had been a number of external professionals involved with this person, but these were not recorded in the communication and contacts log so staff would not be updated on any changes. In another person's care records we saw the monthly evaluation stated the continence care plan had been changed, but could find no alteration to the previous months care plan. This person also had a care plan for the application of creams. The plan did not state why the cream was being applied or how often the cream should be applied. Other care plan monthly evaluations contained minimal information, lacking personal details about how people preferred to be supported. People, or their relatives, were often present or involved in the monthly evaluations of their care plan, but had not been asked to sign and confirm the documents.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with were well informed and respectful of people's individual needs, abilities and preferred daily lifestyles. For example, staff described how one person was supported with their personal care. It was evident the staff member was aware of the person's likes and dislikes, such as always having a bath rather than a shower and what toiletries they used. People told us that if they had any questions or wished to change anything they just had to ask and the staff responded.

The service had an activity schedule board in reception that was blank when we arrived on the first day and no organised activities took place. On day two there were two days of the week which had activities planned. The service had an activities co-ordinator but they were not at work, another part time staff member was covering for this post. We met with them and they described a range of activities they organised across the week. People and relatives we spoke with told us they enjoyed the activities on offer, and that they had included trips out of the service. However, feedback from other staff was that activities were often limited and repetitive, and that they felt there could be more activities designed for people with dementia. We discussed this variation in views on activities with the acting manage who agreed to review the activities provided.

During our visit we only observed positive interactions between staff and people and that all requests for help were responded to quickly. We observed that people were supported to smoke outside if they wished

to and a smoking shelter had been provided.

We looked at the systems for recording and dealing with complaints. People were supplied with information about how to make a complaint when they came to live at the home and the complaints procedure was displayed in communal areas. Staff described the complaints process and how they would support people to make a complaint. The complaint record showed there had been six complaints in the last year which had been resolved by the acting manager or their predecessor in line with the provider's policy and they had kept complete records. We spoke with one relative who raised an issue they had with the service and was going to speak with the acting manager about this. We contacted the relative after the inspection to check that the matter had been resolved. They told us the acting manager had listened to their concerns and had taken their comments positively and they were now satisfied. All other people and relatives we spoke to told us they had no complaints, but would feel able to raise any concerns if they had any.

Good

Is the service well-led?

Our findings

People who were able to told us that in their experience the home was well led and they knew the acting manager and their deputy well. All relatives were positive about the care and provision of service and said they were made to feel welcome and the atmosphere was always friendly and upbeat. The acting manager was in the process of applying to register with CQC and had previously been the services deputy manager. One person told us. "The manager's very good and the staff are very good, very helpful, we can choose what we want to do or where we want to go, within the home of course, and there's never a problem." A relative told us, "If you have a concern about anything you just need to mention it and they will sort it out for you." Another relative told us, "I can't fault it here, it's very well managed."

The staff we spoke with all held the same value base about caring for people the way they would like someone to look after their family. Staff told us the acting manager encouraged this approach and for staff to think about the way they supported people. Staff often spoke about the service as part of their extended family. The service had a low staff turnover and many of the staff felt this was due to the service being part of the local community. Some staff did say the work was harder as people's needs became more complex. We discussed these comments with the acting manager who agreed to discuss them further at staff meetings.

The acting manager held regular meetings with the heads of key areas such as care, kitchen, and domestic services. This allowed for improved co-operation between the teams and sharing of good practice and information. It also ensured staff were able to deal with any issues and use all the resources available in the service to effect change. For example, domestic staff told us how they helped out with activities.

Monthly checks and audits were carried out by the acting manager or their deputy. For example, these analysed people who had significant weight loss, the use of medicines, care plan reviews, and the accident and incident log. We saw this information was then used in people's care plans to tackle any areas of concern such as weight loss and highlight this with relevant health professionals. The provider also had specialist staff who reviewed the service's monthly returns to look for trends and respond to requests for help from the service manager. However some reviews of areas such as falls should be completed in the service with any trends identified locally. We discussed this with the acting manager who agreed to take immediate action.

The acting manager told us about the links the home had with the local community. There were links with the local school and the local church. People were encouraged to use the local shops or cafes with support if needed.

The acting manager was clear in their responsibilities, sending in required notifications and reporting issues to the local authority or commissioners as required. They were open with us throughout the visit and provided us with any information we needed. They had already identified the areas for improvement that were highlighted at this inspection and agreed to take action. For example they had already taken action to improve supervisions and appraisals for staff.

The registered manager told us about the annual resident survey they carried out, the last one being in 2015. This showed overall the service was meeting people's needs and they were satisfied with the service provided. The two areas that needed improvement were in relation to activities and staff having time to talk with people. Both these areas had been topics for discussion with the staff team and at resident meetings to improve these results.

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 did not take formal enforcement action at this stage. 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 The registered person had not done all that is reasonably practicable to mitigate the risk to service users whilst receiving care and treatment. The registered person had not ensured the proper and safe management of medicines. Regulation 12 (2) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured that they assessed, monitored and improved the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured that staff had received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)