HC-One Beamish Limited

Springfield House

Inspection report

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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

Springfield House provides personal care for up to 69 older people, including people living with dementia. Nursing care is not provided at the home. At the time of our inspection there were 65 people living at the home.

At the last inspection in August 2015, the service was rated Good. At this inspection we found the service remained Good.

People and relatives gave positive feedback about the care provided at the home and the caring approach of the staff team. We saw staff supported people with kindness and understanding.

People, relatives and staff told us they felt the home was a safe place. They also felt sufficient staff were deployed in order to meet people's needs.

Staff demonstrated a good understanding of safeguarding and whistle blowing including how to report concerns.

There were effective recruitment procedures in place. This included pre-employment checks to ensure new staff were suitable to work at the home.

Medicines were managed safely. Trained staff administered people's medicines. Records accurately accounted for the medicines people had been given.

Regular health and safety checks were carried out and up to date procedures were in place to deal with emergency situations.

Incidents and accidents were logged and investigated. Records confirmed appropriate action had been taken to prevent recurrence and help keep people safe.

Staff said they were usually well supported and were able to access the training they needed.

People were supported to meet their individual nutritional and healthcare needs.

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.

The home had been specially adapted to suit the needs of people living with dementia.

People's needs had been assessed and personalised care plans developed. Care plans were evaluated to check they reflected people's needs. People had the opportunity to be involved in the review.

There were opportunities for people to participate in activities. This included crafts, reminiscing, sing a longs, chats, snakes and ladders, bingo and chair aerobics.

Although people and relatives gave us positive feedback, they also knew how to make a complaint if needed. Previous complaints received had been investigated in accordance with the provider's policy.

The service had a registered manager. They had been re-located temporarily to support another home. The provider advised they were due to return to Springfield House imminently. People and staff told us the registered manager was supportive and approachable.

The provider had a structured approach to quality assurance. Regular audits were carried out to help ensure people received good support. These were up to date at the time of this inspection.

People and relatives had given very positive feedback during the last consultation carried out. Where minor issues had been raised, evidence was available to show action had been taken to make improvements.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Springfield House

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 was a comprehensive inspection which took place on 27 November and 4 December 2017. The first day of our inspection was unannounced and our second visit was announced. This meant the provider knew beforehand that we would be visiting the home.

One inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, 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. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people and five relatives. We also spoke with the registered manager, interim manager, deputy manager, two senior care workers and three care assistants. We looked at the care records for four people who used the service, people's medicines records and recruitment records for five staff. We also looked at a range of records related to the quality and safety of the home.

Good

Is the service safe?

Our findings

People and relatives said the home was a safe place to live. One person said, "Yes I feel very safe here. The girls are wonderful, [it is like] home from home." Another person told us, "Yes really safe, very homely and secure. I am really happy." A third person commented, "Yes very safe. We are all well looked after." A fourth person told us, "It is safe yes. What makes it safe is the general running of the place and the good staff. Having the alarm pendant is a comfort as well." One relative commented, "I feel it is safe yes, my family member is happy." Another relative said, "I am happy my family member is here. It is a great peace of mind knowing they are safe and happy." A third relative told us, "I feel it is safe here. I feel happy my family member is secure here and the staff are great."

Staff also described the home as a safe place. One staff member said, "I think it is very safe." Another staff member commented, "It is safe. We have key pads and things. Staff make it safe by helping people." A third staff member said, "I think it is a safe place. There is always staff on each floor. There is always somebody on hand for visitors or residents."

The staff we spoke with showed a good understanding of safeguarding and the provider's whistle blowing procedures. They knew how to raise concerns if needed and said they would be confident to do so. One staff member said, "I have not used it [whistle blowing procedure]. I wouldn't be afraid to do it [raise concerns]. Everybody is the same mind-set, the residents come first." Another staff member commented, "I would feel confident going to the manager."

During our last inspection we concluded the provider dealt with safeguarding referrals effectively. We found this continued to be the case. The provider's safeguarding log confirmed previous safeguarding concerns had been referred to the local authority safeguarding team, fully investigated and action taken to keep people safe. Action taken included additional monitoring, observation, additional training and supervision.

People and relatives confirmed staff attended to people's needs straightaway. One person told us, "The staff are great, they are there when you need them." One relative commented, "It is safe enough yes, staff are on hand all the time as well." Another relative said, "This is a safe place for my family member as they are well looked after and there are staff around if they need anything."

Staff members told us staffing levels were usually appropriate. They said there had been occasions when sickness had impacted on this. They went on to confirm the provider always covered any sickness in order to maintain safe levels. This occurred on the day of our inspection. However, additional experienced staff were brought in to cover the absence. Rotas also confirmed absences were covered when needed. Staff were visible throughout the home when we visited and available should people require assistance. We noted people's needs were attended to in a reasonable time frame and in a caring manner. Rotas confirmed the expected staffing levels had been maintained. Staffing levels were reviewed regularly using a specific staffing tool which considered people's dependency levels. We viewed previous reviews which showed actual staffing levels deployed were consistently above the levels the tool recommended.

The provider had effective recruitment procedures to help ensure new staff were suitable to care for people living at the home. This included completing pre-employment checks before new staff started working with people using the service. For instance, requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people. Where required, such as when issues had been identified with a DBS check, a specific risk assessment to consider the applicant's suitability had been completed prior to confirming their offer of employment.

People and relatives confirmed medicines were administered appropriately. One person told us, "I get my medication daily no concerns there." Another person commented, "I usually get my medication in the morning and in the evening and it is fine." A third person said, "I get medication twice a day and I am happy with that." One relative commented, "My family member receives their medication morning and evening and everything seems to be working ok." Another relative said, "I think the medication my family member is good." A third relative told us, "My family member's medication is fine, I don't get too involved with it as they seem fine."

The provider had systems for the safe management of medicines. We found only trained staff administered people's medicines. Records relating to the receipt, administration and disposal of medicines were completed accurately. Medicines were stored safely and checks were in place to review the appropriate storage of medicines. For example, daily temperature checks of the treatment rooms and medicine fridges helped ensure medicines remained safe to use.

Health and safety related checks were carried out to help keep the premises and equipment safe for people to use. This included checks of fire, gas and electrical safety systems as well as specialist equipment used when supporting people. Records we viewed confirmed these checks were up to date at the time of this inspection. The provider also had up to date procedures to deal with unforeseen emergency situations, for example flooding. Each person had a personal emergency evacuation plan (PEEPs) which detailed their individual support needs should they need to evacuated from the home in an emergency.

Where potential risks had been identified, a risk assessment had been carried out to minimise the impact on people using living at the home. For example, a fire risk assessment had been carried out. The provider had evidence to show recommendations had been actioned.

We saw staff were patient and careful to ensure people's safety when supporting them. For example, we observed the way staff helped people to get around and transfer to and from wheelchairs. They moved people safely and used equipment appropriately to do this. Staff also ensured people's foot rests were in use before supporting them to get around in their wheel chairs. This meant the risk of people sustaining an injury was reduced.

Incidents and accidents were logged, investigated and action taken to help keep people safe. Records showed monthly reviews of accidents were completed. This included an overview of falls on each unit within the home and action taken. For example, referrals to a specialist falls team and specialist monitoring equipment ordered and any trends or patterns. In addition to the overview individual records were kept for each accident and the specific action taken to respond to each one. Discussions took place during staff meetings about lessons learnt following incidents and accidents.

We found the home was very clean, decorated to a high standard and well maintained. Throughout our time at the home we observed domestic staff carrying out housekeeping duties to keep the environment clean. The provider completed regular infection control audits which showed the home consistently met the

provider's expectations in relation to cleanliness. Where required action plans were developed to ensure minor issues had been rectified such as a broken bathroom tile and cleaning lampshades.

Good

Is the service effective?

Our findings

Staff said they were usually well supported and received the training they needed. They told us they were looking forward to the registered manager returning to manage the home. One staff member commented, "When I have my normal manager I am very supported." Another staff member said, "[Interim manager] is approachable. If I have a problem I can go to one of them [management]." A third staff member told us, "Workwise I am very supported. We are doing lots of training."

The provider specified training as essential for all care staff. This included food safety, health and safety, infection control and safeguarding. We viewed he provider's training matrix which confirmed the required training was completed and where updates were due these were planned for individual staff members. The provider's supervision planner stated 'formal supervision must take place a minimum of six times a year with each staff member.' At the time of this inspection records showed this was being achieved.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the appropriate DoLS authorisations were in place for each person requiring authorisation. Where required people's care records contained examples of MCA assessments and best interest decisions such as for nutrition, medicines administration and financial matters.

Staff demonstrated good understanding of people's communication needs. They described how they supported people to make choices and decisions. Examples of the strategies staff used included showing people items and objects to choose from. Where people lacked capacity to make their own decisions a specific care plan had been developed. This provided staff with details of the individual support the person required with decision making.

People told us the meals were to an acceptable standard. One person told us "There is quite a good choice of food." Another person commented, "The food is decent I guess, you get a choice when they come around the night before." A third person said, "The food is quite nice here. I like it and I feel I get a choice." A fourth person commented, "The food is good and there is a choice." Some people said they would like to have more variety and choice. One person said, "The food is ok it's not amazing." Another person commented, "The food is ok but it's not wonderful." A third person told us, "The food is quite basic to be honest. It's not very exciting. I would love to see more teacakes and crumpets and a better variety of food."

We observed over the lunch time and found people were well supported to meet their nutritional needs. People had vegetable soup to start followed with a choice of either a ham salad or a variety of sandwiches. We observed staff were very caring during lunch. They checked people were alright and whether they needed any assistance. For example, one person did not want the available options. A staff member asked what they would like. When the person requested an apple the staff member sorted this out for them straightaway.

There was always one member of staff in the dining room during lunchtime at any one time. Staff encouraged people to eat in the dining rooms to promote social inclusion. Staff advised that there was no set seating for those who sat in the dining room, as such and sometimes people did sit in different seats at times. We saw staff chatted to people and offered positive encouragement for people to drink for hydration and to eat their lunch. Where people required specialist or adapted diets these were catered for.

Staff supported people to access the health care they needed. People we spoke with advised us they had access to external healthcare when needed such as a dentist, podiatrist or doctor. A local GP visited the home twice a week to check on people's health. Care records showed people received regular input from a range of health care professionals, such as GPs, community nurses and specialist therapy services.

The Grace Unit had been specially adapted to suit the needs of people living with dementia. Areas of the unit had been themed appropriately for the group of people living there. For example, one corridor resembled an old fashioned street with benches for people to sit and rest. Coats and bags were hung on peg for people to put on and rummage through as well as other tactile items on walls for people to touch and feel. Household items were available for people to use safely and with supervision, for example a carpet sweeper and an ironing board. We observed people using these items whilst we were at the home. Dementia friendly signage was used to help people orientate around the unit. Elsewhere in the home there was a small library with books for people to borrow and an internet café. Staff held awareness sessions during the week to help people use the internet.

Good

Is the service caring?

Our findings

When we last inspected Springfield House we received positive feedback about the care provided. During this inspection people again gave us positive feedback. This was both in relation to the care in general and the kind and caring staff team. One person told us, "All staff are very good, very kind and caring." Another person said, "The staff here are really helpful. They will always help you when you need it." A third person commented, "The staff here are excellent. They are like family, they really are." A fourth person told us, "They are all very caring staff, very friendly and kind. They will help you with whatever you need."

Relatives also told us they were happy with their family member's care. One relative told us, "I think the care here is good. I am happy with the care my family member receives from the staff." Another relative commented, "I feel the staff here are very good and I feel my family member is well looked after. They all seem pleasant. A third relative said, "The staff are marvellous I am happy with the care my family member is receiving."

People confirmed they were in control and able to make their own decisions and choices. For example, people told us they went to bed when they wanted which for most was between 8.30pm and 9pm. One person told us, "I like to listen to music and read and go [to bed] around 9.00pm." Another person commented, "I like to go to bed around 10pm." Relatives told us, where this was appropriate, they were kept informed and involved in making decisions about their family member's care. One relative told us, "Staff always call and let us know if there are any changes to discuss. They are great like that." Another relative commented, "They do call if there is a problem or anything is wrong." A third relative said, "If there was any problems they would call me straight away and let me know."

Throughout our inspection we saw staff engaged and interacted with people regularly, showing patience and understanding. We observed staff chatting with people about their families and interests. They also checked people were alright and had everything they needed. For example, making sure people had drinks and snacks. Staff were also minded to keep people safe, at one point encouraging and supporting one person to sit who was unsteady on their feet.

People told us they felt their privacy and dignity was always respected. They told us if they need any help with personal care, bathing or other assistance, they felt very respected. They described how staff always pulled curtains across or closed doors for privacy and dignity. We noted when members of staff answered call buzzers they would always knock first and ask for permission before entering. We heard staff say "Hi did you call? and "Can I come in?"

We observed warm and friendly relationships between people and staff. Throughout the day there was a lot of laughing between staff and people which provided a nice atmosphere. One person told us, "The staff are lovely and they really do try to make you happy where they can." Another person commented, "[Staff] are caring and also have a good humour, where you can have a laugh with them." A third person said, "They are all very caring staff, very friendly and kind. They will help you with whatever you need."

Staff promoted and encouraged independence for people who were able to do so. For example, where people used walking aids independently, staff encouraged them to walk to the dining room with encouraging words such as "are you doing okay there, take your time."

Each person had a 'resident profile' which gave a summary of what was important for each person. For instance, how they liked to spend their day, their life history, things that must be provided and preferences. For example, one person liked to spend the day relaxing in their room and looking at the garden. People also had a more detailed life history to help staff get to know them better.

Good

Is the service responsive?

Our findings

People's needs had been assessed both before and on admission to the home to help identify the individual care they needed. The assessment was detailed and included areas such as communication, medicines, nutrition and mobility. This information was then used to develop personalised care plans.

Care plans clearly described the support each person needed from staff. People's preferences and views about their care were discussed and where possible included in the care plan. For instance, one person preferred female carers only and wanted staff use their own choice of toiletries. People had signed their care plans to indicate they agreed with the contents. Care plans had been evaluated regularly to keep them up to date. Part of the evaluation process was to gather people's views about whether they were happy with the care they received. Where people had expressed a view, this was documented in the evaluation template.

Standard assessments were completed to help protect people from a range of potential risks such as poor nutrition, skin damage and falling. These were reviewed on a regular basis and where required action taken to keep people safe. This included updating care plans and referrals to external professionals such as the falls team, dietitians and specialist nurses.

Most people we spoke with thought there was enough entertainment and activity to keep them occupied and engaged. People also told us they were able to choose whether to participate or not and this was entirely their choice. One person told us, "There is enough to do here for activities. I can't always join in a lot but I like to watch other activities." Another person commented, "There are enough activities. I enjoy bingo and a few other ones." A third person said, "The activities are fine. I don't join in with a lot. I like to sing and get my hair done upstairs." A fourth person commented, "I like to watch TV a lot and read. I join in if I feel like it."

The home employed three activities coordinators. We noted there was an activities schedule displayed in a communal area to notify people of the available activities. Planned activities included crafts, reminiscing, sing a longs, chats, snakes and ladders, bingo and chair aerobics. We observed in the afternoon a Musical sing a long took place in the Grace Unit [the area of the home specifically for people living with dementia]. People enjoyed this activity and were singing along happily. The home had a purpose built beauty salon which was open every Thursday and Friday to people living at the home as well as the local community.

People said they had no reason for any complaints. They went on to say if they needed to make a complaint they would have no problem addressing this with staff or management. One person said, "I have never had any complaints." Another person commented, "I have no complaints but I would say something if I wasn't happy." A third person told us, "I have not had any complaints. I am happy with everything." A fourth person told us, "I don't have any complaints, I am fine here." The provider's complaints log evidenced that previous complaints had been fully investigated and where appropriate action taken to address concerns.

Good

Is the service well-led?

Our findings

The home had a 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.

At the time of this inspection the registered manager had been temporarily re-located to another home to provide additional support until a permanent manager had been appointed. Springfield House was being managed by an interim manager, who was an experienced registered manager. This situation had led to some staff feeling unsettled. The provider had taken steps to offer additional support to the staff team during this period. The provider advised us that the registered manager would be returning to the home imminently.

People and relatives felt the registered manager understood people's needs. They said they found her very approachable. One person commented, "I think it is very well led. I think the usual manager is approachable." Another person told us, "The usual manager is great. She certainly does what she can for people." A third person said, "The usual permanent manager is nice and caring, and they have great staff."

Although staff told us about feeling unsettled with the current management arrangements, they gave very positive feedback about the registered manager. They told us they felt the registered manager was always supportive and helped where possible. One staff member said, "[Registered manager] is very supportive and very fair. She is lovely." Another staff member commented, "The manager's door is always open."

Staff told us the home had a positive and friendly atmosphere. One staff member commented, "It is a very friendly atmosphere. The people are lovely. Relatives know they can come and talk to us anytime."

There were opportunities for people and relatives to give feedback about the service. For example, they had completed and returned questionnaires as part of regular consultation. We viewed the most recent feedback from March 2017 which was extremely positive. 32 people and 9 relatives had provided feedback. 100% of relatives and 97% of people rated the overall impression of the home as either "excellent" or "good." People and relatives also gave positive feedback about the kindness of staff and the care provided at the home. Where any issues had been identified evidence was available to show the action taken. For example, people and relatives mentioned they would like more access to care plans, were not aware of the complaints process, communication and meals. In order to address these issues the provider had taken action including issuing food surveys, the head chef attending residents' meetings and advertising the complaints process in reception areas and guides in people's bedrooms.

Regular meeting took place for residents and relatives. Minutes showed areas discussed included catering, company changes, housekeeping and activities.

There had been three compliments received about the care and approach of staff at the home. These

comments included: "attention to detail"; "lovely garden"; and, "positive experience for family member." They described the staff as "a breath of fresh air"; "a wonderful way with people"; and "so lovely".

Staff had opportunities to share their views and provide feedback, for example through attending staff meetings, daily handovers and speaking directly with management. Minutes from staff meetings were available which showed discussions had taken place about health and safety, safeguarding and care documents.

When we last inspected the home we found the provider had an effective system of quality assurance audits to check on the quality and safety of people's care. During this inspection we found this was still the case. The provider had a structured approach to governance and quality assurance called 'Cornerstone'. This was fully operational at the home. Audits were completed consistently and were up to date when we visited for areas such as medicines, care documents, infection control and health and safety.

In addition to this management carried out a twice daily walk around of the home and daily flash meetings with heads of departments. The 'resident of the day' system was embedded at the service. This involved a full review of one person's care including reviews of care plans and assessments. In addition the person's views were recorded and the person had the opportunity to discuss their needs with other staff such as the chef and for their bedroom to have a 'deep clean'. The provider carried out monthly external audits of the home.

There were good links with the local community. Facilities such as the café, bar and hairdressing salon were open to the public as well as people living at the home. Staff told us these were popular with locals. We also saw people used these areas to spend time with friends and relatives. Themed nights were held once a month in the restaurant which again are available to members of the local community.