Springfield House Nursing Home

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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 is a care home with nursing that is registered to provide accommodation and nursing care for up to 27 older people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The home is set out over three floors with easy access between floors via a lift. There are two lounge and dining areas for people to use.

This unannounced inspection took place on 31 July 2018. At the time of our inspection 21 people were living in the home.

There was a registered manager 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection.

This was the first inspection of this service under the new provider arrangements. We carried out this inspection to check that the service was meeting all the requirements of regulation and providing good and safe care to people. We found that it was and we identified no concerns that would indicate people were not being cared for appropriately.

People's care plans were detailed and where a person's needs changed staff responded to this. However, we found some records relating to people were not contemporaneous, although staff knew people's care needs well. We have made a recommendation to the registered provider in this respect.

People received the medicines that were prescribed for them and medicines storage followed good practice. There were a sufficient number of staff on duty, who had been recruited through a robust recruitment process to care for people. People were safeguarded from abuse as staff understood their responsibility in this respect.

People were cared for by staff who were kind, caring, attentive and showed respect towards them. People were encouraged to be independent and they could make decisions about their care. Where there were restrictions in place staff followed the principals of the Mental Capacity Act 2005 (MCA). People's consent was sought at every stage.

People were cared for by a consistent staff team who had access to the training and supervision they required in order to carry out their role in a competent manner. Staff worked together as a team and the culture within the service was good. Staff met on a regular basis to discuss all aspects of the service and staff had the opportunity to meet with the line manager to discuss their work.

Staff ensured people had access to health care professionals when they needed it. People could choose the foods they ate and where people had a particular dietary requirement these were recognised by staff.

Where people had accidents or incidents staff took appropriate action and as such reflected on incidents to aid their learning. Risks to people had been identified and guidance was in place for staff. Before people moved into the home their needs were assessed to ensure staff could provide effective, safe and responsive care. The home was clean with no malodours and equipment was provided for people when they needed it, such as a hoist or walking frame.

In the event of a fire there was fire information available for staff and the emergency services and regular checks on the health and safety aspect of the service were carried out.

People were given the opportunity to give their feedback and staff actively sought suggestions from people. People had access to a range of activities and were happy with the care they received from staff. They told us if they had any concerns or complaints the would know who to speak to.

The registered manager had developed relationships with other local and national external agencies to improve the care people received at the service.

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's medicines were managed correctly.

Deployment of staff was such that people received the care they needed when they needed it. Staff went through a robust recruitment process before commencing at the service.

Risk assessments were in place for people and good infection control processes were followed by staff to reduce the risk of spreading infection.

Staff were knowledgeable in relation to their safeguarding responsibilities and when accidents and incidents occurred these were recorded and lessons were learnt.

Is the service effective?

Good

The service was effective.

Staff had access to appropriate support, supervision and training.

People's consent was sought in line with the Mental Capacity Act 2005.

People's nutritional needs were assessed and individual dietary needs were met.

People's healthcare needs were monitored effectively.

Before people moved into the home their needs were assessed and the environment offered appropriate facilities for people.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence and people could make their own decisions about their care.

Is the service responsive?

Good

The service was responsive.

No one was receiving end of life care however the service had taken steps to start to discuss people's wishes with them.

Care plans were detailed and were regularly reviewed to ensure they continued to reflect people's needs.

People had opportunities to take part in activities, outings and events.

Complaints were managed and investigated appropriately.

Is the service well-led?

Good

The service was well-led.

There was an open culture in which feedback was encouraged and used to improve the service.

The provider had implemented effective systems of quality monitoring and auditing. Staff worked with external agencies to widen the service that was offered to people.

People and staff were given the opportunity to feed in suggestions in relation to the service.

Springfield House 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 was 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 31 July 2018 and was unannounced. The inspection was carried out by three inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had returned a Provider Information Return (PIR) in 2015. 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.

Prior to our inspection we contacted seven health and social care professionals to obtain their views on the service. We received feedback from three and have included their comments in our report.

During the inspection we spoke with 13 people who lived at the home and one relative. We spoke with 10 staff, which included the registered manager, activities, catering staff and the provider.

We looked at the care records of six people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service. We asked the registered manager to send us some further information, following our inspection, such as staff training and supervision records, minutes of meetings and evidence of activities. They did so within the

agreed timeframe.

Good

Is the service safe?

Our findings

People told us they felt safe living at Springfield House. One person told us, "I do feel safe living here." Another said, "I don't think I've used my bell but it makes me feel secure." Other comments included, "I feel very safe because the staff are all very pleasant to me," "I have not felt unsafe with any staff" and, "Yes, I feel safe here; the staff look after me well."

People were cared for by a sufficient number of staff. One person told us, "If I ring my bell, they (staff) come quickly." A second person said, "I have this bell if I need staff." Another person told us, "I have a red button to press and I don't have to wait for staff to come." A staff member told us, "If there is a staff shortage we tell the manager and she calls the agency." A relative told us, "There are always staff around when I come in." We observed people receiving care when they required it and staff were seen throughout the service at all times. The registered manager told us staffing levels were determined by people's dependency and we could see that staffing rotas were in line with what we had been told. A healthcare professional told us, "I am always impressed by the levels of staffing."

People lived in an environment that was clean and hygienic. One person told us, "I have never seen anywhere that was not clean." All areas viewed were cleaned to a good standard, this included any en-suite bathrooms. Staff were seen wearing gloves when required and there was a cleaning schedule in place which was completed. We did notice the sluice room (room for cleaning soiled equipment) doors were left unlocked on two floors at one stage during the inspection. We spoke with the registered manager about this and noted they were not left open again for the remainder of our time at the service. In the laundry room there was information displayed on how soiled items should be washed and which coloured bag to put laundry in. Staff told us they undertook infection control training every year and that they used personal protective equipment (such as gloves and aprons) which they change when they attended to a person.

People's medicines were handled safely. People told us they always received their medicines on time and there had never been any error with their medicines. One person said, "I always get my medicines at the right time and I know what they are for." Documentation and storage of medicines was safe and people received the medicines that had been prescribed to them. MARs contained an up to date photograph of people for identification purposes, GP information and any known allergies. Creams and liquids were dated upon opening and there was no excess stock of medicines.

People were cared for by staff who had undergone appropriate checks before they began working at the service. Prospective staff were required to submit an application form with details of referees. Staff recruitment files contained evidence that the provider obtained references, proof of identity and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK and that the nurses were registered with their professional body; the Nursing and Midwifery Council.

People were cared for by staff who understood safeguarding procedures and were aware of their

responsibilities should they suspect abuse was taking place. One person told us, "Staff are gentle with me; well, I think they are." A staff member said, "We have safeguarding training so we know what to look for and how to keep people safe. We would go to the nurse in charge to report anything." Another said, "We make sure all visitors sign on the visitor's book. If we had any concerns we would follow our whistle-blowing procedures." One potential safeguarding incident had occurred at the service since August 2017. We found from the information in the notifications we received from the service that the registered manager had followed this up and staff received some additional training to help ensure they followed best practice.

The registered manager reviewed accidents and incidents to help ensure appropriate action had been taken to prevent a recurrence. We read that very few incidents had occurred at the service since their change of registration in August 2017. Where there had been two incidents of minor injury to people we read that that these people's care plans were reviewed to ensure all appropriate information and risk assessments were in place. Information relating to accidents and incidents was shared quarterly with the local Clinical Commission Group (CCG) where it was reviewed and guidance was given on how to manage any future risks of incident. The CCG met with the registered manager to discuss elements of risk such as falls prevention.

Risk assessments had been carried out to identify any risks involved in people's care, such as nutrition/hydration, pressure ulcers or choking. One person was recorded as suffering from hypothermia and at risk of falls. The risk assessment stated that if the person's body temperature dropped to 34 degrees then medical help should be sought. There was a temperature record for this person which staff completed and we noted that this person's temperature had been recorded as being at safe levels. Where people had bed rails in place these were accompanied by a risk assessment for potential entrapment. One person told us staff had explained to them their risk of falls due to their mobility and that two members of staff supported them when they walked.

Fire safety information was in place for people. There was a 'grab' book near the front door which contained a personal evacuation plan (PEEP) for each person. We saw that this included those people who had just moved in to the service. Each person's PEEP described what support they may need in the event of an evacuation. The provider had also ensured an annual fire risk assessment was carried out by an external body. This helped to safeguard people from the risk of fire, resulting from unsafe premises. A staff member told us, "We have loads of fire training to keep people safe."

Good

Is the service effective?

Our findings

People told us they enjoyed the food provided. One person said, "The food is good. There's a good mixture – vegetarian food I prefer." Another person told us, "I get choices of food." A third person commented, "We have what we like for breakfast They do me fruit and fibre which is what I like." A further person commented, "I have a special diet. The staff know about it."

People's nutritional needs had been assessed and risk assessments had been carried out to identify any risks to people in eating and drinking. We saw one person being assisted to eat. The staff member cut up their food for them and the person stated the food was, 'good and tasty'. They were smiling whilst they said it. Another staff member noted one person did not have a drink and immediately fetched them one stating it was warm and they needed to stay hydrated. Lunchtime was a pleasant affair for people with people talking about painting nails or passing the time in general conversation. We heard one person say they did not like their meal choice and staff asked if they would like to try the alternative meal which they did.

People's needs were assessed before they moved into the service to help ensure that their individual care needs could be met by staff. There were holistic, clear pre-admission assessments in place which included information for quick access, such as nutrition, mobility and cognition. The information in the pre-assessment was then used to form the basis of a person's care plan. We heard staff discussing with a relative the needs of their family member who had recently moved in. They were checking what the person liked together with their food preferences.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 found staff had a good understanding of the MCA and that where specific decisions were required for people staff followed the principals of the Act. A staff member told us, "If someone hasn't got capacity you have to communicate with them in a different way, maybe through body language or show them things to help them make a decision." Another said, "We always assume that people have the capacity to make decisions and we must always ask for their permission before we do anything for them." We saw staff holding clothes up for one person so they could choose what they wished to wear. One person told us, "They (staff) always ask me if I am ready for help with my shower. If I say 'no' they say, 'that is okay' and come back later." One person had a capacity assessment in relation to the locked front door, being cared for 24-hours a day and for the use of bedrails. There was a best interests discussion in relation to this and all the risks associated with the DoLS application were listed. The capacity assessment was detailed and clearly set out

that the person did not have the capacity to make these specific decisions. There were few people living at the service who did not have the capacity to make their own decisions in their care. For example, one person had bed rails in place but they were fully aware of this and had made the decision to have them.

People were cared for by staff who had the knowledge and training they needed to provide effective support. We observed staff transferring people and saw that this was done in an efficient and competent manner. One person told us, "Some of them (staff) don't know me so well but then they usually have someone with them who does." Another person said, "The other thing they do for me is to hoist me into my chair. They don't rush that." A healthcare professional said, "It is an extremely caring environment with competent staff." A staff member told us, "I had two days of induction to meet everyone in the home. I have been through the training courses which included safeguarding, moving and handling, infection control and fire training. It's all been very useful and relevant." Another staff member said, "If we have a day off, we still have to come in for training. Specific training is booked for us and the mandatory training is very good for everyone. Everyone is good at doing their job." A healthcare professional told us, "Two senior staff nurses have recently attended one-day courses on promotion of bladder and promotion of bowel continence and have received certificates for completing well the theoretical assessments."

Staff told us they had regular one-to-one supervision sessions with their line manager, which gave them the opportunity to discuss any support or further training they needed. A staff member said, "We support the junior staff and in turn I have supervisions with my manager. Once a year the (registered) manager meets with us."

People were supported by staff to access healthcare professionals if help them to maintain their health and well-being. One person told us, "We have a doctor who comes round and if there's a problem he helps. A physio comes round often. We go downstairs into the lounge and we do leg and arm exercises; it's very gentle." A healthcare professional told us, "I am impressed with the awareness that the nurses have of all the residents." Another healthcare professional reported, "The home always refers to the continence service when a new resident is admitted with continence needs. They complete the continence assessments well and engage with me on my visits to plan a continence care plan for each resident."

The service was suitable for people's needs. One person told us, "The communication and lifts are very good. I'm never stuck up here (top floor) because I can use them." Although the service was a converted house with narrow corridors we saw it was appropriate for wheelchair use. People who required assistance to transfer had hoists available for them. At mealtimes, there were adaptations for people's plates to assist them with their eating such as plate guards.

Good

Is the service caring?

Our findings

People told us staff were kind. One person told us, "I think the staff are very good." Another said, "They (staff) are very kind and can't do enough for you. They are always saying 'if you need anything just ask'." A relative told us, "Staff seem very kind." A healthcare professional told us, "Springfield House is an excellent care home." Another said, "The interests of the residents is the staff's foremost priority."

The atmosphere in the home was relaxed and inclusive and staff spoke to people in a respectful, yet friendly manner. One person told us, "The staff are chatty and friendly. I know the staff here, I can go and chat to them." We observed a staff member asking one person what they would like for their lunch by crouching down beside them and speaking at eye level to the person. The person also asked for a cup of tea to be brought for them. This was done promptly. The staff member was pleasant and familiar with the person holding a conversation with them and asking them how they were feeling. The person told us, "He's the orderly, he's very nice."

Staff supported people in a kind and caring way and people told us staff were patient with them. One person told us, "I get on well with most of the staff." Another said, "It is very nice here. They (staff) look after me. All I want is my food and sleep." A third person commented, "Staff are very good and very kind They are very, very patient with me. I can't see or hear very well so I stay in the lounge for lunch. I never wanted to come into a home, but I couldn't cope and this is very nice."

People were able to make their own decisions about their care and could have privacy when they wished it. People said they told staff if they wished their care provided in a different way. We saw where people could they signed their own care plan and signed when the care plan had been reviewed and updated. One person told us, "I have played cards, but I like reading and I like my paper." They said they preferred to spend most of their time in their room. When people came into the dining room for lunch they were asked where they wished to sit.

People had independence. One person told us, "Some of them (staff) prefer to let me wash myself." Another person said, "They ask me if I would like to wash myself. I do as much as I can then they will help me." We observed one person had been given their meal on a plate with a plate guard. This allowed them to eat the meal independently.

People were treated with respect and dignity and staff told us they enjoyed working at the service. One person told us, "Staff are so caring; they always talk to you." A third person commented, "They always close my door when they help me." We saw when people were moved staff ensure they protected their dignity. People appeared well presented with their hair neatly combed. When a staff member assisted a person with putting on their cardigan they said to them, "I'm being careful not to mess your hair up." One staff member said, "I like the people here. They all have incredible life experiences. It's very interesting getting to know them and how to encourage them." A healthcare professional told us, "There is a great deal of respect for individuals' dignity."

People were cared for by staff who took the time to get to know them. One staff member told us, "It's all about sitting down and chatting with them. Other staff are very knowledgeable and give me tips on what people like." They added, "A new lady moved in and I'm trying to find out what they want to do, their past interests and if we can replicate those now."

People's rooms were personalised with articles and furnishings that meant something to them. We saw family photographs and ornaments from people's homes. One person told us, "I like it here. I love this room; it's my home." Another person said, "I'm in my own room in a comfy bed and I have the TV on for a distraction. I spend all of my time in bed so it has to be comfy."

People could maintain relationships close to them. We saw visitors come into the home during the day to spend time with their family member or friend. Volunteers were also involved in the service. The home also had internet connection so people could keep in touch with family members and friends using more modern technology.

Good

Is the service responsive?

Our findings

We asked people whether they felt there was enough to pass the time for them both within the service and outside. One person told us, "There's a lot of activities here. We have been going in the garden a lot recently. It's been a bit windy but I think it's quite good really." Another person said, "The activities are good. I enjoy them. We went to the butterfly room at Wisley gardens. We have been to the local river."

During the day a therapist arrived to carry out hand massages for people. One person confirmed they wished a massage. They told us they enjoyed it each time saying, "They massage my legs and feet and hands – they are nice people." This same person told us, "I watch the TV and I like to listen to classical music." In additional to the therapist we saw a yoga session taking place in the lounge area with two people.

People were notified of activities and events taking place through an activities sheet which was handed around. We reviewed the information and read that activities included Taiichi, flower arranging, art sessions, cards and board games and exercises. In addition to the group activities a separate member of staff visited people individually for a chat. Specific events were celebrated such as American Independence Day, the last day of the Henley Regatta and Wimbledon.

People were encouraged to be involved in the local community. There was a tea party held at the service in aid of the local hospital. Where people had religious beliefs, Holy Communion was held at the service. The activities coordinator told us, "I use a newspaper, or my dog to get to know people's likes and dislikes. I've also done a survey to find out about other activities people would like to do." They told us that a person's family told them they liked Elvis so they played Elvis music and the person sang along.

People's care plans were written in detail and included people's likes, dislikes and background information. We could see people had oral health plans in place and staff were ensuring people's oral health was maintain. For example, we noted in people's daily notes, 'dentures cleaned'. There were individual care plans in place for areas such as personal care, nutrition, mobility, sleeping and pain. One person had good information around their food requirements and how any fluids needed to be thickened. This same person had epilepsy and there was a separate care plan in place around this. Records also stated they liked to listen to their radio and we noted it was on in their room.

No one at the service was receiving end of life care. The registered manager told us this was something they encouraged people to talk about but it was a delicate subject and would take time. The service had a, 'What to expect when a loved one is dying' guide for families and friends. The leaflet had been prepared to give information on what to expect in the last few days or hours of someone's life. A staff member told us, "We would offer emotional support to family members and allow them to visit the home even after their loved ones had passed away. The registered manager told us they worked closely with the local hospice and the hospice carried out training at the service. A healthcare professional told us, "They carry out palliative care to the highest standards. I would conclude by stating that when my grandmother had a stroke a few years ago, there was only one home that I would have chosen to care for her at the end of her life."

People told us they felt they could speak to staff or the manager should they wish to complain and there was clear complaints guidance on display for people to refer to. One person told us, "I have no complaints at all." Another person said, "I would talk to the manager if I needed to make a complaint." There was a complaints procedure displayed in the entrance to the home. It provided contact details of who to make a complaint to and the local ombudsman details and what people could expect from the service in respect of their complaint. There had been six verbal complaints since August 2017, all of which had been resolved.

Good

Is the service well-led?

Our findings

Although we had no concerns that people were not receiving safe, individualised and responsive care we did find some of the documentation held at the service was not fully completed. The impact to people was negligible as staff knew people's needs and could describe them to us. We saw the care plans of two people who had just moved into the service had not been completed, however they did have full pre-admission information in relation to their needs. Some of the capacity assessments for people were not quite accurate. For example, one person was stated as having capacity to make decisions if supported by staff, however later it was stated they did not and a DoLS application had been submitted. It was clear from this person's care plan that they had capacity for day to day decisions but needed support for more major decisions. Although accidents and incidents were recorded and analysed, the registered manager did not log full details of incidents in some cases, however these incidents did not relate to a serious injury or suspicion of abuse. We discussed these shortfalls with the registered manager both during and at the end of our inspection. They told us they would address this.

We recommend that the registered provider ensures that records in relation to people are contemporaneous.

People told us they knew who the manager was and we heard from professionals that they felt Springfield House was a good service. One person said, "I know the manager, she is fine. She comes and talks to me and she talks to everybody. She's a good soul. The staff all seem to like her." Another person told us, "Yes, I know the manager. She is friendly and speaks to us a lot." A healthcare professional told us, "I feel I would be happy for one of my relatives to be cared for at Springfield House Nursing Home." Another professional reported to us, "[Name] considers that the home is extremely well run by the manager [name]."

People were encouraged to give their feedback about the service they received. An activities survey had taken place and people suggested a summer tea party which had been arranged for mid-July, knitting sessions and a knitting group had started and a Friday pub on the green outing. We asked the activities coordinator if this had happened. They told us due to the weather it had been postponed, however they had held an indoor 'picnic' with gin and tonic. 12 people attended the last residents/relatives meeting. Topics discussed included maintenance, refurbishment, staffing, catering and activities. They also discussed comments from the recent feedback survey in which people had mentioned the poor acoustics in the conservatory area. The provider had told people they were considering how the conservatory could be refurbished to help with this.

Staff told us they were happy working at the service and that they were supported by management. We observed the culture and team work amongst the staff was good. One staff member said, "Working with management is fine. If I need to speak to [registered manager] she's available." They added, "I have suggested to managers that we have more detailed specific activity assessment (for people). [Registered manager] has been receptive to this suggestion." Another staff member told us, "The staff team is good; there is harmony."

Staff held regular meetings to discuss all aspects of the service. We read in the ancillary staff meeting the nurses had discussed lessons learnt from the novo virus outbreak last year. Catering staff talked about the requirements needed for the kitchen, maintenance and training. A department meeting was held with representatives from housekeeping, maintenance, administration, care and catering. This was used to report back centrally on elements of the service.

The service had formed positive relationships with external agencies both locally and nationally to improve the care people received and to improve the experience of living at Springfield House. We saw that the service was a member of NAPA which is the national activity providers association supporting care teams with ideas for appropriate activities. Staff had also successfully completed the Commissioning for Quality and Innovation Scheme. This was a Surrey Downs Clinical Commissioning Group initiative which supported services in the early detection of urine infections, skin and pressure area, nutrition/hydration and falls prevention.

In order to ensure a good quality service provider, external and internal quality audits took place to check the service being provided was of a good quality. A recent external medicines audit identified no actions required. The registered manager also carried out monthly internal medicines audits. Infection control audits recorded how many infections there had been at the service during the previous month and if any action was required in relation to infection control in general. We noted it was recorded that staff required more training in using spillage kits; this had been done through supervision, more over bed tables were needed which were on order and metal foot pedal bins were required for en-suites. The registered manager told us this action had still to be addressed. Health and safety audits took place and electrical testing was carried out. The registered manager carried out unannounced visits to the service both day and night and recorded their findings. We noted no concerns reported. The provider undertook unannounced kitchen inspections and identified any actions. We noted one was to clean the wood surround around the hatch area between the kitchen and dining room and saw this had been done.

Where significant events/accidents/incidents occurred at the service we found the registered manager had submitted notifications to CQC in line with their requirements of registration.