

# Springdene Nursing And Care Homes Limited

## Springview

### Inspection report

8-10 Crescent Road  
Enfield  
Middlesex  
EN2 7BL

Tel: 02083679966

Website: [www.springdene.co.uk/springview/](http://www.springdene.co.uk/springview/)

Date of inspection visit:  
28 February 2017  
01 March 2017

Date of publication:  
31 March 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 28 February and 1 March 2017 and was unannounced. At our last comprehensive inspection in August 2014 the overall rating for the service was 'Good'. At this inspection we found the service remained 'Good'.

Springview is a privately owned care home for older people in Enfield. The home is registered to accommodate 58 older people. The home has four floors and the second floor is specifically for people living with dementia.

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 2008 and associated Regulations about how the service is run.

We inspected this service in September 2016 because we had concerns about how the management and staff were dealing with falls management at the home. At this inspection we found that this issue was being appropriately addressed and the incidences of people falling had reduced.

People told us they felt safe at the home and risks to people's safety and been identified, acted on and, where possible, were being reviewed with the person.

Staff knew about various types of discrimination and abuse that could occur in a residential setting and its negative effect on people's well-being. They were aware of their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about the management and told us they appreciated the clear guidance and that their input was acknowledged and praised.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People told us they enjoyed the food provided and that they were offered choices of what they wanted to eat.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff demonstrated a good understanding of peoples' likes, dislikes, needs and preferences.

People told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with any of the staff and management of the home.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They told us the service took their views into account in order to improve.

## 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 told us they felt safe at the home and risks to people's safety and been identified, acted on and, where possible, were reviewed with the person.

Staff were aware of their responsibilities to keep people safe from potential abuse.

There were enough staff on duty to meet the needs of the people who used the service.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene.

### Is the service effective?

Good ●

The service continued to be effective.

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service continued to be responsive.

### Is the service well-led?

Good ●

The service continued to be well-led.

# Springview

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was undertaken on 28 February and 1 March 2017.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

This inspection was carried out by one 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.

We spoke with 22 people who used the service and five people's relatives. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with 12 staff, the registered manager, the operations manager and a director of the organisation.

Over the two days of our visit we met and spoke with two social care professionals and a GP.

We looked at nine people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

# Is the service safe?

## Our findings

At our last inspection of this service in September 2016 we had some concerns about falls management at the home. We visited the home with a specialist advisor in falls management and prevention. We found that falls management systems and safety measures were not always effective or being followed appropriately.

Additional measures and improvements to existing systems were identified at that inspection that the service needed to put in place to further reduce the risk of people falling at the home.

At this inspection we spoke with the registered manager of the home about the recommendations we made. They told us that a number of changes had been instigated after our inspection. They said that the main improvement had been ensuring that people who were at risk of falling or who had fallen were encouraged to mobilise with staff support. They told us this had improved people's core strength, movement and balance.

Staff also told us that they always made sure people who were sometimes forgetful had their walking aids next to them and within reach so they could use them rather than trying to walk unaided.

The registered manager was very pleased with the progress they had made and we saw that the number of falls people experienced had reduced significantly. We noted that some people were still falling occasionally in their rooms when they were getting up at night to use the bathroom. We spoke with the registered manager and the operations manager about this. They agreed that further discussion with those people affected was required including looking at the potential use of non-invasive technology.

We saw that risk assessments had been completed for those people who were at risk of falling as well as other risks that were associated with their care and treatment. These included risks in relation to pressure care, nutrition and hydration. Risks had been recorded and included the actions needed to mitigate the risk as far as possible. Records showed that risk assessments were being monitored and that people were involved in these assessments where possible.

Environmental risk assessments, including a fire risk assessment had been completed and were accessible to staff.

People told us they felt safe and had no concerns about how they were being supported at the home. We observed friendly and kind interactions between staff and the people they were supporting which was having a positive effect on people's well-being.

A relative told us, "Mum feels safe here and she trusts them."

Staff could explain how they would recognise and report abuse. They knew that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) the police or the local authority.

People we spoke with said they were satisfied with the way their medicines were managed at the home. We checked medicines and saw satisfactory and accurate records in relation to the receipt, administration and disposal of medicines at the home. The provider had recently introduced an electronic medicine management system. All the staff we spoke with were very positive about the new system and told us they felt much safer administering medicines this way. The registered manager and operations manager told us that medicine errors had reduced since the introduction of this new system.

People using the service did not have any concerns about staffing levels. Staff told us and we saw that although the staff were busy, they had some time to sit and chat with people in the lounge. There had been no changes to the number of staff on duty each day since our last inspection and people's dependency levels were regularly monitored.

One person we spoke with told us, "They take their time and don't rush me. In fact it's the other way round sometimes."

We checked a selection of six staff files to see if the service was continuing to follow appropriate recruitment procedures to make sure that only suitable staff were being employed. Staff files contained recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.

All parts of the home were clean and there was no malodour detected anywhere in the building. People were very positive about the cleanliness of the home and the staff who kept it clean. One person commented, "It's nice and clean" another person commented, "It's very clean and doesn't smell."

# Is the service effective?

## Our findings

We asked people if they thought the staff were well trained and good at their work. Responses were generally positive and one person told us, "I've not been here long but I think they know what they're doing." Another person commented, "I'm well taken care of."

The registered manager told us that there had been a few care staff who had left the service and that they were currently recruiting for new staff. Agency staff had been deployed to cover these vacant posts. Although we saw that the service tried to make sure the same agency staff were deployed, some people told us that the agency staff were not as effective as the permanent staff team.

One person told us, "Most [staff] know what they are doing. A few don't, I don't know if they are temporary. The old staff know me very well."

Staff were positive about the support they received in relation to supervision and training. Staff told us and records showed that they were provided with training in the areas they needed in order to support people effectively. This included fire prevention, moving and handling, dementia awareness and infection control. One staff member told us that the training was, "Very beneficial, I learn a lot." We saw that, since our last inspection staff had undertaken training in falls prevention. The registered manager told us this training was on-going for all care staff.

In addition to this mandatory training, staff told us that they were also offered nationally recognised vocational training such as the National Vocational Qualification (NVQ) and the more recent Qualifications and Credit Framework (CQF).

We saw an up to date training matrix which detailed the date of training undertaken and the date that the training expired. Staff told us and records showed that most staff were up to date with their refresher training.

Staff told us that they would discuss learning from any training course at team meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision and yearly appraisals and we saw up to date records of these. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. Staff told us they felt supported by the registered manager.

Staff were positive about their induction and we saw records of these inductions which included looking at the philosophy of care of the service and shadowing more experienced staff until they felt confident to support people on their own.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for



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.

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).

Staff had received training in and understood the principles of the Mental Capacity Act and told us they would always presume a person could make their own decisions about their care and treatment.

The registered manager understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS).

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do.

A relative told us, "I see staff interacting and residents talking to each other. The staff are very courteous. They ask if mum wants the door open or closed. Mum chooses when to get up and go to bed."

People told us they liked the food provided at the home. One person told us, "The food is very good and there's always a choice. You can have sandwiches instead of a meal." Another person commented, "I'm satisfied; you get quite a variety." People told us that the kitchen regularly cooked meals from different parts of the world such as Mexico, Japan, France and Italy. They told us they enjoyed trying new food.

The cook was aware of the people that needed a special diet because of particular health requirements such as diabetes or if someone had a swallowing problem. We saw this information about each person's likes and dislikes on the notice board in the kitchen. We sat with people during lunchtime, which was relaxed and sociable.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. During our inspection we met a GP who was visiting the home. They told us the staff communicated well with them.

People told us and records we saw confirmed that they had good access to health and social care professionals. "I don't want to see a dentist but I go to my own optician and GP." Another person commented, "They ring the GP if I need one." A relative we spoke with said, "We registered with the residence GP but they did give us a choice of others in the area."

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that they were treated kindly. One person we spoke with said, "The care is very good and they are very kind without exception; and considerate." Another person commented, "The staff are lovely. They are trying very hard and they have good ideas." A relative commented, "I'd rate the staff as good."

We spoke with a person who had recently been admitted into the home. They told us, "I'm very happy here. I've settled in extremely well and I'm glad I moved in."

We observed staff interactions with people throughout the two days of our inspection. We noted that the atmosphere on the second floor, where people living with dementia were being supported, was lively and friendly. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone.

Staff knew people well and responded to them in a caring way and in line with guidance from their individual care plans.

We saw that people had commented and had input in planning their care and support where possible. Although a number of people we spoke with were unclear what a care plan was, they told us they were involved in decisions about their care.

We saw that care plans had been reviewed and updated where required and detailed the level of involvement that people wanted in their care planning. A relative commented, "I was involved in the admission assessment and I sign off the care plan once a month."

We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do.

Staff told us they discussed people's cultural and spiritual needs and preferences with them and we saw this information had been recorded in people's care plans. A relative we spoke with told us, "They have church services but mum chooses not to go."

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

We observed staff knocking on people's doors and waiting for a response before entering. One person told us, "They do ask permission and they knock on the door 90% of the time." Another person commented, "Regular staff are superb. They knock on the door every time. They help me with my bath and shower. They're very respectful. I think the senior carers are fabulous and so are the cleaners."

## Is the service responsive?

### Our findings

Staff we spoke with understood the current needs and preferences of people at the home which matched information detailed in their care plans.

People we spoke with were positive about how the staff supported them and how staff responded to any change in their care needs. People told us about how senior staff had visited them before they moved in so that they could assess what they needed from the staff. One person we spoke with said, "They came to assess me. We filled out all the ticks." A relative commented, "When Mum was admitted there were lots of questions about likes and dislikes, which I was there for, and they have taken notice."

People's care plans were centred on the individual and outlined what support people needed to be as independent as possible whilst being mindful of identified risks to people's physical and mental health and well-being. A relative told us, "When we came I asked that they help mum to dress and co-ordinate colours; do her hair and her nails. It's really important to me and they do all that."

People's needs were reviewed on a regular basis. We were informed that a new electronic system of care planning was about to be introduced at the home. Staff were aware of this and told us they looked forward to seeing how this system might reduce the time they need to input information and give them more time to spend with people.

Where people's needs had changed, usually because someone had become more dependent, the service had made the necessary changes to the person's support plan.

On both days of our visit we saw staff sitting and chatting with people in the communal lounges. People told us about the activities on offer and how they kept themselves occupied. The registered manager told us that, as a result of comments from a recent residents' meeting, activities had increased and were now available seven days a week. On both days of our visit we observed activities taking place such as keep fit, group crosswords and arts and crafts.

We spoke with an activity coordinator who told us they had undertaken training in engaging people with dementia. We saw that the activities were designed to meet the needs of all people at the home including those people who were living with dementia. People told us about the increase in activities that were now available to them and that they enjoyed taking part. One person we spoke with about the activities on offer, told us there had been, "A vast improvement."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management and we saw information about how to make a complaint on a notice board in the home.

We noted that the complaints procedure did not make reference to the Local Government Ombudsman (LGO). This is the organisation that people who have made a complaint about a service can go to if they are

not satisfied with the outcome of the internal investigation. This information was immediately changed when we pointed this out to the registered manager.

One person commented, "If I had any concerns I'd go to the office and speak to the principal staff. They're very helpful and sort it out. It doesn't happen often." Another person said, "I've never needed to complain about anything."

A relative commented, "If I had a complaint I would go to reception and then the manager." Another relative told us, "They do take note if you raise issues."

There had been 10 complaints in the last 12 months. The registered manager had investigated all of these concerns and apologised to the complainant where required. We were informed that all complaints were discussed at the weekly meeting between senior managers and the directors of the organisation. Any potential learning from these complaints was explored at this meeting. We were given examples of how this learning had been put into practice. For example, there had been an issue with communicating hospital results to family members and staff had been reminded to record this information as well as inform people verbally.

## Is the service well-led?

### Our findings

Staff were positive about working at Springview and the support they received from the registered manager and senior staff. They told us the registered manager was supportive and encouraging. One staff member said, "[The registered manager] is approachable and always praises staff 100%."

People who used the service and their relatives were also very positive about the registered manager and the way she managed the service. One person told us, "You can talk to her." Another person commented, "You can talk to them anytime and they ask for feedback; what you think. Feedback is acted upon."

People who used the service and their relatives told us the registered manager asked how they were and if there was anything they needed or any suggestions for improvements. One person told us, "We do all get together for a chat and they ask us about things we would like; different food and planning parties."

There were regular team meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and they felt able to raise any concerns or suggestions. Staff gave us examples of where suggestions they made had been taken on board by the registered manager. This included making suggestions about increased staffing levels on one of the floors at the home.

The service had also carried out a staff survey and an action plan had been put in place to address any issues that needed improving. We spoke with the operations manager about developing an overall and continuous service improvement plan that could be linked to all of the quality assurance systems used at the service. They agreed to look into this as a potential quality assurance tool.

There was a yearly quality monitoring survey and regular residents' meetings so that people and their relatives could give their views about the service. One person told us, "About once a month they have a residents meeting. The chef comes and the housekeeper and the residents have their say." We saw that the results of the most recent survey were positive.

We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building that we saw were satisfactory.