

DTM Partnership

Springfield Cottage Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Springfield Cottage is a residential care home, providing accommodation and personal care for up to 26 older people. Accommodation is provided over two floors. At the time of the inspection there were 21 people at the service.

People's experience of using this service and what we found

Overall, progress had been made to develop the service. However, some matters needed further attention and action was ongoing to make improvements. There were some shortfalls with the provider's systems to monitor and review the quality of care people experienced. We have made a recommendation about further improving quality monitoring processes. Springfield Cottage had a welcoming, friendly and inclusive atmosphere. Management and leadership arrangements supported the effective day to day running of the service. People were consulted about their experiences and could make suggestions for improvements.

People were satisfied with the support they received with medicines. Progress had been to manage medicines safely, but we found some shortfalls. We have made a recommendation about medicines management. People told us they felt safe at the service. Improved processes for safe staff recruitment had been introduced. Improvements had been made with managing risks to individuals. Staff were aware of safeguarding and protection matters. They had received appropriate training and their conduct was supervised. Processes were in place to maintain a safe and hygienic environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service had not always supported this practice. We have made a recommendation to ensure continued best practice. People's needs and preferences were assessed before they moved to the service.

People were satisfied with the variety and quality of the meals provided at the service. The provider offered staff training, development and supervision. People were supported with their healthcare needs, medical appointments and general well-being. Furnishings and décor responded to people's needs and comfort, progress was ongoing.

People received personalised care and support, their needs and choices were reviewed and updated regularly. Progress could be made with supporting people to plan in advance, for their end of life needs. We have made a recommendation about end of life care. There were opportunities for people to engage in a wide range of activities. People were supported to have contact with families and friends. Processes were in place to support people with making complaints.

People said their privacy and dignity was respected. They made positive comments about the caring attitude of staff. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff were respectful of people's choices and opinions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 January 2019) There were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. We will ask the provider to let us know how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Springfield Cottage Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Springfield Cottage Residential Home is a 'care home'. 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with two visiting health care professionals, eleven members of staff including the registered manager, senior care workers, care workers, cleaner and the cook. We observed people receiving support and looked around the premises. We reviewed a range of records. This included three people's care records and several medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including audits and meetings were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and information to confirm progress.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection medicines had not always been safely managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made sufficient progress to manage medicines safely. Some matters needed further attention, for example, guidelines for medicines prescribed, 'when required' were not always personalised and unwanted medicines were not stored in a tamper proof container. Following the inspection, we received confirmation action had been taken to make improvements.
- Records were kept to show people received their medicines at the right time. People told us, "They bring my medication at the right time, they are quite regular with that" and "They make sure I get pain relief." Staff who administered medicines had completed the relevant training and their competence had been assessed.

We recommend the provider consider current guidance on managing medicines and take action to update their practice.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were provided with the appropriate equipment to ensure their mobility needs could be safely met. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Managers and staff assessed and managed risks to people's health, safety and wellbeing. Progress was evident in ensuring people had access to suitable equipment, to safely support their mobility. People had access to their own walking frames and wheelchairs.
- The provider provided a safe, secure, environment for people, visitors and staff. The premises and equipment appeared well maintained. Maintenance and safety checks on the fittings and equipment were ongoing.
- Staff completed and reviewed people's risk assessments, including risks relating to falls, mobility, nutrition and skin condition. The risk assessment process had not been fully developed to respond to new risks for example, people's behaviours and independence. Following the inspection, we received confirmation action had been taken to make improvements. We will monitor progress at our next inspection.

Staffing and recruitment

At our last inspection the recruitment processes were not sufficiently robust to protect people from the risk of unsuitable staff. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider followed recruitment procedures to ensure staff were suitable to provide safe care and support. Appropriate checks were completed and recorded. New staff worked probationary periods to monitor their conduct. Disciplinary procedures supported the management of unsafe and ineffective staff conduct.
- The registered manager assessed and monitored the staffing arrangements in response to people's needs. The electronic care planning system prompted individual safety and well-being checks. Staff told us they were kept busy but had some time to spend with people. We discussed with the registered manager, staff responsibilities and deployment in the lounge areas. We were assured this was kept under review.
- People and their relatives indicated staffing levels were satisfactory. They told us, "I have a call bell in my room and it's always answered promptly. They are very good!" and "I would say there's enough staff on duty, they can't do enough for you." A visitor said, "I would say there are enough staff on duty."

Systems and processes to safeguard people from the risk of abuse

- The provider had processes to protect people from abuse. Staff had completed training on adults at risk. They were aware of safeguarding procedures. One commented, "I would not let anything happen to a person in here."
- We observed people were relaxed in the company of staff and managers. People commented, "Oh yes I'm definitely safe in here" and "I like it in here, I feel very safe. They always check on you to see if you are alright." One visitor told us, "I think [relative] is safe in here. I've never seen anything that would concern me."

Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection. The areas we saw were clean and hygienic. People spoken with said they were satisfied with the cleanliness of the premises. They said, "I think the home is clean in all areas" and "They are always cleaning in here, it's a very clean place."
- Staff had access to personal protective equipment. One person explained, "They use gloves and aprons when carrying out personal care." Suitable cleaning equipment, including laundry facilities were provided.

Learning lessons when things go wrong

- The provider had systems to review incidents, make improvements and mitigate risks. Records of accidents and incidents supported a lessons learned response. Investigations were undertaken as necessary and outcomes appropriately shared. Ongoing monitoring and analysis helped to identify any patterns or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was generally working within the principles of the MCA. People's capacity had been assessed. Their capacity to make specific decisions about their care and support was reflected in their care plans. Action had not always been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice. However, the registered manager pursued this matter during the inspection.

We recommend the provider consider current guidance on the MCA and update their practice accordingly.

- Staff understood the importance of gaining consent, promoting people's rights and supporting their choices. One person told us, "They always ask for consent before they give personal care." Care records included signed consent agreements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had processes to assess people's needs, abilities and choices with their involvement. Where possible, people were encouraged to visit the service, prior to moving in. One person told us, "I believe the home meets all my needs. I had a good check before I moved in. I was shown around, they made me feel very welcome and helped me settle in."
- The provider used recognised evidence-based assessment tools, to monitor and review people's continuing health and well-being needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support to meet their healthcare needs. Care records included people's medical histories, healthcare needs and consultations. People said, "I can get to see a doctor easily enough. Same with the dentist and optician, and a chiropodist comes in" and "They are very good if you have an appointment, they will help you."
- Appropriate information was shared with other agencies, when people moved between services or attended healthcare appointments.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff offered people meals and drinks to encourage a balanced diet. People's specific nutritional and dietary needs were known and catered for. Staff monitored people's food and fluid input and provided support as needed.
- People were happy with the meals and catering arrangements. They said, "We have different things each day. It's good quality, tasty and healthy," "If you don't fancy something, they will get you something else" and "They bring drinks all the time tea or coffee and cordials throughout the day." The cook explained the menus had been recently revised, to offer further options at lunchtime.
- We observed lunchtime was a relaxed and organized occasion. Tables were suitably set and people appeared to enjoy their meals. One person said, "We are all friends and enjoy our mealtimes together."

Staff support: induction, training, skills and experience

- The provider arranged for staff to gain knowledge and skills, to deliver effective care. An induction programme provided new staff with initial training. Ongoing refresher training kept staff knowledgeable meeting people's needs. One person said, "The staff are well trained, they have all the skills. If something happens, they know what to do."
- Staff received supervision and support. They had opportunity to discuss their responsibilities, concerns and to develop their role. Staff had an annual appraisal of their performance and ongoing development.

Adapting service, design, decoration to meet people's needs

- The provider had ongoing arrangements to monitor and refurbish the premises to meet people's needs. Although there were no refurbishment plans available, the registered manager described the providers intentions to replace carpets and convert a bathroom to a wet room.
- We observed people were relaxed and comfortable in the service. There was a good standard of furnishings. People had been supported to personalise their bedrooms with their own belongings, such as family photographs and soft furnishings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and their diverse needs were respected. We observed staff were considerate, attentive and friendly when responding to people's needs. People said, "I do like the people that look after me, they are very kind and compassionate," "You are treated as an individual with respect at all times" and "On the whole the staff are very good, I like them."
- The service supported the principles of equality and diversity. People's protected characteristics, as defined by the Equalities Act 2010, such as culture, religion and belief were upheld. Staff knew people well and were aware of their needs. One staff member said, "People are individuals they have the own routines. We get to know people by spending time with them."

Supporting people to express their views and be involved in making decisions about their care

- The service supported people to make choices in their daily lives. Staff offered choices and encouraged people to make their own decisions. Staff said they had some time to talk with and listen to people. People said, "Staff are happy to listen to you and pass the time of day with you" and "You can talk to them and they listen."
- Some people were aware of their care plans. The registered manager said plans were in place to further progress people's involvement their care plans and ongoing reviews. Resident's meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and supported them to maintain their dignity. People could spend time alone in their rooms if they wished. Bedrooms were fitted with appropriate locks, we observed staff knocking on bathroom and bedroom doors. One person commented, "They always knock on the door before coming in."
- Staff supported independence and encouraged people to do things for themselves. We saw people doing what they could, for example during mealtimes and when moving around the home. One person told us they regularly went out independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. The registered manager said people's choices, in relation to their funeral plans were sought and recorded. However, people's specific wishes had not been fully explored with them and staff had not recently been offered training on end of life care.

We recommend the provider continues to develop their response to end of life care in line with current recognised guidance.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support in response to their needs and choices. Care records included details to respond to people's needs. Reviews had been carried out regularly and plans updated when people's needs changed.
- Staff had access to people's electronic care plans. Records were kept of people's well-being and the care and support provided to them. Regular 'hand over' meetings promoted the sharing of relevant information. A Relative told us, "They keep us well informed, they ring us up if there are any changes."
- People spoke positively about the support they received. They said, "They really look after you. They go the extra mile," "They continually ask if you are okay and if you are unwell they'll get a doctor," "If you want, they will take you outside" and "They are pretty flexible about getting up and going to bed times."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered activities to help promote people's intellectual and emotional wellbeing. People said, "They have a few activities in here, such as keep fit and a sing a long" "People come in every week, singers that sort of thing," "They've had coach trips to Blackpool," and "I can watch TV and I read. I'm happy enough."
- The registered manager and staff encouraged people to maintain positive relationships. Visiting times were flexible, people were supported to keep in contact with their family and friends. Relatives explained, "The staff are great, I think I know the names of all of them. They make you feel very welcome" and "You can visit whenever you want, they make you feel welcome." A staff 'keyworker system' aimed to provide a more personal service and develop beneficial relationships.

Improving care quality in response to complaints or concerns

- Managers and staff acted upon, people's concerns and complaints. Concerns had been investigated and

responded to, lessons were learned to help avoid similar issues.

- People were aware of the complaints procedure and had confidence in expressing any concerns. One person said, "I've never had to raise a concern or make a complaint, but I would know what to do if it was necessary."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had responded to the AIS. People's sensory and communication needs were assessed. Staff engaged with people using ways best suited to them. Some progress was needed in producing written information in a 'user friendly' style, for example the complaints procedure.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection there was a lack of robust systems to monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and registered manager had improved processes to monitor and develop the quality of care. Electronic systems were used to support ongoing checking and audits. These had been used to identify and action any issues. One person told us, "They have done quite a bit of decorating and put new doors on. I would definitely recommend this place." We found some shortfalls, for example with medicines management and risk management. Information was also lacking to clearly show the provider's oversight of the service.
- Discussion and records showed, there had been two recent incidents which had not been appropriately notified to CQC. Action had been taken to effectively manage the incidents, the registered manager explained the lack of notifying was an oversight. We received the notifications following the inspection.
- Policies and refresher training provided managers and staff with up to date learning, guidance and direction. Job descriptions and employment contracts outlined staff roles, responsibilities and duty of care. Following the inspection, the provider confirmed their intentions for ongoing progress in their business and development plan.

We recommend the provider continues to review, develop and embed their quality monitoring systems.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff created a welcoming and friendly ethos at Springfield Cottage. The management team provided leadership and direction for staff to provide person centred care. Staff told us they felt listened to and supported. One said, "Management is good. They are approachable and always about."
- All the people we talked with felt the service was managed well. Their comments included, "I would say this place is very well run, the manager is very approachable," "You always see the manager about the place, it's well managed" and "They [managers and staff] work well together and always look like they know what

they are doing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager consulted with people and monitored their experience of the service. Staff meetings were held; various work practice topics had been raised and discussed. Staff told us they could voice their opinions and make suggestions for improvement. An annual staff survey was used to gather employee feedback.
- The registered manager operated an 'open door policy' and was visible at the service. People confirmed they had regular contact with the registered manager. They said, "[The registered manager] speaks to everybody every morning" and "I get to speak to them quite often, they listen." Residents meetings were used as a forum to engage with people. Friends and relatives' surveys had been carried out.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty. The registered manager was proactive in their response to the inspection process. They described how they would analyse and learn from untoward events at the service.

Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included, chiropodists, safeguarding teams, social workers, local schools and community nurses.