

Barchester Healthcare Homes Limited

Springvale Court

Inspection report

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Date of inspection visit:
24 January 2019
28 January 2019

Date of publication:
25 March 2019

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

This inspection took place on 24 and 28 January 2019 and was unannounced. We last inspected the home in June 2018. We found the provider was not meeting the regulations relating to safe care and treatment, safeguarding people from abuse and improper treatment, good governance and staffing. This was because medicines administration was not safe; staffing levels were not suitable to enable staff to meet people's needs effectively; incidents and accidents were not fully investigated; some statutory notifications had also not been submitted to the CQC for reportable incidents; staff were not receiving regular supervisions and appraisals; the provider was not following the requirements of the Mental Capacity Act (MCA); risks were not managed safely; a communal stairwell was being used to store equipment and quality assurance systems were ineffective. We rated the home as overall 'Requires Improvement'.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question; is the service safe, to at least good.

During this inspection we noted that although improvements had been made, medicines management was still not safe.

Springvale Court 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 care home accommodates 40 people in one adapted building. There were 35 people living at the home when we inspected.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Medicines were not always managed safely for people and records had not been completed correctly. Arrangements were in place for recording the administration of oral medicines however some medicine stock did not balance with records. Further improvements were also needed in the records and guidance for topical preparations and medicines prescribed 'when required'.

We noted the provider was still using a communal stairwell to store unused items, some of which could be classed as combustible.

You can see what action we are taking at the back of the full version of this report.

People, relatives and staff gave us consistently positive feedback about the care provided at Springvale Court. Throughout our visits to the home, we observed lots of positive interactions between people and staff.

People, relatives and staff told us Springvale Court was a safe place. Staff knew how to recognise and report concerns relating to safety. Previous safeguarding concerns had been dealt with effectively. There were sufficient staff deployed to meet people needs in a timely way. The provider now operated safe recruitment practices. Incidents and accidents were monitored to check robust action had been taken and to identify trends. Health and safety checks and risk assessments were carried out to maintain a safe environment.

Staff received good support and had access to the training they required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to meet their nutritional and healthcare needs.

People's needs had been fully assessed to identify how they wanted their care provided. This included discussing any cultural, spiritual and end of life care needs people might have. The quality of care plans had improved so they now provided detailed and personalised information about the care people needed. People had plenty of opportunities to participate in activities. Previous complaints had been fully investigated and resolved.

People and relatives told us leadership and management of the home had improved significantly. There was a structured approach to quality assurance which was now more effective in identifying and addressing areas of concern. People and staff had good opportunities to provide feedback about the home.

The provider was continuing to make significant progress towards completing the actions contained within their 'home improvement plan.'

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.

Although progress had been to improve the safety of medicines management, the provider was continuing to breach the regulations.

Staffing levels were appropriate to meet people's needs in a timely way.

The provider was now following the provider's recruitment procedures.

Incidents and accidents were investigated, with appropriate referrals made to the local authority safeguarding team.

Health and safety checks, infection control audits and risk assessments were completed to maintain a clean and safe environment.

Is the service effective?

Good ●

The service was effective.

Staff were well supported and training was up to date.

The provider was complying with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to have enough to eat and drink in line with their individual needs.

Staff supported people to access health care services when needed and their recommendations were implemented.

Is the service caring?

Good ●

The service was caring.

People, relatives and staff said there were enough staff deployed.

There was a visible staff presence in the home, staff responded quickly when people needed assistance.

People were treated with dignity and respect and staff aimed to promote their independence.

Is the service responsive?

Good ●

The service was responsive.

The quality of care plans had been improved and they now provided detailed information about people's needs.

People could participate in a range of activities if they chose to.

Complaints were fully investigated and resolved in line with the provider's complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider was making good progress with the home improvement plan.

People, relatives and staff gave good feedback about leadership and management. Statutory notifications were being submitted on time.

The provider had a structured approach to quality assurance.

There were good opportunities for people and staff to give feedback about the home.

Springvale Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 28 January 2019 and was unannounced. One inspector, a pharmacist inspector and an expert-by-experience carried out the inspection on the first day. One inspector was present 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.

We reviewed all the information we held about the service, including notifications of significant changes or events. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs), as well as checking Companies House records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service and four relatives. We also spoke with the regional manager, the registered manager, the deputy manager, a senior care assistant, three care workers and the activity co-ordinator. We looked at a range of records which included the care records for four people, 10 people's medicines records, recruitment records for five care workers and other records relating to the management and safety of the service.

Is the service safe?

Our findings

When we last inspected Springvale Court we found the provider had breached the regulations relating to safe care and treatment, safeguarding people from abuse, good governance and staffing. In particular, medicines were not always administered safely; staffing levels insufficient to ensure people received the care they needed in a timely way, incidents and accidents that occurred in the home had not been adequately investigated and not always referred to the safeguarding authority; risks to people's safety were not managed effectively and a communal stairwell was being used to store potentially combustible equipment and furnishings.

Despite progress being made since our last inspection, medicines were still not always managed safely. We found residents had a photograph, as well as their GP details and their allergy status recorded which helped to keep them safe. However, the information to ensure people were given their medicines in a safe, consistent and appropriate way was not always clear. For two people the medicines administration records (MARs) listed that some of their medicines would be administered crushed however we could see no information to explain why this was being done. When we asked two members of staff how they would administer medicines to one of these people we were given different information.

Arrangements were in place for recording of oral medicines however medicine stock did not balance with records for four people we looked at. We found that whilst staff carried out regular checks of medicines records to make sure they were completed properly these checks had not always identified issues. The registered manager was not always notified when discrepancies were identified. These checks need to be effective, to help identify issues quickly and to learn and prevent the issues happening again. One staff signature was difficult to distinguish from a non-administration code.

We could not be sure people's creams and ointments were applied as prescribed. Where care staff applied creams as part of personal care the guidance on the frequency of application or where to apply was incomplete. Some records of application were not fully completed and it was not clear which creams had been applied.

For medicines prescribed to be given only when required, we found guidance to inform staff was missing or not person centred. In addition, we found staff did not always record the reason for giving the medicines or the outcome so it was not possible to tell whether medicines had had the desired effect.

These findings evidenced a continuing breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3).

We observed medicines being administered to people safely. For medicines that staff administered as a patch, a system was in place for recording the site of application. We looked at the current medicines administration record for one person prescribed a medicine that required regular blood tests. Arrangements were in place for the safe administration of this medicine.

Medicines kept at the home were stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medicines. This included daily checks on the temperature of the rooms and refrigerators where medicines were stored. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that an audit completed recently had identified some of the same issues and an action plan was in place to address the issues. After our inspection the home addressed the issues we highlighted and these need to be monitored to ensure they become embedded in practice.

Most people and relatives said there were enough staff on duty. They commented, "Well I think so they are all kept very busy" and "Yes enough staff in my opinion." However, some felt more staff would be beneficial. They said, "They could do with a couple more" and "As a family we visit here a lot a different times of the day and night. Night times are busy and they could do with more staff on a night time."

Staff told us staffing levels were sufficient to meet people's needs. They commented, "Staffing levels are great. Everything is fine" and "Staffing levels are much better. We have the right amount now. We can respond quickly."

The provider monitored staffing levels to check they were appropriate to meet people's needs, A specific tool was used for this purpose. This was now being completed regularly, such as when new people were admitted to the home. We observed there was a visible staff presence around the home with staff responding quickly when people needed help.

Recruitment was now safe. Staff were following the provider's agreed process for recruiting new staff. Pre-employment checks were carried to ensure new staff were suitable to work at the home. This included requesting references from previous employers and Disclosure and Barring Service checks (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The registered manager was pro-active in submitting referrals to the local safeguarding authority to keep people safe from harm. In addition, all concerns had been fully investigated and action taken to address any concerns. Staff fully understood their responsibilities in relation to safeguarding and whistle blowing and knew how to raise concerns if needed.

Accidents and incidents were now being fully investigated to help ensure people remained safe and lessons were learnt. Lessons learnt posters were displayed in the staff room informing staff of any changes in practice. Reflective practice sessions had also been held to raise awareness of important issues, such as improving medicines administration.

People and relatives said the home was safe. They told us, "Yes I do feel safe, the staff make sure we are all safe", "Yes, very safe and secure here" and "I feel very safe living here, it's lovely living here."

Staff also felt the home was safe. They said, "I am quite happy people are safe" and "They [people] are safe, they all have their needs met safely."

The provider continued to complete health and safety checks and risk assessments to maintain a safe environment. We also found the home continued to be clean and well maintained, with staff following good

infection control procedures. One relative commented, "The home is always clean and tidy and everything has its own place."

Is the service effective?

Our findings

When we last inspected Springvale Court we found the provider had breached the regulations relating to good governance and staffing. In particular, staff were not following the requirements of the Mental Capacity Act as authorisations to potentially deprive people of their liberty were not always in place and staff were not receiving regular supervision and appraisal.

Following this inspection, we concluded the provider was now meeting the requirements of the regulations.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS authorisations were now in place for all people requiring an authorisation. We also found the required MCA assessments and best interests decisions were in place where restrictions had been placed on people's liberty. Care plans had been updated so they accurately reflected the support people needed with making daily living choices and decisions.

Staff told us they now received good support. They commented, "I feel supported now" and "I am very supported. [Registered manager] has put me through for all the training I haven't been offered in the past." Plans had been developed to ensure staff had structured support through regular one to one supervisions and appraisals. Records confirmed staff had completed the training they needed for their respective roles. The provider monitored compliance with essential training to ensure this was kept up-to-date.

People's needs were fully assessed to determine the care they needed. This included considering any needs associated with religion, culture and lifestyle.

Staff supported people well to meet their nutritional needs. People gave positive feedback about the meals provided. They told us, "Oh lovely [the meals], I eat well", "Yes the meals are lovely. You get ample to eat and you can get seconds" and "It's like being in a five-star hotel." People's preferences and dietary requirements were catered for. People commented, "I have been asked if I want an alternative" and "The meals are lovely, I don't eat meat." Relatives told us, "There is a special menu for [family member due to a specific health condition]. They always have ample to eat here and the meals are lovely. [Family member's] friend comes sometimes and they can have lunch together. [Family member] has soft food" and "[Family member] was on

protein drinks as they were very underweight. Since coming here [family member] has put on weight and no longer needs the protein drinks, they are a different [person]."

We observed people experienced a pleasant lunchtime with staff providing support in line with their individual needs. Tables had been set in advance of people entering the dining room and background music was playing to help create a relaxing atmosphere. People were shown 'plated up' meals to choose from which meant that all people in the dining room chose the meal they wanted. Where people required specific equipment or practical support this was provided appropriately.

People were supported to access external health care services in line with their individual needs. Where professionals had advised staff or made recommendations these were incorporated into care plans to guide staff about the care people needed. People and relatives commented, "Staff would get a doctor", "Staff would get me medical attention" and "They are very good at getting medical help straight away for [family member] ... the manager always phones if they are getting the doctor out."

Is the service caring?

Our findings

When we last inspected Springvale Court we found the provider had breached the regulations relating to good governance. In particular, care records had not been completed to an acceptable standard and were not personalised.

Following this inspection, we concluded the provider was now meeting the requirements of the regulations.

Management were checking care records daily to ensure they were completed accurately. Care plans had been reviewed and now included information about people's individual care preferences. Life histories were in place or being developed which provided staff with important information about people's previous life and interests.

People and relatives gave positive feedback about the care provided at the home and the caring approach of the staff team. They commented, "They are very caring, they have a personal touch with everyone", "They are all lovely with everyone here. They look after everyone here" and "The staff are all lovely and look after everyone here as if they were their own family."

Positive relationships were apparent between people and staff. Staff had a good understanding of people's needs. People and relatives commented, "Staff are daft as a brush and make me laugh", "Staff interact with everyone" and "They know my [family member] inside out."

People were treated with dignity and respect. People told us, "Lovely staff, they know I like to be lovely dressed and clean and they make sure I am", "I like my nails done and they do them for me and make my hair nice", "They are very nice. They always talk through what they are doing regarding my care" and "Staff always knock on my door to ask if they can come in my room."

Staff supported people to be as independent as possible and aimed to provide personalised care. People said, "They give you independence but are always in the background if you need them" and "I like a little routine and they keep to it for me."

Relatives and independent advocates provided support for some people. They had been involved in supporting people with making important decisions and had been consulted on other matters as required.

Is the service responsive?

Our findings

When we last inspected Springvale Court we found the provider had breached the regulations relating to good governance. In particular, care plans lacked detail about how to care for people and some were not in place.

Following this inspection, we concluded the provider was now meeting the requirements of the regulations.

Following a review of people's care plans as agreed in the home improvement plan, the quality of care plans had improved significantly. Care plans were now detailed and personalised with step-by step guidance on how people wanted their care provided. Prompts were included to remind staff of people's preferences and how to promote their independence. Staff evaluated care plans each month. This included a discussion with the person and documenting their views. People had the opportunity, if they wanted, to discuss their future care wishes.

Relatives said the provider responded well to people's changing needs. Relatives said, "They are brilliant here with my [family member]. They always have the call button near. The other day my [family member] had a fall and the manager got a chair seat pad alarm on their chair, which I thought was very considerate and caring" and "Oh yes, they are really good with all of the residents here, they respond very quickly to my [family member]'s needs and ring me straight away".

People had good opportunities to participate in activities if they wanted to do so. People said, "They don't force me to do activities, I will do them if I want to and won't if I don't" and "If you want to join in activities you can but you are not forced to". The home had a designated activity co-ordinator who had recently been recruited and had improved the range of activities available to people. People and relatives said, "A singer came here, they were good", "Kids from school come in and sing, its lovely" and "They organised a trip to the dogs and they had a pie and peas supper, they enjoyed themselves." Activities were on-going whilst we were at the service.

People and relatives gave only positive feedback about the home. They told us they knew how to complain and would not hesitate to do so if needed. The provider had a structured approach in place should people want to complain. Previous complaints received had been fully investigated and action taken to address any issues.

Is the service well-led?

Our findings

When we last inspected Springvale Court, we noted items were stored in a communal stairwell posing a potential fire risk. During this inspection we found this continued to be the case, despite this also being raised by the fire service when they last inspected the home. As with our last inspection, all items had been removed before we left the home. However, we raised our concerns with the regional manager about this continual unsafe practice.

We recommend the provider reviews the availability of safe storage facilities within the home and takes immediate action to ensure unwanted items are stored or disposed of safely.

The other issues we identified relating to governance at the last inspection had been addressed. For example, reviewing the fire risk assessment to check the required actions had been taken and improving the systems for investigating incidents and accidents.

People, relatives and staff consistently gave us positive feedback about the current management and leadership arrangements in the home. They also described how much the home had improved. People and relatives commented, "You can see lots of improvements since the new manager has been appointed here. I was so impressed and wanted my [family member] here", "The new manager has turned this place around" and "Now the new manager is here, it's brilliant and everything gets sorted out quickly". Staff told us, "[Registered manager] is a good manager, fair. She is all for the residents, everything is spot-on" and "If you have problems you can go to her and not get turned away."

Since our last inspection the registered manager had been proactive in submitting statutory notifications when required.

The provider continued to operate a structured approach to quality assurance. For example, completing a range of internal and external checks on quality and safety issues. This included the regional manager completing audits every month. The home was still in 'lockdown' when we inspected. This is an internal process the provider might implement when a home requires additional support to drive through improvements. This support included daily management walk arounds of the home and daily checks of all records, such as food and fluid charts. The findings were then emailed to the regional director every day for further evaluation.

The provider made good progress with the 'home improvement plan', developed following our last inspection. They had also been pro-active in submitting updates to the CQC to enable us to monitor progress. When we inspected, work was still on-going to complete the actions in the plan. The provider was also working alongside local commissioners to improve the home and promote positive outcomes for people.

People and relatives had opportunities to give feedback. Monthly residents' meetings were held where people could share their views with a range of staff such as the head chef, head house keeper, senior care

staff and the registered manager. Recent minutes showed people and relatives were happy with the meals and cleanliness. Regular staff meetings were also held. Recent meetings were focussed on making improvements to care practice. The provider used a system called 'you said, we did' to cascade the action taken in response to suggestions. For example, reviewing the menu following people's meal suggestions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the safe management of medicines. Regulation 12(2)(g).