

Springfield Rest Home Limited

Springfield House

Inspection report

3-5 Ranelagh Road
Malvern
Worcestershire
WR14 1BQ

Tel: 01684574248

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23 February 2016
29 February 2016

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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

Springfield House is registered to provide care and accommodation to up to 18 people who need personal care. At the time of our inspection 15 people were living at the home.

The inspection took place on the 23 and 29 February 2016 and was unannounced. Two inspectors were involved in the inspection.

At the time of our inspection a manager was 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 carried out this inspection because we received information of concern and were also aware of incidents which had taken place at the home.

People we spoke with and their relatives felt people were kept safe however this was not always the case. People did not always receive their medicines safely and as prescribed and at times medicines were not available for staff to administer. Staff were not aware of whether healthcare professionals wished people to remain on a medicine and creams and gels were not always applied as prescribed.

Risks to people's safety were not always assessed and staff failed to recognise potential risks in the care and support people were receiving. Care plans were not always provided or reviewed to reflect the care people needed. This placed the health and welfare of people at risk.

Management systems were not always effective and did not always fully follow up on shortfalls identified as part of audits. Agencies such as the Care Quality Commission and the local authority were not always informed in a timely way about incidents which had an effect on people's health and welfare.

Staff were aware of the how to report signs of abuse as well as of other agencies who may be involved. Staff told us they received training and support to provide them with the skills to support people who lived at the home. Staff sought people's consent prior to providing care and support and ensured people's privacy and dignity was maintained.

People had a choice of food and drink they enjoyed available to them. People were provided with help and assistance as needed to maintain their independence while ensuring their dietary needs were met. People has access to healthcare professionals to maintain their well-being. People told us they felt listened to and were aware of the provider's complaints procedure.

You can see what action we have told the provider to take at the back of the full version of this report.

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 consistently safe.

People did not always receive their medicines as prescribed. Risk were not always assessed or taken into account to ensure people were safe. People told us they felt safe and they were supported by staff who had an awareness of how to protect people from the risk of abuse.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received training. Staff felt supported by the home's management. People were supported to make decisions in their best interest. People were confident healthcare professionals were contacted as needed and received regular drinks and food to maintain their well-being.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were caring and considerate. People's right to privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People who lived at the home and their relations felt listened to. They were able to raise concerns with the management. People were able to make choices as to how they spent the day.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider did not have adequate systems in place to ensure people's care was sufficiently managed. Actions needed following audits were not followed up and they had not

identified shortfalls found during the inspection. The Care Quality Commission and other agencies were not always informed of incidents within the home which affected people's welfare.

Springfield House

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 29 February 2016 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spoke with five people who lived at the home and with five relatives. We looked at how staff supported people throughout the time we were at the home. As part of our observations we used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing people who may not always be able to voice their opinions of the quality of the service provided.

We spoke with the registered manager and the registered provider. In addition we also spoke with five members of staff.

We looked at the records relating to four people who lived at the home as well as medicine records of five people. We also looked at quality audits, staff records and complaints.

Is the service safe?

Our findings

Although people who lived at the home told us they felt safe we found risks were not always identified and assessed before care and support was provided. Prior to our inspection we were made aware by both the registered provider and other people of recent incidents at the home whereby some people had come to harm following falls. During our inspection we became aware of additional incidents whereby people's safety had not been taken into account.

We found risks had not always been identified or taken into account by staff. For example we were informed of an incident which had taken place prior to our inspection. We were informed a person was for a period of time missing from the home. Staff were not aware the person had gone missing and therefore it was not known for how long they had been missing. Following the incident no record of the incident was made. The registered provider was not informed of the incident and no action was taken to prevent further occurrences. We found from discussions with staff sufficient attention such as ensuring the grounds were secure had not happened.

On another occasion a person was left alone in a bathroom despite having a care plan in place showing they needed to have a member of staff present. Leaving the person unsupervised left the person to risks such as slipping or falling. The person was later found to have sustained an injury following a fall.

Risk assessments were not always in place or were not always reviewed, amended and monitored to take into account incidents which had happened. For example one person was found on their bedroom floor on a number of occasions. As a result of one incident an injury was sustained. A sheet to monitor falls indicated no incidents had happened and no review to ensure the person's safety had taken place following the injury. These were needed to ensure strategies were in place to keep the person safe and risks had been considered with suitable action to reduce risk.

The registered manager and the provider acknowledged assessments were not undertaken prior the incidents identified and had as a result placed people who lived at the home at risk of injury. The provider had not been made aware of all the incidents we identified as part of our inspection. The registered manager acknowledged the shortfalls in risk assessments and undertook to take steps to improve systems for the future.

This is a breach of regulation 12 (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014, because the registered person had not ensured risks to people were mitigated

We saw a member of staff administer medicines to people. We saw the member of staff check the person concerned wanted a medicine which was prescribed as required. Medicines were stored appropriately to ensure they were kept safe. Suitable arrangements were in place for the return of medicines and to ensure medicines were held at safe temperatures.

We found that people had not always received their medicines as prescribed. When we reviewed the

arrangements for the administration of medicines we found these were not consistently in line with good practice and national guidance and increased the risk to people's safety. When reviewing the administration of medicines we looked at the Medicine Administration Record (MAR) sheets for five people to check they had received their medicines as prescribed. The records we saw were completed by the staff members who had undertaken training. All the MAR sheets we looked at highlighted errors in the correct administration of medicines or in the recorded made by staff members.

People did not always receive their medicines as prescribed by a healthcare professional. A member of staff had signed for an item to evidence it was administered when the medicine was not available within the home. A medicine prescribed to be taken once a week continued to not be available for one person for a period of three weeks. The registered manager told us they had ordered the medicine. They confirmed no further action was taken to make sure the prescribed medicine was available to administer. We found a person had run out of eye drops and therefore staff had recorded 'make available'. Staff had not requested an additional prescription once the supply had run out. A further person had a medicine prescribed three times per week. The records were signed on incorrect days and were therefore not an accurate record of when the person had received medicine. Although the registered manager contacted the supplying pharmacy as a result of our findings they were not aware of the shortfalls before we brought them to their attention. The registered manager undertook to look into what had gone wrong and why people had not had medicines available to them as prescribed.

This is a breach of regulation 12 (f) of the Health and Social Care Act (Regulated Activities) Regulations 2014, because the registered person had not ensured medicines were available for people as prescribed by a health care professional.

Some people were prescribed creams. We looked at records maintained by staff to demonstrate they had applied creams and saw they were frequently not completed. We saw a MAR sheet showed one person was prescribed a gel. We asked a member of staff whether they had applied this on the day of our inspection. The member of staff told us they had not done so because they forgot they needed to do it.

Although there was no evidence anyone had been harmed by these errors and procedural lapses, we discussed them with the registered manager who told us that, in the light of our findings, they would review medicines management procedures to ensure people received their medicines as prescribed.

People were seen to be at ease with staff members and did not indicate any signs of worry or hesitation. We saw people who lived at the home smile and wave to members of staff throughout the inspection. None of the people we spoke with told us of any concerns they had about their safety or any member of staff. When we spoke with relatives they told us they believed their family member to be safe and raised no concerns about the care provided in addition to the concerns we were already aware of. One relative told us, "I think [person's name] is definitely safe."

The registered manager was aware of their responsibility to inform the local authority of any allegations of abuse. Staff we spoke with were able to tell us the action they would take if they believed abuse to be taking place. Staff told us they would report any concerns they had regarding any abuse taking place in the home. They told us they would inform the registered manager if they believed abusive practices were taking place. One member of staff told us, "I haven't seen any bad care here and not heard of any". Another member of staff told us, "Not seen anything to raise a concern." Staff we spoke with were aware they could inform other agencies of any concerns they had such as the Care Quality Commission (CQC).

Relatives we spoke with told us they believed sufficient staff were on duty to meet people's needs. The

registered manager told us they had recently experienced staff shortages and they had moved staff on to different shifts to ensure all shifts were covered in order to meet people's needs. The registered manager was taking action to recruit staff and review the staffing arrangements.

Staff confirmed appropriate pre-employment checks took place before new staff were able to commence work at the home. These checks helped the registered manager make sure suitable people were employed.

Is the service effective?

Our findings

Relatives we spoke with told us staff had the experience to care for their family member. One relative told us they had seen staff support people who lived with dementia and believed staff must have received suitable training due to them having, "A great deal of understanding."

All the staff we spoke with told us they felt their induction when they first started work and on-going training and support to be good to assist them carry out their role. Staff told us they enjoyed the training they had received and felt the training had provided them with the knowledge and skills they needed to look after people. For example one member of staff told us they were aware of different types of equipment available to assist people with continence needs. A member of staff told us, "The training is good. I have attended so many since I came here". Another member of staff told us, "We are asked if there is any additional training we want to do."

We looked at how staff sought consent before they provided care and support for people. 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 interest and as least restrictive as possible.

We found from speaking with staff they understood the principles of the MCA. They told us they had received training in this area. Throughout our inspection we saw staff seek people's consent prior to them providing care and support to people. For example staff sought permission from people before assisting them to the toilet. Throughout the inspection we heard staff consult with people about their care needs and whether people wanted to participate in events. Staff were aware of the need to ensure people's best interests were in place and the need to involve others in these decisions.

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).

The registered manager had completed and submitted to the local authority DoL applications. The registered manager was aware of those when applications had been authorised by a local authority. The remaining applications had been submitted to the local authority a considerable time ago.

Four of the people we spoke with indicated they enjoyed the food provided. One person told us they liked plain food and confirmed staff were aware of their likes and dislikes. As a result they received the food they wanted to eat. Another person told us, "I enjoy what I eat." One person told us that the food was not always good as at times it, "Lacks flavour and difficult to eat". A relative we spoke with told us they had seen the meals. They told us meals were, "Well presented and look balanced" to ensure people received a healthy diet.

During our inspection we saw staff offer people a choice of food. Where people needed assistance with eating this was provided discreetly. People were asked whether they wanted additional food. One person requested food which was not on the menu. The request was acknowledged and the item was provided. Cold drinks were readily available as were snacks for people to help themselves to. Staff were seen to offer and make people hot drinks regularly and as and when people requested a drink. We saw staff supported people to drink sufficient amounts by providing them with encouragement and gently prompting where this was needed. We spoke with the cook and found they had knowledge about people's dietary needs and how these were to be met.

Staff demonstrated an understanding of their responsibility in noticing any deterioration in people's healthcare needs. For example staff told us they would monitor people's condition and take note of any symptoms such as whether people were eating and drinking sufficiently and any other changes. Staff said they would contact the person's doctor as needed or if seriously concerned they would contact emergency services. One relative told us staff were aware of a healthcare need their family member had experienced and staff had responded to this. The same relative told us staff had, "Handled well" another situation and were pleased how staff had liaised with healthcare professionals to ensure their family members needs were met. Another relative confirmed to us staff had contacted a doctor when their family member had been unwell. A further relative described the response to healthcare needs as, "Very good."

We spoke with two healthcare professionals. Both told us they had no concerns on how people's healthcare was managed. They confirmed advice was regularly sought if staff had concerns about people's health and welfare.

Is the service caring?

Our findings

During our inspection we saw examples of staff working in a kind and caring way with people who lived at the home. People we spoke with as well as relatives were complimentary about the staff. One person told us, "Staff speak to me nicely and do their best". Another person told us they found the staff to be very helpful and knew what they liked. A further person told us, "The staff are very friendly."

We were aware of some recent concerns raised with the provider about the care and support people had received. The relatives we spoke with were complimentary about the staff at the home and the care their family member received. One relative told us their main like of the home was the, "Friendliness of the staff." The same relative told us they had heard staff in the background when on the telephone and felt there was, "No pretence with the staff." They continued, "I have seen the way they (staff) relate to people with kindness and compassion." Another relative told us, "The care is marvellous" and "The staff are very nice." A further relative told us, "Relationships are good" between people who live at the home and the staff team. The same relative also told us, "The staff are very good. I have no complaints about the staff."

When staff provided care and support for people who live at the home we saw they were considerate and friendly. For example when one person was tearful staff responded well and spent time to offer reassurance until the person felt happier. We saw staff provided support in a kind and calm way. Staff made sure they were at the same height as people they were speaking with to maintain eye contact.

People were involved in aspects of their care. For example people were able to choose where they wanted to sit in the dining room to have their meal. Staff offered each person a choice such as whether they wanted to be by a window or by a radiator. Staff promoted people's independence where possible. For example when staff needed to assist people with eating and drink we saw staff encourage people to eat their meal with minimal assistance such as cutting food up where that was needed.

Relatives we spoke with told us they felt welcome when they visited and felt involved in their family members care and support.

Staff were able to tell us about how they supported people so their privacy and dignity was promoted. Staff told us about the importance of being discrete if people needed personal care. We saw examples of this practice during our inspection. For example we saw one member of staff speak discretely with one person who needed to go to the toilet. This was to ensure other people who were in the room were not aware of the request. On another occasion we heard a member of staff speak in a gentle and caring way when a person was making their way to the toilet. The member of staff assured the person they would wait outside the toilet until they needed some assistance. Throughout the inspection we saw staff close toilet doors when they were assisting people with their personal care needs. Doors were closed to provide people who were in their own room privacy and dignity. We saw staff knocked on bedroom doors and awaited for a response before they entered the person's room.

Is the service responsive?

Our findings

One person who lived at the home told us they were aware of their care plan and staff had spoken with them about it. Relatives we spoke with told us they were involved in their family members care plans when appropriate. One relative told us, "I always get an invite to review the care plan."

Staff we spoke with told us they involved relatives in the care of their family member as much as possible. We found staff had an awareness of people's likes and dislikes and had involved relatives in preparing a history for their family member to assist staff get to know what was important to each individual who lived at the home.

Staff were able to give examples of how people who lived at the home were able to make choices about the care they received. For example staff told us they offered people choices in areas such as their clothing, the time they went to bed and got up again. One person told us, "You can get up any time you like." The same person told us they liked the fact they could get up when they wanted and confirmed staff were flexible when providing care and support. Another person told us they liked having a choice as to where they ate as they preferred to eat alone rather than in company.

People were able to participate in interests and activities. People were seen to be engaged in one to one activities with staff members. During the inspection we saw people take part in group activities such as a game of bingo. Other people were seen listening to music, watching television or dancing with members of staff. We saw one person tapping their feet to the music and told us they were enjoying listening to it. People who danced with staff were seen to be smiling at staff members and laughing. We saw items were readily available for people such as art items, jigsaw puzzles and word searches. These items were used during the day by people. We saw staff assisted people where needed or joining in discussions while they were engaged with these items. People told us about rabbits which were brought into the home so they were able to hold and stroke these. People told us they enjoyed this experience. We saw people took part in household activities and relatives we spoke with confirmed their family member had engaged in activities such as washing up, making drinks and folding washing.

One relative told us their family member was at times reluctant to engage in activities but had told them about things they had done such as listen to music, read and take part in quizzes. Another relative told us their family member, "Seems to do quite a lot" when they told us about activities within the home.

The registered manager told us they sent questionnaires to two relatives each month. We saw the returned questionnaires from relatives were positive in all areas. Comments about the quality of care included 'excellent' and 'very good'.

People who lived at the home told us they had no concerns about the care they received. They told us they would speak with the registered manager if they were worried about the care provided. One person told us, "I could speak if I had any concern." One person told us they did not always like the food provided. We saw staff offer this person alternatives to the menu displayed.

All the relatives we spoke with were confident they could raise any concerns and they would be dealt with. One relative told us they were confident the registered manager would respond to any concerns they had and issues would be, "Resolved to their satisfaction". Another relative told us, "I am sure they would listen to me" in the event of having a complaint about the service provided. A further relative told us, "I have no complaints."

The provider's complaints procedure was on display in the home for people to read. The provider had received a complaint covering elements of the care provided to one person who lived at the home. At the time of our inspection the provider was carrying out investigations regarding issues raised regarding the care and support provided for people so they were able to respond to the people concerned.

Is the service well-led?

Our findings

We found management systems within the home were not effective to enable safe care. We found there was a lack of knowledge and clarity in relation to certain incidents which had occurred in the home involving people's safety and well-being. In addition although the provider was in regular contact with the registered manager we found they were not always made aware of incidents which had taken place within the home. The registered manager had not always informed people's relatives of events which affected their family members care and support. Where events had taken place and family members were informed an apology was not always offered. These events had not become evident as part of the provider's monitoring of the service provided or as part of the systems in place during which the registered manager discussed events which had taken place. The registered manager had not always informed the Care Quality Commission (CQC) and other agencies such as the local authority of incidents which had taken place at the home.

We saw audits were carried out on behalf of the provider. These were carried out as a way of monitoring the quality of the service provided to people who lived at the home. The audits had identified areas where improvement was required and action needed. The registered manager believed action had been taken in these areas however this was not always able to be demonstrated and no record of the action taken was available. Audits and management systems had not identified shortfalls we became aware of as part of our inspection. For example systems had not identified errors with the management of medicines whereby people had not received their medicines as prescribed due to them not being available for staff to administer. The registered manager was not aware of occasions when people had not received their medicines as systems to bring this to their attention were not effective.

Management systems to ensure care plans and risk assessments were up dated to reflect changes in people's care needs or reviewed to confirm needs remained the same were not always in place. For example one person had experienced a series of falls. There was no evidence management had carried out any re-evaluation of the person's risk of falling. There was also no evidence that the registered manager had considered any additional measures to prevent the risk of further falls. Where risk assessments were reviewed these were incorrect and stated 'no falls' when the person had fallen making the assessments ineffective and incorrect.

Systems to ensure people's needs were assessed prior to admission into the home were not in place. Assessments to ensure people's needs had not changed between short stays at the home had not happened. As a result it could not be demonstrated that the person's care and support needs could be continually met at the home.

Although shortfalls were identified regarding the management and good governance of the home relatives we spoke with were complementary about the registered manager and the provider. One relative described the provider as, "Sincere". Another relative told us they had met the provider when they attended a meeting and had liked him. A further relative told us, "Management works well" and "Well run and clear who the seniors are." We spoke with the registered manager about some of the people who lived at the home. We found they knew people well and had a good awareness of people's needs. We saw both the registered

manager and the provider related well with people who lived at the home however they were not always aware of incidents which had occurred affecting their care and welfare.

Staff told us they were able to speak with the registered manager and the provider and that they were both accessible. Staff told us they were confident they could raise any concerns they had with the registered manager and the provider. One member of staff told us the registered manager was always available to staff and operated an open door policy and added, "Takes time out for you. The best manager I have known." A member of staff told us they saw the provider regularly and told us he is, "Friendly, approachable and will listen to you". Another member of staff told us the provider "Cares a lot about the residents."

Staff told us they liked working at the home. One member of staff told us, "It's like a large family. Everyone is really friendly, supportive and we work together as a team." Staff confirmed they felt supported and received regular meetings with the registered manager or senior member of staff. Staff confirmed regular staff meetings took place and they told us they felt supported by the registered manager as a result of these meetings. Staff confirmed they were able to raise any matters they wanted to as part of the meetings and that these were discussed by the staff team. Staff were confident the provider and registered manager would listen to the areas and take them on board.

The provider was able to tell us of plans they had for the home. For example they told us of plans to construct a 'music room' therefore enabling people to be able to relax and listen to music without distractions such as the television. The provider told us of their plans to provide technology for people living at the home to enable them to speak with family members

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not ensured the risks to people were mitigated.</p> <p>The registered provider had not ensured medicines were available for people as prescribed by a health care professional.</p>