

# Four Seasons Health Care (England) Limited Springfield Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Springfield care home is registered to provide rehabilitation, personal and nursing care to up to 69 people including those with dementia and mental health needs. The home has self-contained units on four floors that accommodate people according to their needs.

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

People gave us consistently positive feedback about what it was like in the home and told us that staff treated them as if they were a family member. People told us staff always respected their dignity and privacy and that they had control over the support they received. We saw that staff were kind and caring towards people. Staff expressed a commitment to ensuring people received high-quality care. Staff worked in close partnership with other professionals to help people achieve their rehabilitation goals.

Staff knew how to protect people from abuse. People told us they felt safe in the home and there were enough staff to support them. The registered manager acted to ensure lessons were learned if things went wrong. Medicines were generally safely managed. The registered manager had an action plan in place regarding medicines errors which they had identified during their regular audits prior to the inspection.

Staff completed training to help them deliver effective care. The provider had processes to support the career development of staff. Staff received supervision and appraisal during which they were able to discuss their development. They also attended regular staff meetings where they were invited to put forward ideas and suggestions for improving the service.

The provider had refurbished some areas of the home since the last inspection. The registered manager had plans in place to further improve the environment on the unit for people living with dementia.

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 supported this practice.

The provider employed an activity coordinator. They encouraged and supported people to be involved in a range of activities. The registered manager told us they would review how people admitted for rehabilitation could be enabled to undertake more activities of daily living while in the home.

People had opportunities to provide feedback on the care they received. The provider had effective systems in place to monitor the quality and safety of the service. People were positive about the way the service was run.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 3 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Springfield Care 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 team on the first day consisted of two inspectors, a specialist advisor in nursing care for people with dementia 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. The second day of the inspection was carried out by one inspector.

Springfield Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced. The provider was aware we would be returning on the second day.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and three visiting relatives about their experience of the care provided. We spoke with twelve members of staff including the managing director responsible for the home, the registered manager, the clinical lead nurse, two registered nurses, one care home assistant practitioner (CHAP), one occupational therapist, one senior care worker, two care workers, the activity coordinator and the cook. We also spoke with three professionals who visited the home on a regular basis.

We completed checks of the premises and observed how staff cared for and supported people. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, policies and procedures.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People told us they felt safe in the home. Comments made to us included, "I feel safe as there are very good staff to look after me. I know I could speak to any of them if I didn't feel safe There are always enough staff around", "I have not witnessed any bullying and I have felt that all the staff are lovely" and "I am safe due to the number of staff looking after everyone and also everyone gets on very well. I could speak to any of the staff if I had any concerns."
- Staff had completed training in safeguarding adults. They were aware of the signs of abuse and how to report any concerns. They were confident the management team would listen to them and take the required action to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- The provider and registered manager had established effective systems to protect people from avoidable harm. Staff completed assessments to identify risks to people's health and safety such as their risk of falls or risk of choking. These risk assessments were regularly reviewed by staff to ensure they were up to date and reflective of people's current needs.
- Staff completed an emergency evacuation plan for each person on their admission to the home. This described the support they would need in the event of a fire or other emergency evacuation of the building.
- Staff completed checks to help ensure the safety of equipment used. Staff supported people to mobilise safely whilst encouraging their independence as appropriate.
- The maintenance person completed regular checks of equipment and the premises to help ensure the safety of everyone in the home.

Staffing and recruitment

- Staff had been safely recruited. The provider had completed all required pre-employment checks to help ensure staff were suitable to work with vulnerable adults.
- The registered manager used a staffing and dependency tool for guidance on the number of staff required. Staff rotas showed planned staffing levels were being achieved.
- People told us there were enough staff to meet their needs. We observed call bells were answered in a timely manner.

Using medicines safely

- Medicines were generally safely managed. The registered manager told us their own audits had identified some errors in the administration of medicines on two floors in the home. They had taken action to ensure improvements were made and were continuing to closely monitor the situation. We noted two minor errors

during our review of people's medicines administration records. The registered manager took immediate action to review how these errors had occurred and to reduce the risk of them happening again.

- Staff responsible for administering medicines completed training for this task and their competence was checked regularly. One staff member told us how they had recognised that an antibiotic prescribed for a person might contain strawberries, to which the person was allergic. Their prompt action had prevented the person from experiencing a potentially serious allergic reaction.
- Staff assessed whether people were safe to manage their own medicines over a five-day period after they were admitted to the home. One person told us they were surprised staff had taken five to decide if she could take her medicines independently, especially as they had been doing so at home. The registered manager told us they would review the process of assessment for self-administration to see if this could be safely accelerated for some people to help them maintain their independence.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. One person told us, "Sometimes they clean my room twice a day. The communal washroom is kept very clean too for everyone to use. The staff always wear aprons and gloves when dealing with my personal needs and when they are serving food, so I don't feel at risk of infection."
- Housekeeping staff were visible throughout the inspection. They followed schedules to ensure all areas of the home were systematically cleaned.

#### Learning lessons when things go wrong

- The provider had systems to share learning when things went wrong. The registered manager used staff meetings and supervision sessions to discuss learning from accidents or incidents. They told us how they had changed their processes to ensure staff always completed neuro-observations whenever a person suffered a bang to the head as a result of a fall. This learning had been shared both in the home and with other services owned by the provider.

# 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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had systems to ensure people received care which met their individual needs. Senior staff completed a comprehensive assessment prior to a person's admission to ensure the service was appropriate for their needs.
- Staff delivered care based on people's stated preferences and the goals they wished to achieve. One person told us, "I believe at the moment a care plan is being developed. One of the staff visited [name of relative] at home to assess her needs before she came in here."
- The provider had developed a framework to support the delivery of intermediate care based on best practice guidance. This is a process by which people recovering from illness or injury are offered an alternative to an extended stay in hospital, supported by staff with specialist skills and training. Staff used technology as part of the framework to track people's rehabilitation progress.

Staff support: induction, training, skills and experience

- The provider ensured staff received the training and support necessary for them to deliver effective care and support to people in the home. The provider's records showed a high compliance of staff with required training.
- People told us they considered staff were very well trained. Comments people made included, "The staff appear to be very well trained in dementia. They get to know all the individuals and how to deal with all their different needs" and "I have been in a lot of care homes and this one meets [name of relative's] needs perfectly. Staff seem to be able to deal with her needs very effectively and appear very well qualified to look after her."
- Staff told us, and records confirmed they had received a comprehensive induction when they started work. This helped to prepare them for their role in the home.
- Staff told us, and records confirmed they received regular supervision on a one to one or group basis and had an annual appraisal. Staff found these meetings constructive and said they were encouraged to further develop their knowledge and skills. The provider had a process to support staff to become care home advanced practitioners (CHAPs). Staff in this role take on a higher level of responsibility to support registered nurses in meeting people's needs.

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

- The provider had systems to monitor people's nutritional needs and contacted relevant professionals when concerns were identified. They had outsourced the catering arrangements to an external company. However, we found catering staff still had a good understanding of people's likes, dislikes and nutritional needs. They told us how they cooked food individually for one person who preferred to purchase their own

ingredients.

- People told us the quality of food was generally good. Comments made included, "The food is very good I just wish at times it was served a little hotter than we get it. I get plenty of snack and drinks throughout the day. Every day we are asked what we would like to eat for the forthcoming day and there is always a choice" and "The food is alright and there is a good choice. They tell me what I can choose from in advance of the next meal. There is plenty to eat and drink."

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

- The provider had systems to assess and monitor people's health care needs. Staff worked with a range of professionals and agencies to help ensure people received timely and effective care. During the inspection, we noted staff responded quickly to a change in a person's condition and arranged for an assessment by an emergency paramedic.
- Weekly multi-disciplinary team meetings, involving external professionals, were held on the rehabilitation units to review people's progress and likely support needs on discharge.
- Staff told us they followed care plans which were developed by occupational therapists and physiotherapists. A GP was available seven days a week to visit the home and review people's medical needs.

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

- The provider had carried out refurbishments in the home since the last inspection. The registered manager told us there was a plan in place to further improve the unit for people living with dementia, taking into account best practice guidance.
- People were able to personalise their bedrooms.

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 provider had systems to ensure staff gained consent from people before they provided care and support. People told us they could say how they wished to be cared for. One person commented, "I have a very easy relationship with the carers it is just like being with family. They let me make my own choices."
- Staff had a good understanding of the principles of the MCA and gave us examples of how they supported people to make their own decisions.
- When people could not make a decision, staff completed a mental capacity assessment and the best interest decision making process was followed and documented.
- The registered manager had completed DoLS applications when required. They kept a record of any conditions which had been applied to any authorised DoLS applications to ensure these were being met.

# 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

- The provider had policies and training to ensure staff understood their responsibility to respect people's diverse needs and human rights. Staff ensured people's diverse needs were documented in their care records; this included their needs in relation to sexuality as well as spiritual and cultural needs.
- People told us staff treated them well and were always kind and caring. Comments made included, "The carers are very kind and caring. They chat with [name of relative] whenever they can. They have a joke with him too" and "You don't feel that it is staff and residents. It just feels like being with family here, all getting to know each other very naturally."
- We noted one staff member had been the regional winner in the dementia care champion at the Four Seasons annual care awards ceremony. This was in recognition of their role in ensuring people living with dementia received high quality, compassionate care.

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

- People told us they were involved in making decisions about the care they received, although they were not always aware of a care plan. For those people who were admitted for rehabilitation, we saw they were consulted about the support they wanted to receive on discharge. One person told us, "I don't know if I have a care plan in this home, but one is being put together for when I leave and go home. Whilst I have been here, I have been able to say how I want to be cared for. If I have wished not to shower and told them they have followed my wishes. I have made all my own choices and they are encouraging me to be independent preparing me for going home."
- When necessary, the registered manager sought external professional help to support decision-making for people, including the use of advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy. Comments people made to us included, "They [staff] let her make her own choices as she can get up and go to bed when she wishes and they also respect her privacy and dignity", "My dignity has been respected as when I came, I requested that I did not have male carers supporting my personal needs. The home has carried out my wishes. They also respect my dignity by shutting the bathroom door if I am washing or using the toilet. They will stand outside and just be there in case I need help" and "The staff are lovely I have no complaints. I will miss the staff when I go home. They are very respectful and they can't do enough. They will sit and chat with me and listen to me. When I am in

the shower, they support me to make sure I do not fall."

- Although everyone we spoke with told us staff supported them to be independent, we discussed with the registered manager whether more could be done to enable people admitted for rehabilitation to carry out tasks of daily living such as cooking and doing their laundry. The registered manager told us they would arrange a meeting with the occupational therapists who supported the home to discuss how the service could be further developed. This would help maintain people's skills and promote their independence.
- People's personal information was stored confidentially. The registered manager had taken the necessary action to ensure the service was compliant with data protection regulations.

# 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.

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

- Staff had a good understanding of people's individual needs and preferences. Care plans contained a good level of detail about how people wanted their care to be provided.
- Staff helped people to complete a 'My choices' booklet to record information about their family and personal background as well as the activities they enjoyed.
- The service used a range of technology to improve the care and support people received. Staff used hand held computer tablets to document risk assessments, track people's progress and to gather regular feedback from people.
- Staff attended a handover at the start of every shift to inform them of any changes to people's condition. They were also provided with a copy of the handover document which summarised people's needs.

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 provider included information about AIS in the guide which people received on admission to the home. They told us they were able to provide people with information in a range of formats to meet their needs.
- Staff assessed people's communication needs as part of the care planning process. One person told us, "Staff spend time with me and because I can't hear very well, they will write things down on a whiteboard they have given me."

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 provider employed an activity coordinator who worked across all four units. They encouraged people to be involved in activities such as arts and crafts, quizzes, listening to music and trips out. There was also an entertainer who visited the home every fortnight. On the first day of the inspection, we noted the activity coordinator supported and encouraged people to colour flags in preparation for an 'Independence Day' celebration which was due to take place in the home the following day.
- People could tell us what activities were planned for the day. The activity coordinator told us people were supported to access activities on any floor in the home to meet their individual needs and interests. Comments people made included, "There are activities provided and I have been asked if I would like to go to them" and "There are activities, but I would rather do my own thing."

- The registered manager told us they recognised that activities could be further improved and had a planned meeting with the activity coordinator to ensure a six weekly planner was in place.

#### Improving care quality in response to complaints or concerns

- The provider had a system to record and respond to complaints. Information about the complaints procedure was on display in the entrance to the home and in the guide given to people on admission. There had been one minor complaint received in 2019 regarding a catering issue. This had been promptly responded to by the registered manager.
- People told us they had no complaints about the care they received. Comments made included, "I am very happy here and have no complaints", "I have not had to complain about anything as I am happy here" and "I have not had anything to complain about, but I know I could speak to the nurse in charge if I wanted to."

#### End of life care and support

- The provider had policies and procedures in place to enable staff to provide compassionate end of life care. Staff had completed training in how to care for people at the end of their life. The registered manager told us people were regularly asked about the care they would want to receive at the end of their life.
- Some people had Do Not Attempt Cardiopulmonary Resuscitation Orders (DNACPR) decisions in their care records which had been discussed with them or their relatives as appropriate. It was clear from people's records that, if resuscitation would not be offered, they would continue to receive all other appropriate care and treatment.
- We discussed with the registered manager the need to document people's wishes in the event of a sudden collapse. This might include whether they were on the organ donation register or had made an Advance Statement or Advance Decision regarding future medical treatment. The registered manager told us they would immediately amend their pre-admission assessment document to include this information.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive culture that was open and inclusive and aimed at supporting people to achieve the best outcomes possible. The registered manager told us they operated an open-door policy, which meant they encouraged immediate feedback from people who lived in the home and staff.
- Staff demonstrated a commitment to providing high -quality, person-centred care. They told us they would be confident for a relative to live in the home.
- Staff told us they enjoyed working in the home and felt they were treated fairly by the registered manager and colleagues. They told us the culture had improved since the appointment of the new manager and that they felt listened to and supported. One person told us, "[Name of registered manager] is amazing, I had no experience of management before, but she gives me good guidance and if there's anything I don't know or feel I need support with she helps me."

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 had a policy which covered their responsibility under the duty of candour to be honest with people if things went wrong. The registered manager told us it was important to them that they were open with people if things went wrong and that lessons were learned from any mistakes made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had robust and effective systems in place to monitor the quality and safety of the service. The management team completed a full range of monthly quality audits. We saw that actions were identified and addressed to bring about improvements. Audit results were monitored by the provider. Representatives of the provider visited regularly to provide support and undertake their own quality monitoring.
- The management team understood their responsibility to report specific incidents to CQC.

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

- People were encouraged to contribute their views about the service both informally and through the provider's satisfaction surveys. We found high levels of satisfaction in the survey responses we reviewed.
- The registered manager held regular resident and relatives' meetings to discuss plans for the service. A

newsletter was also sent to people to inform them of upcoming events and any changes in the home.

#### Continuous learning and improving care

- The registered manager demonstrated a clear commitment to service improvement. They took immediate action to address the minor issues we identified during the inspection. They were also working on an action plan based on the results of quality audits they and other managers had completed.
- The registered manager was aware of best practice guidance, including the recently published CQC report regarding oral health in care homes. They had already arranged to discuss the findings of this report at the next staff meeting to determine what improvements could be made in the home.

#### Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs.
- Relatives told us staff were good at working with them to ensure their family members received high quality care.