

Springfield House (Oaken) (2001) Limited

# Springfield House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

We inspected this service on 11 July 2017 and it was an unannounced inspection. Our last inspection took place in July 2016 and we found that some improvements were needed. We found there were not enough staff available to offer support and risks to people were not managed in a safe way. We also found people were not always treated in a dignified way and they did not always receive care in their preferred way. At this inspection we found some improvements had been made, however further improvements were needed.

The service was registered to provide accommodation, personal care and nursing care for up to 36 people. At the time of the inspection 24 people were using the service.

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

We could not be assured people always received their medicines as prescribed, as we found medicines in previous blister packs. The deployment of staff meant that some people had to wait longer than necessary for support.

People felt safe and knew how to recognise and report potential abuse. There were enough staff available to support people in a timely manner. Risks to individuals were assessed and managed in a safe way. Medicines were managed to ensure people were safe from the risks associated to them.

Staff received induction and training that helped them offer support to people. Staff knew people well including their likes and dislikes. People enjoyed the food available and were offered a choice. When needed people received support from health professionals. When people lacked capacity to make decisions for themselves, capacity assessments had been completed and decisions made in the person's best interest.

People were supported in a caring way by staff they liked. People's privacy and dignity was upheld. People were encouraged to be independent and make choices how to spend their day. Relatives felt updated by the home and people felt involved with their care. People were given the opportunity to participate in activities they enjoyed.

Staff felt listened to and had the opportunity to raise concerns. The registered manager understood their responsibilities around registration with us and notified us of significant events that occurred within the home. There were systems in place to drive improvements within the service. People and relatives had the opportunity to raise concerns and suggested improvements, we saw these were considered.

## 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 not always safe. Medicines were not always administered as prescribed. The deployment of staff within the home meant some people had to wait longer than necessary. There were enough staff available to offer support to people. Risks to people were managed in a safe way. Staff understood how to protect people from potential harm. There were effective system in place to store medicines.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received training and an induction that helped them support people. Capacity assessments had been completed and decisions made in peoples best interests when needed. People enjoyed the food and were offered a choice. When needed people had access to healthcare professionals.

**Good** ●

### Is the service caring?

The service was caring. People were happy with the care they receive. People were encouraged to remain independent and make choices. People's privacy and dignity was maintained. They were encouraged to maintain relationships that were important to them.

**Good** ●

### Is the service responsive?

The service was responsive. Staff knew people well including their needs and preferences. People were involved with reviewing their care and families felt updated. People were given the opportunity to participate in activities they enjoy. People's cultural needs were considered. When complaints had been made the provider responded to them in line with their policies.

**Good** ●

### Is the service well-led?

The service was well led. Staff had the opportunity to raise concerns and felt listened to. When improvements within the home were needed the relevant action was taken. There was a registered manager in place and they understood their responsibility around registration with us.

**Good** ●

# Springfield House Nursing Home

## **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 visit took place on the 11 July 2017 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with eight people who used the service, four relatives or visitors, four care staff and three nurses. We also spoke with the registered manager, the home manager, the deputy manager and the service manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

At our last comprehensive inspection, we found that risks to people had not been fully considered. We also found that there were not enough staff and people had to wait for support. This was a breach of Regulation 12 and 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection we found some improvements had been made but further improvements were needed.

We identified that some medicines were still in the blister pack and had not been administered. We were told by the deputy manager that these medicines had not been identified; furthermore the audits that had been completed by the provider had not identified these concerns. The registered manager told us they would review medicines to ensure this did not reoccur. This meant we could not be sure people had always received their medicines as prescribed.

The deployment of staff around the home meant some people would have to wait longer than others in a morning for support. For example, staff were split in pairs and allocated people to support. On the morning of inspection we saw one set of staff had finished offering support to people where as another set of staff still had three people to assist. The staff that had finished did not offer support to the other staff meaning that people were still waiting. People did not raise any concerns about how long they had to wait. We spoke with the registered manager about this who told us they would revisit this to ensure staff were consistently deployed within the home.

There were enough staff available for people living at Springfield house. One person said, "Oh yes there are always plenty around in my opinion". Another person told us, "Yes I think so. I have never had an issue over that and waiting ages for them to come". A relative told us, "There always appears to be enough about when I come and visit". A staff member said, "It's much better now, some days it's better than others but on a whole it's a positive improvement". We saw that there were staff available for people when needed and they did not have to wait for support. We spoke with the home manager who told us that since the last inspection staffing levels had increased by one member of care staff on the morning shift and one nurse. The rotas we looked at confirmed this. This meant there were enough staff available for people when needed.

The provider had a recruitment process in place to ensure staff suitability to work within the home. We looked at staff files for four staff members and we saw the relevant checks had been completed before the staff members started working within the home. One staff member who had recently started working within the home confirmed they did not start working at the home until the relevant checks had been completed.

People were safe. One person told us, "Yes I feel very safe and happy here. They look after me well and I have a buzzer to call them if I need assistance". Another person said, "Yes I like it here. They assist me to get around safely as I can't on my own and it's a comfort to know that they are there for me". A relative said, "I am very happy with my relations safety here". Staff we spoke with knew about people's individual risk and how to support people in a way to keep them safe. We saw that risks had been assessed to people's health and wellbeing in a positive way. For example, staff explained how a person was at risk of falling. This person wished to be as independent as possible so equipment was used in the person's room to alert staff when the

person was mobilising. The staff also completed checks on this person to ensure their safety. We saw this was completed. This demonstrated staff had the information needed to manage risk to people.

We saw plans were in place to respond to emergencies. These plans provided guidance and information on the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs. Staff we spoke with were aware of the plans and the support individuals would need.

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "It's looking out for anything you may be concerned about and reporting it to the relevant people in the local authority". Another staff member said, "It's about abuse and protecting people from this. I would report any concerns to the senior or the nurse who was on duty". We saw there were safeguarding procedures in place and displayed around the home. We saw that when needed, concerns had been raised appropriately by the provider and safeguarding referrals had been made. This was in line with the providers procedures.

We saw staff administering medicines to people. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them.

## Is the service effective?

### Our findings

People told us staff knew how to support them. One person said, "Yes they are very good and look after me well. I have to be lifted and they handle me carefully. They know what I like and dislike". Another person told us, "They know my needs and what I like and nothing is too much trouble for them". Staff told us they received an induction and training that helped them support people. One staff member who had recently started working at the home told us about their induction. They explained they had training and also the opportunity to shadow more experienced staff. The member of staff said, "It was really good quality training. I have done this work before so just thought it would be a repeat, but I really learnt new things. The trainer was very good and put their own mark on it". The nurses that we spoke with told us they had all received specific training this included, catheter care and end of life care. This demonstrated staff received training that was relevant to meeting people's needs.

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the principles of the Mental Capacity Act 2005 were being followed. We found some of the people living in the home lacked the capacity to make important decisions for themselves. When needed, mental capacity assessments had been completed for people and decisions made in people's best interests. Staff we spoke with demonstrated an understanding of the Act and how to support people. One staff member said, "We have mental capacity training it's about the law and supporting people who can't make decisions for themselves". The provider had considered when people were being restricted unlawfully and had made applications for approvals to the local authority as required. DoLS applications for seven people had been made for people who lacked capacity and staff were able to identify people who may have restrictions placed upon them. This showed the provider was working within the requirements of the Act.

People enjoyed the food and were offered a choice. One person said, "The food and drink is good. Yes you get a choice". Another person told us, "The meals are very nice and you get a good choice and you get three courses at lunchtime". We saw and people confirmed they were offered a choice at mealtimes. The provider held a resident of the day and on this day that person could pick any meal of their choice and it was provided for them. We saw this taking place. People were offered drinks and snacks throughout the day. When people were in their rooms jugs of cold drinks were provided for them. Records we looked at included an assessment of people's nutritional risks. We saw when these risks had been identified people had specialist diets provided for them. For example, soft diets and thickened drinks. We observed people were supported to have food and drinks in line with these requirements.

People had access to health professionals. We saw when needed people had been referred to health

professions. For example, one person has been identified as losing weight; we saw this person was receiving support from other professionals which included a dietician.



## Is the service caring?

### Our findings

At our last comprehensive inspection, we found people were not always supported in a dignified way. At this inspection we found the necessary improvements had been made.

People's privacy and dignity was promoted. One person said, "They always close the door when coming to wash or move me, they are gentle and always close the curtains as well". Another person told us, "They close the door when moving me and if having a wash they cover me well". We observed staff knocking on people's door and offering support to people in a discreet way. One staff member told us, "It's respectful to promote people's privacy and dignity". This demonstrated that people's privacy and dignity was promoted.

People and relatives told us they were happy with the staff. One person said, "They are all very good here. We have a laugh and a giggle and they always have time for me". Another person told us, "They are very good here, all of them. They always come past and ask if I'm alright and do I want anything. They do make time for me". We saw staff laughing and joking with people. The atmosphere was friendly and relaxed. We observed staff checking on people throughout the day to see if they needed help with anything. For example, one staff member asked a person if they could get them anything and checked if they were comfortable. This demonstrated people were treated in a kind and caring way.

People told us they were involved with making decisions. One person said, "Well yes if I need something I tell them. I can get up when I want but I do need them to help me out of bed". Another person told us, "There are no restrictions of when I get up". We saw staff asking people what they would like to do and where they would like to sit and offering people choices. Some people chose to spend time in their rooms and this was supported by staff.

Relatives and visitors told us the staff were welcoming and they could visit anytime. One person told us, "I have two or three relatives that come and visit me and they come whenever they are able to. There are no restrictions that I know of as to when they can come". One relative said, "I call in whenever I want". The service manager gave an example of how they had supported someone to maintain contact with a relative through social media as they lived in a different county. They told us how the person had been able to see photographs of their granddaughter who they had never met. We saw relatives and friends visited throughout the day.

People were offered choices and encouraged to be independent. One person told us, "I make my own choice about what I do and where I go, the staff support me. If I need help with something they are there if I ask but mostly they encourage me to do it myself". We saw that people were offered choices throughout the inspection. For example, if they would like a drink or snack, where they would like to sit and if they would like to wear clothes protectors at mealtimes. Staff responded accordingly to people's wishes.

## Is the service responsive?

### Our findings

At our last comprehensive inspection, we found people did not always receive care in their preferred way. At this inspection we found the necessary improvements had been made.

Staff knew people well including their needs and preferences. One person said, "I tell them what I need and how I feel and if I need anything doing. They are excellent here and always respond quickly". Another person told us, "If I have any problems they are sorted out with them straight away, they are very good and know all my likes and dislikes. They all appear very well trained in my opinion". A relative told us, "They handle my relation well when moving. They know my relation well and let them sleep for a few hours next to the nurse station which they like and feels safe there knowing they are keeping an eye". The service manager told us about activities that had taken place following a 'Wishing well' incentive. This is where people made wishes and the home supported the person to achieve this. This included a visit to a local football match for one person and a trip to an air museum for another. One of the people confirmed to us this had taken place. Staff told us they were able to read people's care plans to find out about people. They went on to explain that everyone had information in their files relating to how they liked their care delivered. We saw this information in their care files.

People were involved with planning and reviewing their care. One person said, "I am very much involved in everything that happens. The staff review my care plans with me and we have regular catch ups". A relative said, "They are very good at involving me, it's with my relations permission. But if somethings happens they are straight on the phone". We saw that records were reviewed on a monthly basis and review meeting were held with people, their families, the staff and other professionals.

People were able to take part in activities they enjoyed. One person said, "Yes they take me to things they have on and I also have my television which I like. I like the therapy dog they bring in which they are this morning. I also join in any activities they have on in the lounge". Another person told us, "They sang me a song the other day and we were all laughing. That made me feel good. I'm doing animal recognition on noises today as I can't see well with my eye problem but this goes well and I guess what they are. They also have other things on like singers which I enjoy joining in with". There was an activity coordinator in post and we saw activities were taking place, including the animal recognition. We saw up and coming events were displayed on the activity board and photographs of previous events that had occurred in the home. A relative said, "There is always something to do".

People's cultural needs were considered. The registered manager told us how the home had been involved with the 'Big Lunch'. This was an activity day where people had the opportunity to try meals from the different cultures of people who lived within the home, staff were involved with dressing up and demonstrating native dancing. There were photographs available of this and people confirmed they enjoyed it.

People and relatives knew how to complain. One person said, "I would speak to my career when they come around". A relative said, "I would speak with the manager I am sure they would take action". The provider

had a complaints policy in place. We saw when complaints were made they had responded to them in line with their policy. This demonstrated there were systems in place to deal with concerns or complaints.

## Is the service well-led?

### Our findings

At our last inspection we found staff were not confident their concerns would be dealt with. There were systems in place to monitor the quality of the service however we could not be sure action was always taken to make improvements. We also found when relatives made suggestions to improve the service these were not always actioned by the provider. At this inspection we found the necessary improvements had been made.

Staff had meetings where they had the opportunity to raise any concerns. One staff member said, "We have team meetings and one to one supervisions". Staff felt they were listened too and if changes were needed the action would be taken. One member of staff told us, "I think it's a good place to work most staff are happy, we have our ups and downs but on a whole everything is good". Another staff member said, "I feel valued". Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be dealt with.

Quality checks were completed by the manager and provider. These included monitoring of health and safety, care plan reviews and equipment's checks. We saw when areas of improvement had been identified the necessary action had been taken. For example, we saw a care plan review had been completed. It had been identified that several items were missing from a person's care file including a personal evacuation plan. We saw an action plan had been put in place and this had now been completed.

People and relatives had the opportunity to complete surveys relating to the service and attend meetings. We saw that when people or relatives had identified areas of improvement action had been taken to address these. For example, when events within the home had been successful these had reoccurred at people's request.

There was a registered manager in place. People and staff knew who the registered manager was. One person said, "Yes there are several managers who I could go to and the nurses". The registered manager understood their responsibility around registration with us and notified us of importance events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the home in line with our requirements.