

Bupa Care Homes (CFChomes) Limited

The Springs Care Home

Inspection report

Spring Lane
Malvern
Worcestershire
WR14 1AL

Tel: 01684571300

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19 October 2021
20 October 2021
03 November 2021

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24 December 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Springs Care Home provides accommodation and nursing care for a maximum of 65 older people living with dementia. Care is provided to people over three separate floors, with the ground floor providing residential support and the two upper floors provide nursing support. At the time of our inspection there were 56 people living at the home.

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

The provider's quality assurances systems although in place were not always effective as they had failed to identify the shortfalls in reviewing and up-dating people's care plans to ensure they reflected people's current needs.

Improvements were required to ensure there was guidance for staff when applying medicines through transdermal patches.

Staff received training relevant to their roles and had regular supervision. People's nutritional and health needs were promoted, and the home environment was maintained with ongoing redecoration taking place.

The home environment was clean and tidy, and staff worked to reduce the risk of infection. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

People were supported to have maximum choice and control of their lives and staff supported systems in the service supported this practice.

Staff were kind and caring. They respected people's privacy and dignity and supported people to be as independent as possible.

People's wishes at the end of their lives were respected and staff worked with healthcare professionals to ensure people were pain free and comfortable.

The provider had processes in place to deal with people's complaints should they arise. People and relatives were aware of how to raise any concerns and felt comfortable in doing so should they need to.

Rating at last inspection

The last rating for this service was Good published (21 December 2017).

Why we inspected

The inspection was prompted in part due to concerns received about safe care and treatment of people. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Springs on our website at www.cqc.org.uk.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

The Springs 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and a specialist advisor in nursing.

Service and service type

The Springs is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This first day of this inspection on 19 October 2021 was unannounced. The second day 20 October 2021 of the inspection was announced. Day three of the inspection 03 November 2021 was unannounced.

What we did before the inspection

We looked at the information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. "We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection."

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eleven members of staff including the registered manager, the regional director, the quality manager, the assistant manager, senior care workers, care workers and the chef. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives to seek their experience of the service.

Is the service safe?

Our findings

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

Using medicines safely

- Medicines were not always managed safely and recorded accurately.
- Where people received their medicine in the form of transdermal patches a rotation chart is required so there is a record of when, how and where on a person's body the patch needed to be placed to meet their health needs. (The rotation placement of transdermal patches is important to avoid sensitivities). However only two sites of use were recorded.
- There was also no chart to document daily checks were taking place to record the patch was still in situ. The daily checks are important as patches are prone to falling off or accidentally being removed by the person and where there are barriers to communication people could experience unnecessary pain. We brought this to the attention of the unit manager.
- Three people were receiving their medicines covertly. (Covert administration is when medicines are administered in a disguised format. Medicines could be hidden in food, drink or given through a feeding tube without the knowledge or consent of the person receiving them. This means the person does not know they are taking a medicine). We found one person did not have safe administration advice documented in their care plan, although the unit manager told us pharmacy advice had been sought.
- The nurses told us they had attended medicines management and administration training and had their competency assessed since starting their employment.

Assessing risk, safety monitoring and management

- Risks to people were identified with assessments and care plans in place. We found people's risk assessments had not been regularly reviewed to ensure staff had the most up to date information and people's needs were consistently met they met people's needs. For example, one person had fallen which had resulted in an injury and although some of the care plans had been reviewed others had not. Such as updating a person's activities care plan to reflect what additional support they would require as a result of their injury sustained four weeks prior to their risk assessment being reviewed. Their care plan stated, "New care plan implemented to reflect current condition". However other parts of the person's care plans for example, their activities, were not updated to reflect what additional support they would require with tasks as a result of the fracture.
- Prior to moving into the service people told us they had a pre- admission assessment which provided staff with information about how a person's needs could be met. A relative told us, "I was involved with [person's name] care plan, when they came out of hospital and went to live at the home. I was asked about them."
- Checks on the home environment were completed regularly to ensure it was safe for people who lived there. These included checks to the fire prevention systems and any trips and hazards.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe as staff were kind and caring.
- The provider and registered manager understood their responsibility to report allegations of abuse to the local authority and the Care Quality Commission (CQC).
- The provider had systems and policies in place and staff had received training in how to protect people from harm and abuse. One staff member told us, "If ever I have concerns I report it straight away to the nurse on duty. If they didn't act I'd go to safeguarding."

Staffing and recruitment

- Although people told us they thought there were enough staff on duty to meet their needs, we noted there were periods of time where there were no staff available to support people in the dining room. This potentially placed people at risk of unnecessary harm. When we discussed this with the registered manager they told us they were advertising for another "Host position" to assist staff with the management of the mealtime arrangements.
- Agency staff were obtained to cover shortfalls in staffing numbers. The provider tried to use the same agency staff to provide consistency for people and to minimise infection control risks. The registered manager told us they tried to cover shifts using existing staff doing overtime wherever possible, which assisted them in reducing the need for agency staff.
- The provider told us they monitored and adjusted staffing levels in response to people's current care needs and utilised various methods of doing this such as, using their dependency tool. Although a relative commented they thought, "Staff worked very hard and felt they were under pressure."
- The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with the people living at the home.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider and registered manager monitored and took action to implement any required learning from accidents and incidents and shared these with the staff team.

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

- People's needs were assessed, monitored and reviewed following changes or increased risks to their health, although this was not always completed in a timely manner. The registered manager explained a new clinical lead had been appointed and would have responsibility to ensure improvements would be made.
- Assessments and care planning were carried out where appropriate in partnership with people's nearest relatives or those legally authorised to make decisions in people's best interests. One relative commented, "When they brought (relative) there from hospital they (staff) consulted with us about their needs."

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to meet their needs effectively. Staff told us, when they started work, they had received support through their induction from experienced team members and managers.
- Following induction, staff participated in a rolling programme of training to keep their skills and knowledge updated.
- Staff spoke positively about the training provided. One staff member described how they were being supported by the provider to become a registered nurse. The registered manager told us, they were committed to develop and assist staff to further their careers.

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

- People we spoke with were all complimentary of the food served at the home. One person told us, "The food is very nice."
- Menus were displayed in the dining room for people to make a choice of what they wanted to eat and drink.
- People's eating and drinking needs were monitored. When concerns had been raised healthcare professionals had been consulted such as speech and language therapists [SaLT] for advice.

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

- Staff encouraged and/or supported people to attend health appointments, opticians and dental appointments, so they would remain well. People told us staff promptly contacted their GPs if they were unwell.
- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or district nurses, so people would enjoy the best health outcomes possible. The local GP

had regular contact and staff recorded who needed to be seen by the doctor and the outcomes of the visit.

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

- The home was in the process of being redecorated.
- People were encouraged to bring in their own personal possessions to make their rooms feel homely and familiar.

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.

- We saw staff asked people their consent before providing people with support and assistance in relation to personal care.
- The registered manager understood their legal requirements to report any DoLS conditions that deprived people of their liberty to the Care Quality Commission (CQC).
- We found where necessary best interest decisions taken were recorded.

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

- People told us staff treated them well. One person told us, "Staff are nice, and they come quickly if I need them."
- A relative we spoke with told us they thought staff had been, "Amazing and sorted out a medication review (which the previous home the person had lived at had failed to do)."
- Staff spent time chatting with people and were quick to offer reassurance and support in the ways people preferred. We saw when a person became anxious staff spoke softly and compassionately to them to reassure them, then fetched the person a cup of tea and a cake. Another example of staff kindness seen, was when people were suffering from a dry cough, staff made people a hot honey and lemon drink to soothe them.

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

- People, and where appropriate their relatives, were supported to express their views and be involved in decisions about the care provided.
- Quality surveys were sent out to people, relatives and staff. There was a good response to the most recent survey and responses sampled provided positive views. Analysis had been carried out by the registered manager to identify what the service was doing well and any potential learning.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and independence was promoted in the way their care was planned. For example, people's care plans gave staff guidance in promoting people's independence in relation to personal care. This encouraged people to do elements of their own care as much as possible.
- People's confidential information was securely stored, to promote their privacy.

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

- People told us they felt involved in how they liked and wanted to receive care to support their likes and dislikes. However, this information was not always recorded in care plans. We found this lack of information had not impacted on people because staff knew people well. For example, staff were heard having conversations with people about their childhood and previous employment experiences. The registered manager acknowledged this was an area for improvement and told us they were in the process of reviewing people's care plans, which would include this information.
- Relatives confirmed they were asked about their relatives needs and preferences by staff when they visited the home.

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.

- We saw the provider had implemented this, for example by providing pictorial menus and for people with sensory needs .
- Where a person did not have English as their first language we heard staff attempt to converse with them in their preferred language.

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

- During the inspection the activities co-ordinator was on leave, so staff had arranged different activities for people to do. These included puzzles, art and craft and sing along sessions.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to complain and would raise any concerns.
- Systems were in place to promote, manage and respond to complaints or any concerns raised.

End of life care and support

- When people reached the end of their lives, staff provided individualised care and support to help people remain comfortable and pain free.
- The registered manager told us all staff were due to attend further end of life training in the next few weeks.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although governance systems were in place some of the provider's audits had failed to identify the shortfalls we identified at this inspection. These included shortfalls in the reviewing and updating of people's care plans and the lack of guidance for staff regarding transdermal patches.
- During the inspection the provider had responded to our comments and the registered manager was offered extra managerial support to assist them in updating people's care plans.
- Staff and management told us were clear what was expected of their respective roles at the service. For example, staff told us, if they had concerns about the people they supported they would report to the nurse on duty or the registered manager. They felt assured action would be taken.

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

- People and relatives were positive about the care and the management. One relative described the management of the home as "Brilliant". Another relative said, "They (management) keep in contact and (they were) up-dated with any changes through emails and calls."
- Everyone we spoke with was complimentary about the registered manager. They felt they had been a "Great support" as they had been open and accessible to people living at the home and their relatives.

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 duty of candour policy. The management team understood their responsibility to be open and honest with people and others in the event things went wrong with the care and support provided.
- The management team understood the regulatory requirements upon the provider, including the need to notify CQC of certain incidents affecting the home and or the people living there.

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

- The provider and management team gathered the views of people living at the home and their relatives. This was done through daily conversations and meetings. Relatives highlighted they appreciated the support their family members had been given to keep in touch with them during the pandemic, when visiting was not possible

- Staff were also given the opportunity to comment on the care they provided to people. This was through team meetings and one to one [supervision] meetings. Staff told us they felt the registered manager listened to them and was approachable.

Continuous learning and improving care

- The registered manager through the knowledge they had gained shared best practice and ideas which had worked well with the staff team. Staff told us they felt the registered manager was very supportive.
- The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured this learning was shared with staff and used to improve the quality of care provided.

Working in partnership with others

- The management had involved GPs, dentists, tissue viability nurse and speech and language therapists to support people's care and were continuing to develop good working relationships.