Springfield Care Home Limited

Springfield Care Home Limited

Inspection report

Wylam Avenue
Darlington
DL1 2QA

Tel: 07572608190

Date of inspection visit:
19 November 2018

Date of publication:
17 December 2018

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

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 care home accommodates 40 people across two floors, some people who are living with dementia. At the time of the inspection 36 people were being supported in the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had 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.'

Risks to people and the environment were assessed and plans put in place to mitigate against them. Risk assessments were reviewed regularly.

Recruitment processes were in place with all necessary checks completed before staff commenced employment.

The provider used a dependency tool to ensure staffing levels were appropriate. The dependency tool was reviewed regularly.

The provider had a business continuity plan in place in case of an emergency. People had Personal Emergency Evacuation Plans (PEEPs) in place which were updated regularly.

Staff were aware of safeguarding processes and knew how to raise concerns. Where lessons could be learnt from safeguarding concerns these were used to improve the service. Accidents and incidents were recorded and monitored as part of the provider's quality assurance system.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates were in place which reflected fire inspections, gas safety checks and portable appliance tests (PAT) had taken place.

Staff completed an induction on commencement of employment. We found staff received regular supervision and an annual appraisal. Opportunities were available for staff to discuss performance and

development. Staff training was up to date.

People's nutritional needs were assessed. People were supported to maintain good health and had access to healthcare professionals when necessary and were supported with health and well-being appointments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives felt the service was caring. Staff provided support in a respectful manner ensuring people's privacy, dignity and independence was promoted.

Care plans were personalised to meet people's needs.

People enjoyed a range of activities both inside and outside the home. The service had positive links with the community with people accessing the theatre, local centres and shops.

The provider had a complaints process in place which was accessible to people and relatives.

Staff were extremely positive about the registered manager. They confirmed they felt supported and could raise concerns.
We observed the registered manager was visible in the service and found people interacted with them in an open manner. People and relatives felt the management approach in the home was positive.

The provider worked closely with outside agencies and other stakeholders such as commissioners and social workers.

The premises were well suited to people's needs, with ample dining and communal spaces. Dementia friendly areas were situated in several areas of the home. Bedrooms were personalised to people's individual taste. Bathrooms were designed to incorporate the needs of people living at the home. The garden area was accessible to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service had improved to good.

Care plans were personalised and contained details about people's likes, dislikes and preferences.

The provider had a complaints procedure in place. People and relatives knew how to complain or raise concerns.

People were supported with a range of activities both in the home and in the community.

Is the service well-led?

Good

The service remains good.

Springfield Care Home Limited

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 to planned 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.

The inspection was unannounced. This meant the provider did not know we were coming. The inspection was carried out by one adult social care 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 service.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local Healthwatch team and obtained information from the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with eight people who lived at Springfield Care Home. We spoke with the registered manager, deputy manager, one senior care worker, five care workers, kitchen staff including the chef, who also worked as an activity coordinator and a member of the ancillary team. We also spoke with six visitors or relatives of people who used the service. We also spoke with two visiting health care professionals.

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 looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of three people, medicine administration records of four people, recruitment records of three staff, training records and records in relation to the management of the service.

Good

Is the service safe?

Our findings

People and relatives told us the service felt safe. One person told us, "Absolutely, this is a lovely place to be." One relative told us, "It is fantastic, no worries about (name) at all. (Name) is safe here."

We found people had risk assessments in place, which were reviewed regularly. Assessments covered areas such as falls and moving and handling risks. Control measures were in place for staff guidance.

We checked the provider's recruitment process. Staff files contained appropriate documentation such as application forms, interview documents and identity checks. New employees received clearance from the Disclosure and Barring Service (DBS) that they could work with vulnerable adults and that they could do so without restriction.

Policies and procedures were in place to keep people safe, such as safeguarding and whistleblowing policies. We saw that appropriate action had been taken following safeguarding incidents. Investigation records were in place, where lessons learnt or changes to policy were required these had been addressed to prevent a reoccurrence.

Staff had received training in safeguarding which was refreshed on a regular basis. Staff understood the importance of reporting any concerns they may have and told us they felt the registered manager would take their concerns seriously. Staff knew the signs to look out for such someone becoming withdrawn or unexplained bruising. Team meetings and supervisions were used to look at any lessons that could be learnt from incidents.

We found medicines were managed in a safe manner. Medicine administration records (MAR) were completed with no gaps or anomalies.

Environmental risks were assessed and reviewed regularly to ensure safe working practices for staff, for example, to prevent slips, trips and falls and kitchen safety.

The registered manager completed a dependency review of people's needs to ensure the staffing levels in the home were at a safe level. The staffing rotas were appropriate to the needs of the service. We found staff were visible in the home and call bells were answered in a timely manner.

We found up to date records to demonstrate the provider ensured the maintenance of equipment used by people and in the service, was checked on a regular basis. Certificates were in place to reflect gas, electricity and fire systems were checked.

A business continuity plan was in place to ensure staff had information and guidance in case of an emergency. People had personal emergency evacuation plans in place that were available to staff.

We observed the housekeeping staff kept Springfield Care Home clean and tidy with scheduled cleaning

plans in place. There were no odours in the home and all furniture and furnishings were of a good standard, some having recently been replaced. Infection control policies and procedures were in place. Staff had access to a supply of personal protective equipment.

Good

Is the service effective?

Our findings

Care records demonstrated how a person's physical, mental and social needs were assessed on admission to the home and then on a regular basis. Care records contained information which considered current legislation and national guidance when planning outcomes. For example, guidance from the NHS regarding nutrition was used in developing eating and drinking care plans with an outcome of providing a nutritionally safe diet.

People and relatives, we spoke with felt staff were appropriately trained. One person told us, "They are well trained." One relative commented, "They seem to know what they are doing so yes, well trained." Another said, "The staff are competent, they have young students who are well supervised."

Staff had received training in essential areas such as personal care, moving and assisting, fire safety, health and safety. We saw new staff received an induction and that training was planned throughout the year to ensure staff knowledge was current. Staff had access to regular supervision and an annual appraisal.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found details of MCA assessments and the decision-making process with people being fully involved. Staff understood the importance of supporting people to make as many of their own decisions as possible.

It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. Staff were skilled in terms of their approach to supporting the nutritional needs of people. Menus were pictorial as well as written.

People told us they had access to health care professionals when they needed them. We spoke with two health care professionals who both commented on how staff acted when health care was required and followed the advice given. Care files contained records to identify when professionals had been requested by the home. For example, referrals to community nurses.

People had access to communal areas. We found lots of space for activities and for people to spend time together with relatives and friends. Signage was in place to support people with orientation. We found signs were big and bold with contrasting colours. Signage also contained braille.

Bedrooms were personalised to people's individual taste, containing personal effects and pieces of furniture making them homely and familiar. The upstairs decoration was dementia friendly with themed areas, such as a Post Office and the garden with a washing line. The deputy manager told us, "The residents take the washing off the line and peg it on again." This meant people were stimulated by tactile items.

Bathrooms were designed to incorporate the needs of the people living at the home. Facilities were large enough to accommodate wheelchairs and other mobility equipment.

Good

Is the service caring?

Our findings

People and relatives, we spoke with felt the service was caring. One person told us, "They are very kind, they do everything I want." Another said, "They are very kind, they do everything I want." One relative told us, "They are like family in here." Another said, "It's friendly, there's always lots of laughter, plenty of staff, we are impressed."

We read several cards and compliments which had been made about the home and staff. Comments included, "A big thank you, for all of you have done for (name) since they arrived. We are so pleased how (name) is looking, she is so content and happy" and, "So kind and caring considerate and professional."

We saw one person who liked to remain in their room. Staff had raised up the bed so they could see out of the window, with tea and biscuits on the table within reach. Another person had a room with low window sills so they could see out into the enclosed gardens and raised flower beds.

Staff showed genuine interest in people's wellbeing. We observed staff knocked on people's doors and waited to be invited in. We observed positive relationships between people and staff. There was lots of laughter in the home and people reacted in a positive manner with staff smiling and chatting together. It was clear staff knew people well and understood gestures, body language and facial expressions.

People appeared comfortable and relaxed in the presence of staff. We saw staff also had a good relationship with those who visited the home, staff were open and welcoming offering tea or a coffee.

We joined people in the dining room at lunchtime. We observed staff treating people with dignity. People were asked if they wanted to wear protection for their clothes before being served their meals. Staff supported people to eat and drink in a safe manner and to be as independent as possible. We saw staff ensured people who required specialised cups and adapted cutlery had these readily available to promote independence. Meals were not rushed, people were given time to eat at a pace of their choosing.

Staff were aware of people's communicative needs and could meaningfully engage with people. Staff told us they had taken time to get to know the people they supported by reading care records and spending quality time with them.

We found the provider supported people with their rights. For example, contact with family members was supported using social media.

Information regarding advocacy services was available to people, relatives and visitors. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

People and relatives told us they felt the service was responsive to their needs. One person told us, "I have it all set out, what I need and when I need it, anything I need they (staff) are there." One relative told us, "The reviews are regular, the physiotherapist comes regularly, if we need to make changes, the staff listen and change the care plan."

The provider had improved the quality of care plans. People had detailed care plans which were reviewed every month. The person using the service and people important to them were involved in setting up the plan of care. Care plans clearly illustrated people's needs and wishes and were extremely detailed. They included information about the person's background, interests and hobbies and what staff should consider when delivering their care. People's care preferences were included, and any religious or cultural considerations staff needed to be aware of. We found where people were living with dementia the care plans contained detailed information for staff in terms of behaviours that may challenge them and strategies to support people at such times.

We saw that staff were trained in how to offer people the support they needed at the end of their lives. The home had received several positives comments from relatives whose loved ones had passed away. For example, "All the staff went above and beyond. We drew great comfort from the knowledge that [name] was receiving the best care possible", "Words cannot express how grateful we are that you looked after [name] so caringly in the last few months" and, "We will never forget how wonderful you were with [name], she loved you all."

We saw that people had access to stimulating and varied activities. The activity coordinator told us, 'I do the activities 24 hours a week, various days and times of the day." We found students from the local college visited the home on Monday, Tuesday and Friday to meet and chat with people. Weekly exercise classes took place. People were supported to access the community by attending local pubs and cafes. The activity coordinator said, "I plan the activities by talking to the person and their families. A couple of the relatives come in every day, I call .... (wife of resident) my PA as she helps me with all the planning." We observed the singing session in the downstairs lounge. The room was full of people, relatives and staff all enjoying themselves. People had the microphone to sing along.

People in the home had links to the local community; local faith groups came into the home to hold services, local school children visited the home at Christmas. The registered manager told us, "We have visits from a local nursery. We wanted to ingrate the generations and this has turned out to be so popular with the residents and families."

There was a clear policy in place for managing complaints. We saw that complaints received had been fully investigated, an outcome shared with the complainant and their satisfaction checked. We saw where possible, learning from concerns and complaints had been cascaded to staff through staff meeting and supervisions.

Good

Is the service well-led?

Our findings

People and relatives were happy with the manner the service was managed. One person told us, "They (registered manager) are lovely, always a smile." Another person said, "All the managers are good, nothing to worry about here." One relative told us, "Managers are welcoming they always ask, how are you?" Another relative told us, "(Registered manager) is very helpful, if (name) isn't too well they ring, I can call in to see them anytime."

A health care professional told us, "(Registered manager) is always helpful and good at communicating." A second said, "The home is well-managed. It is one of my favourites."

Staff felt the registered manager was open and approachable. One staff member told us, "The owners and managers are on hand all the time." Another told us, "I think they are great, always ready to help if it is busy, don't get that everywhere."

The registered manager had a vision for the home to continue to improve and provide outstanding care and support for people. The registered manager told us, "I am so proud of the home, the staff work hard to make sure people are well cared for. This is their (people) home and we want to make their lives positive and meaningful." Check spacing here.

We found the provider had a quality assurance system in place to drive improvement. One of the experienced care workers also worked as a quality auditor to support the process. The registered manager, deputy manager and the quality auditor completed a range of audits on a regular basis to cover areas such as care plans, health and safety and infection control. Any actions from audits were addressed and signed off by the management team.

The provider was very hands on in the service and visited regularly. The provider conducted a management overview audit covering every aspect of the quality assurance process. The registered manager and provider met regularly to review the home's improvement plans.

We read minutes of regular meetings held with people and relatives. These were recorded and made available for those who could not attend. Staff meetings were held on a regular basis and used to address issues or concerns as well as sharing information about the vision of the home.

The provider had implemented an 'Employee of the month' award. People, relatives and staff were encouraged to nominate a staff member they felt had gone over and above in their role. A bouquet and chocolates were given to the staff member who was given the award. This meant the provider valued staff by recognising their work in the home.

The provider worked with the wider community in supporting people's health and wellbeing. We saw interaction between the home and local schools, churches and community groups. Regular contact was maintained with social workers and commissioners as part of partnership working.

The registered manager had ensured notifications were submitted to CQC in a timely manner.