

Cornish Care Limited

# Springfield House Residential Care 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

This was an unannounced inspection which took place on 25 February 2016. Springfield House Residential Care Home provides care for up to 23 older people. At the time of our inspection 23 people were living there.

The home had a registered manager. 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.

People's medicines records did not always give clear guidance to staff. Documentation regarding people's creams was incomplete which meant it was not always clear where to administer the cream or whether people had received it. There was no clear protocol in place to inform staff when to administer, as required medicine to someone who experienced behaviour that may challenge others. This meant, if staff who knew them well weren't available, they may receive it too soon or too late for their needs. Checks were not routinely done to ensure staff continued to be competent to administer medicines.

People were not always protected from risks associated with their care because staff did not have the correct guidance and direction about how to mitigate people's individual risks. Risks relating to the environment were not always assessed meaning safety measures were not identified and put in place.

Care plans did not always reflect people's up to date needs but the registered manager had committed to updating them and ensuring they contained more detail about people's wishes and preferences.

People, their relatives and healthcare professionals spoke highly of the care and support people received. Comments included, "I think it's excellent. Absolutely excellent." Care and support focussed on the person, their individual needs, their likes, dislikes and the routines that were important to them. When people's needs changed staff reacted promptly, involving other social and health care professionals if needed. People told us, "We receive very good care and attention if we're not feeling well." Care plans needed updating to ensure they reflected people's current care needs and included advice from professionals.

People were provided with the right food and drink to maintain their nutritional health. Staff supported people according to their needs and where concerns were raised action was taken. People chose the meals they wished to eat and decided where to eat them. A relative told us, "Mum is very fussy but they always accommodate her." Special diets were available for people with particular dietary needs. People who were at risk of choking had their meals prepared in line with their care plan to reduce the risk.

People told us they felt safe. All staff had undertaken training on safeguarding vulnerable adults from abuse. They demonstrated good knowledge of how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. There were sufficient staff to meet people's needs.

Relatives and friends were always made to feel welcome by the staff and registered manager who treated them with respect. Comments included, "You won't find better. There's lovely staff here." People and those who mattered to them knew how to raise concerns and make complaints.

New staff received an induction programme when they joined the organisation. Staff training was not all up to date. However, during our inspection the registered manager produced a plan of action to address this.

People, their relatives and healthcare professionals spoke positively about the registered manager. Comments included, "The manager does an excellent job. He's an absolute work horse and his work ethic is amazing. He's very committed." Staff described the management as supportive and approachable and talked positively about their jobs. Comments included, "We always have a good day here." The registered manager and staff understood their role with regards to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. People's care plans did not contain an assessment to show why they were deemed to lack capacity and their needs in relation to their mental capacity was not always detailed in their care plans. The registered manager was in the process of updating care plans and this intended to include more detail about people's mental capacity.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People's records did not include enough detail to ensure staff who supported them knew how to mitigate risks relating to their care.

People were not always protected from the potential risk of legionnaires as there was no risk assessment in place to ensure sufficient checks were being carried out to reduce the risk of the legionella bacteria growing.

People were at risk of not receiving their medicines as prescribed because documentation did not give clear guidance to staff about when or how to administer medicines. Medicines administration records were not always completed correctly to ensure staff knew whether medicines had been administered or not.

People told us they felt safe.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

### Is the service effective?

**Good** 

The service was effective.

People's needs regarding their food and drinks were met.

People had their health needs met.

People were assessed in line with the Mental Capacity Act 2005.

### Is the service caring?

**Good** 

The service was caring.

People were looked after by staff who treated them with

kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had care plans in place to provide guidance and direction to staff about how to meet people's needs. These were not all up to date but action was being taken to amend them.

People were supported to take part in activities and the registered manager was planning further activities in consultation with people and their relatives.

People told us staff were responsive to their needs.

People could raise concerns and complaints. People felt confident action would be taken.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People, relatives and staff said the service was well-led.

People and staff felt the registered manager was approachable.

The registered manager had developed a culture which was open and inclusive. People and staff said they could suggest ideas to improve practice.

The registered manager was planning to update their quality assurance systems to help improve how the quality of the service was monitored.

# Springfield House Residential Care 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.

The unannounced inspection took place on 25 February 2016 and was undertaken by three inspectors.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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. We also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with seven people who lived at Springfield House, five friends and relatives, the registered manager, seven members of staff and a health care professional. We looked around the premises and observed how staff interacted with people.

After the inspection we contacted four health professionals who had supported people within the service.

# Is the service safe?

## Our findings

Risk assessments contained limited or no information about the measures staff should take to ensure individuals were safe in relation to specific risks. For example, some people had bedrails on their beds to prevent them from falling out of bed. However, there was no risk assessment in place to advise staff how to keep people safe when using them. For example, one person had been found with their head between their mattress and bedrail and although, staff had been reminded about the best position for the person to be in to prevent this from re-occurring, no action had been taken. Following the inspection the district nurse reviewed the person to ensure they were being supported in the safest way possible and that this was reflected in a risk assessment.

Some measures were taken to reduce the risk of legionella bacteria growing but there was no risk assessment in place to identify whether these were sufficient and in line with best practice. The registered manager told us they would consult an external company for advice immediately.

Medicines were not always stored and given to people as prescribed. Medicines were locked away as appropriate but the temperature of the room they were stored in was not regularly monitored to ensure it was in the correct range for safe medicines storage. Medicines were recorded on medicines administration records. These were completed accurately for all medicines except prescribed creams. Records did not show the amount of cream to be administered and medicines administration records relating to them were not completed consistently. This meant staff did not know exactly where to administer the cream and whether the cream had been administered or not. One person had medicine prescribed to be taken when needed. It was to reduce anxiety they experienced which sometimes resulted in behaviour which may challenge others. The members of staff who administered the medicines knew the person well and recognised when to administer the medicines. However, there was no clear protocol in place to describe when the medicine should be administered which meant there was a risk that if these staff were not available, it could be administered too soon or too late to keep the person and others safe. Staff were trained to administer medicines and confirmed they understood the importance of safe administration and management of medicines but there was no system to monitor their continued competence. The registered manager was responsive to our feedback and immediately put an action plan in place to address these issues.

People had their medicines reviewed regularly by their GP to ensure they were taking the correct amounts for their health needs. Staff explained to people what their medicines were for and encouraged them with positive words as they took them. One person who was anxious about which medicines they needed to take had been provided with a list which was kept in their bedroom so they could check and understand what they were taking. A medicines audit had recently been carried out by a pharmacist and the registered manager was in the process of acting upon the recommendations.

People told us they received care according to their health needs, however, the systems to record care being given were not always coherent. For example, where people were at a risk of pressure sores, the procedures to check the pressure relieving mattresses were not clear and recording of when people were repositioned

to relieve undue pressure were not consistent. The registered manager intended to review the records and procedures in place and ensure staff understood and followed them.

People told us they felt safe and relatives confirmed this, saying, "I have absolutely no worries about leaving mum here. She's safe, clean and well-cared for," and "The security is very good which is important when you are looking after vulnerable people." People were supported by staff who acted to keep them safe. One staff member told us, "People are as safe as they can be. We're observant and help people if and when possible."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One member of staff commented, "I would report anything to the registered manager and I'm sure they would take it seriously." Staff had attended safeguarding training but this was not up to date in all cases. The registered manager immediately arranged safeguarding training for those staff within the next three months. Staff knew who to contact externally if they felt their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Records confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People and their relatives told us they felt there were always enough competent staff on duty to meet people's needs and keep them safe. Staff acted quickly to support people when requests were made. They confirmed staffing levels enabled them to meet people's needs promptly. A staff member explained how they would always answer call bells immediately, even if they were could not attend to them immediately. They would ensure the person was safe and tell them they would be there as soon as possible to assist them. One person confirmed that sometimes staff were busy but that this never compromised the level of care they received.



# Is the service effective?

## Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. One person told us, "You won't find better. There's lovely staff here." Relatives confirmed, "I think it's excellent. Absolutely excellent," "Staff are very nice, professional, kind and compassionate," "The staff are always polite and nothing's too much trouble," and "The staff are all friendly. You can't fault them." Compliments received from relatives included, "I just want to say thank you and tell you what an amazing job you do," and "We have nothing but praise and admiration for the job you do."

New members of staff completed an induction programme, which included meeting people and being taken through the home's policies and procedures. They also completed the new Care Certificate. The Care Certificate is a national induction tool which providers are required to implement, to ensure new staff work to the standards expected within the health and social care sector. The registered manager was planning for all staff to complete the care certificate in order to refresh their skills and knowledge. New staff also shadowed experienced members of the team until both parties felt confident they could carry out their role competently. A new staff member explained, "It's definitely useful. It helped me find out about people's routines. I felt I knew people well enough before I worked on my own with them." A new staff member told us they felt well supported even after their induction and felt confident asking for advice commenting "They always tell me, if I'm unsure just ask, even if they have to repeat it several times, its fine."

On-going training was planned to support staffs' continued learning. The registered manager had a training chart which recorded which training staff had undertaken and highlighted when it needed to be renewed. This helped them schedule training and ensure staff's training remained up to date. We identified some gaps in people's training; however during our inspection the registered manager put into place an action plan to ensure all training would be up to date within the next three months.

Staff were supported through one to one meetings, daily handovers and team meetings. Staff confirmed they also felt well supported throughout the day as the registered manager was always available. They reported they used colleagues and the registered manager to gain advice and support whenever they needed it. Comments included, "If I struggle with anything I can ask other staff or the registered manager," and "We get enough support. If we need to know anything, we just ask the manager."

People were supported by staff who reported any changes in their health to senior staff who then sought external advice. People told us staff noticed when people were unwell saying, "If anything is wrong with you or you're feeling ill, you can tell them and they find out what it is." They confirmed staff responded to their health needs promptly saying, "If you're poorly, they get the doctor no trouble," "I've just had the nurse this morning!" and "We receive very good care and attention if we're not feeling well." A relative commented, "Mum was registered with the local GP immediately when she moved here and they visit whenever there's a need." Advice given by professionals was followed in practice but not always recorded in people's care plans. The registered manager planned to update people's care plans and told us they would ensure this information was included.

Health professionals told us staff always contacted them quickly if they had any concerns about someone, even if it was just for advice and provided sufficient information about the person concerned. Relatives confirmed the staff and registered manager were proactive in keeping them up to date with any changes telling us, "I felt mum was a bit down and I mentioned it to the staff. They got external support immediately to see what they could do," and "They always contact us if they have any concerns about."

People were involved in decisions about when, where and what they ate. Relatives told us "Mum can eat in her room if she wants to," "Dad is frequently up at night time and staff give him whatever he wants to eat or drink." Staff were aware of people's likes and dislikes. If there was something on the menu they knew someone didn't like, they would ask the person what they would like as an alternative. Relatives told us, "Mum is very fussy but they always accommodate her," and "[...] wanted white and not brown bread so that's what they got."

Staff told us they were observant of what meals were popular and this informed future meal planning. If people couldn't tell them whether they enjoyed something or not, they noted how much was left over to identify whether people generally liked the meal or not. Salads had recently been altered as staff realised certain items weren't being eaten much. These items were replaced with food which was easier for people to eat. People told us they enjoyed the food provided and confirmed their food choices were respected. Comments included, "The meals are quite good. I've never had anything I don't like," and "The food's nice. If you want more you can have more." A relative told us, "He's putting on weight so I think he must be getting the right food for him" Feedback forms showed people had requested more fresh fruit to be made available throughout the day and the registered manager was acting upon this request.

Where people needed extra help with eating or drinking, specialist crockery and cutlery was available to help people maintain their independence. Where people needed support from staff, staff requested the person's consent before providing help in a discreet and respectful way with plenty of encouragement. One person was assessed as at risk of choking so specialist advice had been sought from a speech and language therapist (SALT). This was followed by staff to ensure the person was safe whilst eating. Information about people's health and dietary needs were shared with the kitchen staff to ensure they could cater effectively for each individual. A healthcare professional confirmed staff had worked hard trying to encourage healthy choices with someone in order to improve their health.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 (MCA) but this was not always evidenced in people's records. This meant care being provided by staff may not always be in line with people's wishes. The registered manager was planning to update care plans to ensure they were more comprehensive and intended to include this information. The 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's mental capacity was recorded in their care plans but there was no assessment available to show how this decision had been made. Staff showed an understanding of the main principles of the MCA and how it related to the care they provided.

The registered manager had reviewed the people living at the service and had submitted DoLS applications for people who required them. People can only be deprived of their liberty in order 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).

## Is the service caring?

### Our findings

People felt well cared for and they, their relatives and professionals spoke very highly of the staff and registered manager, and the quality of the care they provided. Feedback received by the service was positive, describing staff as caring and friendly and complimenting the homely atmosphere. The registered manager told us, "We're very proud of the care we provide and have a good reputation locally." Relatives confirmed this was the case, saying, "I think the service is absolutely excellent. First and foremost is the care and compassion shown by each and every member of staff," "Every time I pop in, it's a homely, welcoming environment," and "Staff are very nice and professional, kind and compassionate." A compliment card received from a relative said, "To visit mum at Springfield was a real pleasure. She always looked so well cared for. She could not have been anywhere better." A healthcare professional told us the care provided was excellent and they would happily recommend the home.

Staff displayed genuine affection for people and a concern for their care and well-being. Staff members told us, "The people here are lovely. I love talking to them. We have a lovely chat and they tell me about their lives. It's lovely," and "I treat people like they're my parents. I spend time reminiscing with people and just let them know they're not alone." Staff addressed people by their preferred name and encouraged conversation by tailoring their communication to whomever they were talking with. We heard laughter often. A staff member described the importance of making people feel like they mattered, explaining, "I always go down to their level and talk normally to them; and I always ask if there is anything else they need before I go." One person told us, "The staff are very nice people and they take their time with people." A healthcare professional confirmed the staff were always very respectful when communicating with people.

Staff knew the people they cared for and could describe individual's likes and dislikes. Relatives spoke positively about how this depth of knowledge and understanding had enabled people to develop strong relationships with the staff. One relative told us, "The relationship my relative has with one member of staff in particular, is great. They know him well and he loves their sense of humour." They told us this positive relationship had helped staff provide the care the person needed.

People's privacy and dignity were respected and they received explanations about what care they were receiving. One staff member told us, "I talk through what I'm about to do. It could be scary if they didn't understand what was going on." People confirmed staff explained what they were intending to support them with and then gave them time to respond or prepare to receive the support offered.

People were encouraged and supported to maintain their independence and mobility as far as possible. A staff member told us, "When I wash people, I always give them the option of what I do and what they do. It's important for them to keep their independence." A relative told us staff supported their family member to walk as much as possible to ensure their mobility was maintained; and a person who was supported to walk reported they never felt rushed by staff. This was important for them to feel they could maintain their independence.

People nearing the end of their life, received compassionate care from the registered manager and staff

team. Comments from relatives included, "The care and compassion they showed my relative in her final days was above and beyond," "When my family member was dying they asked me what I wanted and let me lead them. Anything I needed, they got. I couldn't have faulted the care they gave her." A healthcare professional told us the registered manager dedicated a lot of his time to people at the end of their life, even staying up through the night with people to ensure they were as comfortable as possible. One person described as receiving end of life care did not have any information about her wishes recorded. However, the registered manager had detailed in their PIR that this was an area requiring improvement, and they were taking action to ensure staff had detailed information to help ensure they were consistently meeting the person's wishes.

## Is the service responsive?

### Our findings

Care records contained information about people's health and social care needs. However, the records had not been regularly reviewed and people's views were not routinely obtained about the care and treatment they received. The registered manager and senior staff explained this was an area they had identified as needing improvement. They planned, in the future, to consult people, where possible, about how they would like each of their needs met. They intended to involve staff to ensure their in depth knowledge of people was also recorded to help provide consistently personalised care. Care plans would then focus on the person as an individual and cover all activities they received support with. The registered manager also confirmed in their PIR, that they were taking responsibility to make sure all care plans would be fully updated, regularly reviewed and personalised using input from people and those who were important to them. Staff also told us they were in the process of recording people's life histories which would enable them to understand people's needs, like and dislikes in greater depth and tailor their care more effectively. The registered manager told us, "The more we know the resident, the better the care we will provide."

People had the opportunity to take part in activities such as music and singing and chair aerobics. Themed parties, such as 'the war years' and Alice in Wonderland were also arranged which people enjoyed a lot. The PIR detailed staff were encouraged to spend time with residents doing activities or just sitting with them. However, some people and their relatives felt they would benefit from more activities and staff confirmed they often only had time to spend one to one with people when supporting them to eat or with personal care. The registered manager told us they would review what activities people enjoyed and engage them and their relatives in planning more activities. This would help them identify which people preferred one to one activities, so these could be planned for too. They were also intending to produce pictures of different activities so people could communicate their choices more easily and planned activities could be displayed so everyone was aware of what was happening each day.

People told us staff responded to a range of needs as they arose and acted promptly when requests were made, comments included, "They treat us individually, according to our needs," and "Every attention is given. Anything you need, you ring your bell and they're here." One person explained the service was very good despite the range of different needs people had, confirming that people received attention whenever they needed it. Feedback received by the service said, "The staff and management will consider any requests," and "Nothing was too much trouble." One relative gave an example of this saying, "I suggested a different room layout for mum's room and three days later it was all done!"

People were involved in daily decisions about how they wanted their needs met and how they wanted to spend their time. One staff member told us, "I try to explain the options and offer advice if needed." One relative told us how their family member enjoyed sitting in the hallway as they liked watching people going past. We observed this was where they spent their morning and staff spoke with them whenever they passed. Staff confirmed they consulted people, for example, when they wanted to have a bath or shower, when they got up and went to bed and when and where they ate their meals.

Staff were supported by team meetings and daily handovers. The staff team met with the registered

manager for handover every morning to discuss people's needs, what was happening during the day and if anyone needed referring to an external professional. The registered manager planned to record these meetings so staff who were not present would still learn of any key issues discussed.

The service had a policy and procedure in place for dealing with people's concerns or complaints. Complaints had been recorded, dealt with to the satisfaction of the complainant and feedback given. People and their relatives told us they were happy to approach the registered manager with any concerns and were confident they would be taken seriously. Relatives explained, "I've got no worries whatsoever. I'm happy my relative's here and I wouldn't be if it wasn't the right place," "I don't ask a lot of questions as I trust them implicitly," and "If I had any concerns; I would chat to the manager about them". A suggestion box was available for anyone to suggest improvements or changes.

## Is the service well-led?

### Our findings

People, relatives and health and social care professionals, without exception, spoke highly of the registered manager. Comments included, "The manager does an excellent job. He's an absolute work horse and his work ethic is amazing. He's very committed." "The manager would bend over backwards to help you," and "The manager is extremely professional and on the ball."

The registered manager took an active role within the running of the home and demonstrated good knowledge of the staff and people. The registered manager detailed in the PIR that they aimed to create a relaxed, caring and homely atmosphere. Staff reflected this ethos in their approach telling us, "Seniors encourage us to focus on getting the work done properly not quickly," and "I like to think if I'd be happy with my mum living here. I always tell new staff to think of people as they would their mum; To ask themselves how they would want them looked after and that's how you treat people." Relatives confirmed they recognised these values when they visited, describing the warm, homely atmosphere and commenting, "The manager is always here and welcoming," and "The manager told me this is everyone's home and he wouldn't ask people to move if their health deteriorated."

The PIR detailed that the management adopted a hands on approach to the delivery of care through demonstration, explanation and discussion of caring skills. We observed this in practice. The registered manager led by example and encouraged staff to ask advice and question practice. Staff reported the registered manager was always visible around the home throughout the day delivering care and monitoring staff. We saw the registered manager providing care and supporting people to eat in a dignified way at lunchtime. One staff member told us, "We can always go to the manager if we need anything." Staff found the registered manager to be open and approachable and felt comfortable raising ideas or concerns with them. Staff told us, "The manager is nice, fair and understanding." "We always have a good day. [...] is a good boss," and "I feel I know the manager and can talk to them. They are very fair and sensitive to any personal problems." The registered manager had used a recent team meeting reiterate their open door policy.

Team meetings were held for all staff to attend and discussed topics such as policies and procedures, care plans and risk assessments; and to find creative solutions to providing support for people. During a recent team meeting the registered manager had asked staff for ideas regarding particular challenges staff had encountered. Staff told us, "If we've got any ideas, we can talk it out with the team," and "We bring up new ideas all the time and the manager does listen; and if anything's urgent it gets put in place immediately." The registered manager also used the team meeting as an opportunity to thank all staff for their efforts. There were some systems in place to monitor the quality and safety of service. However, we identified areas for improvement relating to quality monitoring, such as risk assessment monitoring, medicines management and environmental checks. The registered manager recognised systems needed to be more robust and immediate action was being taken at the time of our inspection to make improvements.