Springdene Nursing And Care Homes Limited

Springview

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 8 September 2016 and was undertaken by one inspector and a specialist advisor in falls management and prevention.

We carried out this focussed inspection because we had concerns regarding falls management at the home. This report only covers our findings in relation to falls management within the safe section. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springview on our website at www.cqc.org.uk.

Springview provide accommodation for persons who require personal care to a maximum of 58 people some of whom are living with dementia.

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.

Relatives and people who used the service were very positive about the staff and the way they were being supported at the home.

There were systems in place to monitor and analyse information about people who had suffered from falls at the home. There was a falls management policy and procedure in place with the direct aim to reduce the incidences of people falling. The service was following the requirements of the Health and Social Care Act 2008 and associated Regulations by notifying the Care Quality Commission (CQC) when people had suffered falls at the home.

The management and staff were aware of the need to ensure the safety of people and had put in place a number of practical measures in an attempt to reduce the number of people falling.

However, these systems and safety measures were not always effective or being followed appropriately. Additional measures and improvements to existing systems were identified, at this inspection, that the service needs to put in place to further reduce the risk of people falling at the home. We have made a recommendation about falls prevention.

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 safe; however, we identified additional measures and improvements to existing systems that the service needs to put in place to further reduce the risk of people falling at the home.

Springview

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 checked 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 unannounced inspection took place on 8 September 2016 and was undertaken by one inspector and a specialist advisor in falls management and prevention. We inspected the service against one of the five questions we ask about services: is the service safe. This was because the inspection was undertaken in response to concerns that CQC had in relation to the management and prevention of falls at the home.

Prior to the inspection we reviewed information we had about the provider, including previous inspection reports and notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with six care staff and the registered manager. We also spoke with the group operations manager.

We spoke with two relatives and nine people who used the service. We also spoke with the local authority safeguarding team.

We looked at eight people's care plans and other documents relating to their care including risk assessments and falls monitoring records.

Requires Improvement

Is the service safe?

Our findings

People who used the service and their relatives were very positive about the staff at the home and told us they were well looked after.

We looked at the care plans and risk assessments for eight people currently residing at the home. All the care plans we looked at contained an up to date assessment of the person's mobility and the possible factors that would increase the risk of them falling. These factors included the person's medical history including oedema or previous strokes, a high number of prescribed medicines, confusion and dementia.

We noted that the organisation's operational policy regarding falls management, which was last reviewed in September 2014, included additional risk factors which were not included in the risk assessment being used by the home. This included the possible increase in the risk of falls due to a history of urinary tract or other infections.

Where a risk had been identified, there were actions recorded that staff needed to take to reduce this risk. For example, these actions included making sure that the person's footwear fitted properly and that the person's walking frame was close to them so they could access it when they needed to.

Staff told us that the issue of falls was discussed at shift handover. However, this was generally discussed after someone had sustained a fall. It did not appear that general falls prevention was discussed as a regular agenda item, so staff could take into account preventative measures, sharing good practice and effective interventions.

Not all the staff we spoke with were aware of all the actions detailed in individual's care plans which were required to help reduce the risk of them falling. Staff told us they had not undertaken any specific training in falls management. We discussed this with the group operations manager who agreed to organise training and consider appointing a "falls champion" within the staff team. These staff would have particular responsibility to ensure falls were regularly discussed by everyone and that staff were reminded of the risk factors for the people they supported.

A number of people had assistive technology in the form of a Passive Infra-Red (PIR) motion detector by their bed. This alerted staff when people were getting out of bed or their chair. The registered manager told us this PIR was preferred to the sensor mat that could present as a trip hazard. When the PIR was demonstrated to us, we noted that, the PIR was pulled too far out from under the bed which in itself was a trip hazard. We discussed this with the registered manager who agreed to make sure the safe use of PIR motion detectors was reviewed with all staff.

The service was monitoring and analysing the incidence of people falling at the home to look for any patterns and possible preventative measures. The registered manager told us that the highest incidence of falls took place at night, in people's bedrooms, on the second floor dementia unit. We were informed that most people were monitored by night staff hourly throughout the night.

When we looked at the falls monitoring records we noted that some actions, recommended to prevent further falls, had not been fully risk assessed. For example, a number of entries under the "Action recommended to prevent further fall" stated, "Use of cot sides (bed rails)." No risk assessment had been developed for the use of bed rails which could present a further risk of falling if the person was confused and tried to climb over the bed rail.

We saw that people who had previously fallen or were identified as having a high risk of falling were not always being encouraged to mobilise. We observed instances where people were mobilising with their walking frame, but being asked or guided by staff to sit down. When we checked these individual's care plans it was recorded that the person should mobilise with a walking aid with the supervision of staff. We saw that people were being transported from their bedroom to the lounge or dining room in a wheelchair.

Although we understood that staff wanted to help keep the person safe by using a wheelchair to mobilise people at high risk of falling, this practice did not encourage the person to gradually build up their stamina and strength to help them maximise their potential and get back to their base line of the pre-falls episode.

The activity coordinator provided an exercise session for people five days a week. We saw this taking place on the day of our inspection and people were enjoying the chair based exercises which were designed to improve movement and mobility.

In one person's care plan, dated 18 January 2016 it was recorded that staff were to encourage the person to use their upper and lower limbs as much as possible and to encourage the person to take part in the morning exercises. However, records showed that this person had only taken part in the morning exercises on one occasion. We also noted that the chairs used for the daily exercises did not have arm rests and were unsuitable for people with balance problems.

We spoke about this issue with the activity coordinator and registered manager who told us that they would now encourage people at risk of falling to take part in the daily exercise program in order that they might be able to build up their strength and stamina.

We looked around the home with the registered manager and visited all floors. On the top floor we saw that a handrail had only been fitted to one side of the corridor. This would limit the mobility of people with a weakness on one side of their body. On the other floors we noted that there were no handrails fitted. This meant that people needing some support when walking could not use these corridors to mobilise at all.

Handrails were fitted in all en-suite bathrooms but we noted that these were not situated for maximum benefit. Handrails were also fitted in communal toilets but these were also fitted incorrectly. For example, the rail in one toilet was angled upside down. We spoke with the group operations manager about this who agreed to make sure all handrails in the home were reviewed by a relevant professional and adjustments made.

We recommend that the service consider current best practice guidance on falls prevention and take action to update their practice accordingly.

Slings, used to lift people in hoists, were seen hanging on hoists in bathrooms we looked at. These slings were not labelled with the person's name. This increased the risk of the sling being used for more than one person and therefore increased the risk of cross infection.

Care plans did not detail which sling loops should be used or which hoist was to be used. It was not always

detailed what name or size of sling was to be used and there was no information for staff about the need to undertake visual checks on slings for wear and tear before each use. We discussed this with the registered manager who told us they would address these issues and make sure there was appropriate information provided for staff in people's care plans to keep people safe.