

Springwood Residential Home Limited

Springwood House Residential Care Home

Inspection report

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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

Springwood House Residential Care Home provides accommodation, care and support for up to 29 older people. At the time of our inspection there were 21 people using the service.

At the last inspection on 17 September 2015 the service was rated Good. At this inspection the service remained Good.

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.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risks to people were assessed and monitored regularly. The premises were maintained to support people to stay safe.

Staffing levels ensured that people's care and support needs were met. Safe recruitment processes were in place. Medicines were managed in line with the prescriber's instructions. The processes in place ensured the administration and handling of medicines was suitable for the people who used the service.

Systems were in place to ensure the premises was kept clean and hygienic so people were protected by the prevention and control of infection. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. They received care from staff who had received training and support to carry out their roles.

People were supported to maintain their health and well-being. Staff supported people to attend appointments with healthcare professionals. People were encouraged to eat healthily and staff made sure people had enough to eat and drink.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment. Staff demonstrated their understanding of the Mental Capacity Act 2005 and they gained people's consent before providing personal care.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided. Staff had a good understanding of people's needs and preferences.

People were listened to; their views were acknowledged and acted upon. Care plans were focused on the

person and their wishes and preferences. People and their relatives were involved in the assessment process and the on-going reviews of their care.

People were supported to take part in activities which they wanted to do, and encouraged to participate in events within the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

The service had a positive ethos and open culture and people were involved in decisions about changes. People, their relatives and staff felt confident to approach the registered manager and felt they would be listened to. Quality assurance systems were in place to monitor and review the quality of the service which was provided.

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 Safe.

Is the service effective?

Good ●

The service remained Effective.

Is the service caring?

Good ●

The service remained Caring.

Is the service responsive?

Good ●

The service remained Responsive.

Is the service well-led?

Good ●

The service remained Well-Led.

Springwood 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 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 comprehensive inspection took place on 01 November 2017 and was unannounced. The inspection was carried out by one inspector, a specialist advisor who was a nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information that we held about the service such as notifications, which are events which happened in the service the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During this inspection we spoke with ten people using the service and three of their relatives. We also spoke with the registered manager, the deputy manager, one senior care staff, three care staff and the cook. We observed the interactions between people who used the service and staff.

We reviewed the records and charts relating to five people and four staff recruitment records. We looked at other information relating to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People continued to feel safe with the support they were receiving. One person told us, "I feel safe because there is always somebody about and if you want someone in the night you've only to press the button and someone will come. Someone comes round to check on us too." A relative commented, "It is because of the way they care for [person]. From what I see they are very attentive and keep an eye out." Staff told us they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would be confident to report if I saw any signs of abuse." Staff knew how to raise whistleblowing concerns and one commented, "I would report it to either higher management or go to the local authority or you [CQC]." There had not been any allegations of abuse. The registered manager was aware of their responsibility to report any concerns to the local authority.

Risk assessments were in place to reduce the likelihood of injury or harm to people. These included people who were at risk of falls. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. One person commented, "They don't stop you doing anything but they will try and advise you if they are concerned. They take all kind of precautions." These had been reviewed on a monthly basis to make sure they remained up to date and reflected changes to people's circumstances.

There were enough staff to support people safely. One person told us, "There is enough staff. I have a call bell in my room. I use it sometimes. They come quickly enough." Another person commented, "Sometime I think they are a bit short staffed like when they are putting people to bed. The buzzer is going on for a while." A relative told us, "They are busy sometimes but I think there is enough for what they need." Staff told us they felt there were sufficient staff to meet people's needs and the registered manager commented, "We all work together to cover shifts. Staff told us they were busy at certain times so we have extra staff on during these. We also added a general assistant who does drinks and breakfast, and domestic staff so the care staff only focus on the care." The staff responded to people's requests for support and call bells were answered within two minutes during our visit. The rotas confirmed the staffing levels as described by the registered manager. Recruitment procedures were followed to ensure that all staff were suitable to be working at the service.

People received the support they needed to take their medication as prescribed. One person said, "The staff give it to me morning, and tea time. It is always on time." A relative told us, "The staff deal with all of the medication because I don't understand it. They tell me if it changes." Medicines management systems in place were clear and consistently followed. Staff had received training in this area and been assessed and deemed competent to administer medicines. People had a Medication Administration Record chart (MAR) which included the person's picture and information about the medicines they took. People had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

People's environment had been assessed and appropriately maintained. Environmental risks had been assessed and were monitored to make sure people were protected as much as possible from avoidable harm. Checks on the building and equipment in use had been completed including fire safety checks and

drills. Improvements had been made to the fire detection system and the electric works in the building. These were on-going due to the age of the building.

People were protected by the prevention and control of infection. The premises were kept clean. On person said, "It is very clean. They are continually cleaning every day." Regular monthly audits were completed including the environment, infection control procedures, COSHH, legionella and water checks. The provider had made changes to the environment to provide additional measures to reduce the spread of infection. These included waste disposal and additional personal protective equipment for staff. Staff had completed training in infection control to improve their understanding.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Incident and accident forms were reviewed by the registered manager to ensure actions had been taken and in order to learn from any areas of practice that had gone well or not so well.

Is the service effective?

Our findings

People's care was effectively assessed to identify the support they required. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their needs. The registered manager told us they worked closely with health professionals to identify people's needs and training in these areas. This meant staff had understanding and training to meet people's needs in line with up to date legislation, standards and best practice.

Staff had the knowledge and skills to carry out their roles and responsibilities. A relative told us, "The staff are very good. They have been brilliant with [person]." Staff were provided with appropriate support and training to enable them to carry out their roles. One staff member said, "I did an induction. It was useful. I had time to get to know how things work here." A second member of staff commented, "The training is very good." The registered manager explained they had appointed a person to focus on the training needs of staff to ensure these were fully met. They had sourced a range of training courses staff could access to develop their knowledge and skills.

The provider had been nominated for the 'Apprenticeship employer of the year' by the local college for their work with apprentices in 2017. The registered manager explained they offered apprentices placements at the service as part of their development. They explained how some apprentices then stayed for employment with the service.

Staff told us that they were provided with regular supervision and felt well supported. One staff member said, "I have regular supervision with my manager. We can talk about things." Staff had received regular supervision and an annual appraisal of their work.

People were supported to maintain a healthy and balanced diet. One person told us, "The food is good. There are second helpings if you want them. If you don't like something they ask if you want something else." Another person commented, "I don't eat snacks. I don't need them. The meals here fill me up." Where it had been identified someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Staff encouraged people to make healthy choices. There was guidance for staff in relation to people's dietary needs and the support they required with eating and drinking in their care plans. The cook had information about people's dietary needs and how to meet these.

People were supported by staff to use and access a wide variety of other services and social care professionals. Regular reviews were held with people and professionals who were involved in their care. These included meeting with their GP, practice nurse and district nurse. This helped to promote good communication resulting in consistent, timely and coordinated care for people. Input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People told us staff supported them in a timely manner with their healthcare needs. One person said, "A doctor or practitioner comes every week. You can always see them." A relative commented, "The nurse

comes to see [person] and a doctor comes every Thursday so she can see them." People's medical history and current health needs were documented in their care plan. These included information for staff about each condition the person was living with and guidance about how to deal with any concerns with the person's health. A clinical practitioner who visited during our inspection told us, "Communication with [registered manager] and [deputy manager] is great."

People's diverse needs were met by the adaptation, design and decoration of premises. For example, we saw that there were a number of communal areas where people could choose to spend their time. These included one lounge where there was no television as people had said they did not want to have the television on all the time. People spent the majority of their day in this room and they sat and chatted with each other and with the staff. Other people chose to sit in a different lounge where they watched television. People had been involved in choosing their own room and how they wanted this to be decorated. The registered manager told us people had the option to move rooms if one they preferred became available and people had taken the opportunity to move to a different bedroom.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their roles in assessing people's capacity to make decisions. People told us they were asked about consent to care and treatment and about decisions relating to their care. One person said, "I go to my room in time to watch the 6pm news. I could stay downstairs as long as I like. You can have your breakfast when you want it. It is up to you."

Is the service caring?

Our findings

People continued to receive good care from staff who knew them well. They had developed positive relationships over time as they saw the same staff on a regular basis. One person said, "I'm happy. The staff are very caring. They want you to feel at home and you do. It is like a big family." A relative told us they, "They talk to people like they are a friend and are very caring. Nothing seems to be too much trouble." During our visit staff spent time talking with people and reassuring them if they were unsure about anything. They spoke in a respectful tone and did not rush their speech, giving people time to respond. The staff members had a good rapport with people and knew all about their likes and dislikes when speaking with them.

People were treated as individuals and had care plans which were focused on them. People told us that they were encouraged to express their own wishes and opinions regarding their care. They explained the registered manager and the staff listened to what they had to say and ensured their care reflected this. One person told us, "I have discussed and signed a care plan. We discussed what I wanted at the end of my life. They listened and wrote down what I wanted." There was information about advocacy available for people in case they wanted the support of someone to help them to make decisions about their care.

People had been asked if they had any specific cultural needs, personal convictions, religion or ethnic background they followed that needed to be considered as part of their care. This was important to ensure people had the opportunity to make sure the service knew about and supported them to follow their beliefs.

Staff told us that they always tried their best for the people they supported, as they wanted them to receive good quality care. One staff member said, "I enjoy coming to work. I get to know people. I want the best for them" The registered manager told us that having staff with the right values and skills was important. They used the interview process to highlight prospective staff member's values and attitudes to ensure they matched the values that were at the heart of the service.

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. They were able to explain about the care and support people needed. Staff actively involved people in making decisions and asked them what they would like. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People were able to comment about their care and the support they received through regular reviews, informal discussions and surveys sent out by the provider.

People's relatives were encouraged to visit and made to feel welcome. One person said, "[Family member] can visit when they want. The staff make them welcome and give them a cup of tea." A relative told us, "There is always somewhere to sit on your own if you need privacy. The staff give you space."

The privacy and dignity of each person was respected by all staff and people we spoke with confirmed this. One person said, "There are some people staff call Mr or Mrs. They respect what they want to be called." A relative commented, "They treat them with the utmost respect. They don't talk down to them at all. They talk like a friend." Staff knocked on people's doors before entering, and that care plans outlined how people should receive care in a dignified manner. The registered manager told us they were working towards the dignity in care award and appointing dignity champions in the service to promote this. Staff understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

Is the service responsive?

Our findings

People's needs were fully assessed prior to admission so a comprehensive care plan could be developed which met their needs. As part of the pre-admission process, people and their relatives were involved to ensure staff had a good insight into people's personal history, their individual preferences and interests. A relative commented, "We were involved in the care planning process. It was very in-depth and what [person] wanted." Care plans were focused on the person and included their preferences, communication and support needs. For example, the cook was able to tell us what flavour jam one person preferred and staff were able to explain the way people liked to carry out tasks.

People and their relatives were involved in the assessment and planning of their care through regular review meetings. One person said, "I have discussed and signed a care plan. We go through it if anything changes." Throughout our inspection we observed staff supported people in line with the guidance in their care plans.

People had been asked about their wishes at the end of their life. One person said, "We have discussed an end of life plan. They dealt with it sensitively." A relative commented, "We did discuss [person's] end of life care as they had been quite ill. They listened and wrote down what we wanted." A plan was in place called 'Right care plan'. This had been completed with the person and recorded what they wanted to happen when they reached the end of their life. This took into account wishes and preferences and was focussed on the person having a dignified death in line with their wishes.

People were supported to follow their interests and take part in social activities. One person said, "There is always enough to do." Another person told us, "Normally at this time of the morning there is music, singing and something going on. The activities co-ordinator is on holiday this week. I read the newspaper as I have it delivered to me." One person commented, "We have entertainment. They had children in for Halloween yesterday; it was lovely." There was a plan of activities each week including exercise, mind word games, singing and pampering. There were also different activities throughout the month to celebrate festivals / events and film afternoons. A calendar of events was available each month and people were given this so they could decide what they wanted to join in with. This included coffee mornings for charity, a Halloween party and also a bonfire and fireworks. The registered manager told us an event called dancing for dignity had been held recently. Pictures from this were displayed. People were encouraged to reminisce about things from their past and different music was used to encourage people to remember different eras. People had asked for a fish and chip evening on Fridays. This had been arranged. The registered manager told us they had agreed for the food to be delivered from a local chip shop and people enjoyed this.

Staff were actively involved in supporting people to engage, promote and build key relationships with family and friends outside of the service. One person told us, "Once a month ladies come from the church for Communion. That's very nice." A relative commented, "Here, [person] has friends." The registered manager explained how they were working to promote links with the local community groups. This included the local Rainbows (girl guides from ages 5 - 7) group visiting, links with a local school and with local choirs and singing groups. They told us people had been involved with making art projects to go on a carnival float with the local school, and people had been invited to watch a Christmas show at the school. This allowed people

to participate in their local community and events which were taking place.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us some people with sight difficulties requested information to be in large print on a yellow background which was provided. A local library service was available and people could access talking books if this was easier for them.

People we spoke with knew how to report any concerns. There was a complaints procedure in place. One person told us, "If I had any problems I would talk to the carers or the management." A relative said, "The manager says 'if you don't come to me, I don't know'. We have had two little problems which were sorted out the next day." There were procedures in place to deal with complaints effectively.

Is the service well-led?

Our findings

The service had a registered manager and they were supported by a deputy manager. We received positive feedback about how they managed the service. One person told us, "If I ever want to discuss anything there is never a problem." A relative commented, "I am very happy [person] is here." People and their relatives felt the registered manager was approachable and listened to what they said. Staff told us that the registered manager and senior staff were approachable. One member of staff said, "I really like working here. It is friendly. They are supportive if you need anything."

The service had an open culture where people had the opportunities to share information and be involved in the running of the service. One person said, "Everybody knows what is happening and if they want to change something they will let people know and talk about it. It will be brought up at the next resident's meeting." Residents meetings had been held each month. Actions from the meetings were recorded and targets set to complete these by.

Surveys were sent out to relatives, people who lived at the service and professionals who visited each year. They had been completed in October 2017. The feedback from these was very positive. The registered manager told us people were given feedback during the residents meeting. Five professionals had responded and commented positively on the service which people had received.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues; however care staff felt they were not always offered the opportunity to receive information from the managers. One staff member told us, "The seniors have meetings and filter the information to care staff. We don't get told things directly." We discussed this with the registered manager. They agreed they would hold meetings with care staff. Following our inspection they sent minutes from the first of these meetings. Meetings had been held with senior carers and these included discussion and learning from events within the service. Minutes of meetings held showed information had been shared with seniors including discussions about good practice.

The quality of care was regularly monitored and continuous improvements made to ensure sustainability. Audits were carried out and included infection control practices, medication, environmental checks, care plans, daily records and health and safety. Where areas required attention actions had been taken. For example we saw the lighting had been identified as not being bright enough at our last inspection. The lighting had been changed to make sure people were able to see where they were going clearly.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, accidents and fire safety.

There were internal systems in place to report accidents and incidents and the registered manager

investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service. They had displayed a link to the rating on their website. We asked the provider to make sure the actual rating was displayed. They told us they would change the website to reflect this.