

Cornish Care Limited

# Springfield House Residential Care Home

## Inspection report

North Hill  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Springfield House is a residential care home providing personal care to 21 people predominantly older people. The service can support up to 23 people. It is an older style property situated in its own grounds in a village location.

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

People received their medicines safely in the way prescribed for them. Some improvements were being planned to make sure that best practice guidance was incorporated into the home's medicines policies and practice. We have made a recommendation about this in the report.

When people were at risk of harm, assessments were in place alongside guidance for staff on how to mitigate the risk. Staff had completed safeguarding training and were confident any concerns would be dealt with.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received an induction when they first started working at the service. Training was updated regularly although we did identify gaps in training for the Mental Capacity Act (2005). The registered manager assured us they would make sure this was completed. Staff had received an annual appraisal since our previous inspection. Not all staff had completed a recent supervision meeting. We have made a recommendation about this in the report.

The atmosphere was relaxed and friendly. Staff spent time chatting to people and were enthusiastic about their role. There were enough staff to meet people's needs. People and relatives told us staff were quick to respond to requests for assistance and were kind and helpful.

People spent time taking part in activities that reflected their interests. Some people disliked group activities preferring to stay in their rooms. Staff checked on these people regularly.

The registered manager was highly visible in the service and staff told us they were approachable and would listen to any concerns they had. Daily handovers were held to enable staff to keep up to date with any changes in people's needs. Staff meetings were not held and staff told us they felt this was an area for improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (report published 30 October 2018) and there were breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was not always effective.	<b>Requires Improvement</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

# Springfield House Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an 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 care service.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, administrative assistant, a domestic worker, the cook, the team leader and three care workers. We also spoke with a visiting GP and vicar.

We reviewed a range of records. This included four people's care records and ten medication records. We looked at one staff recruitment file and staff supervision records. We observed administration of medicines and checked medicine storage arrangements, policies and procedures, medicines audits and records. We spoke with one member of staff about medicines. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks were identified, assessed and regularly reviewed. There was clear guidance for staff on the action they could take to mitigate risk.
- One person had been identified as being at increased risk of falls. Arrangements had been made for one to one support for the person until an alternative placement could be identified.
- Some people were at risk of developing pressure areas and air mattresses were in place to help protect their skin integrity. The mattresses were checked regularly to ensure they were correctly set in line with people's weight.
- One person occasionally used their walking stick to try and orientate themselves. This was done in a way which could have caused injury to other people. Staff were not always present in shared lounges and were therefore not always aware of the risk. We discussed this with the registered manager who told us the person had only very recently started using their walking stick in this way and they would remind staff of the need to be aware of their whereabouts.
- Utilities, equipment and fire systems were regularly checked to make sure they were safe and fit for purpose.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and told us they would be confident reporting any concerns to the registered manager.
- Information about how to report safeguarding concerns externally was displayed in the service.
- Relatives told us they had no concerns about their family members safety. Comments included; "My relative has been using this service for nearly two years. It's brilliant, wonderful, I have never had to complain, they get problems sorted, they look after my relative in the best possible way, I never worry that

my relative isn't being cared for in the very best way possible" and "I know and trust the staff here."

- When safeguarding concerns had been raised with CQC these had been investigated appropriately by the registered manager.

#### Staffing and recruitment

- There were generally enough staff to meet people's needs. Staff spent time with people talking to them and offering reassurance.
- Call bells were responded to quickly. People told us they did not have to wait long for support. One person said; "The girls come quickly, very kind all of them."
- People and relatives told us there were enough staff at all times. Comments included; "There seem to be plenty of them", "There are plenty, and at night" and "There always appears to be enough staff on. They are going about their business, stopping and chatting to people, and go if they hear a call bell."
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.

#### Using medicines safely

- People received their medicines safely, in the way prescribed for them
- There were no protocols for administering 'when required' medicines. However, staff were able to explain how these medicines should be given, and there was personalised information in people's care plans to guide staff so that these medicines could be given appropriately.
- Creams and external preparations were recorded when applied, and guidance was available for care staff to be able to apply these correctly when needed.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure they were stored correctly and would be safe and effective. At the time of the inspection there were no records of checks of medicines requiring extra security being recorded. Staff were aware of this and told us that plans would be implemented to make sure these were recorded.
- Staff explained that policies and practices were planned to be updated and improved, including medicines auditing and reporting, and recording checks on staff competency to show they could give medicines safely.
- Staff received medicines training, but at the time of the inspection there were no recorded competency checks in place.
- There were systems in place to audit and check medicines stocks to make sure medicines had been given correctly. New, more detailed audits, and an improved system for reporting any incidents or discrepancies were part of the planned improvements to be made.

We recommend that the provider updates medicines policies and procedures to make sure best practice guidance is implemented and followed.

#### Preventing and controlling infection

- Staff had access to gloves and aprons to use when supporting people with personal care.
- The home was clean and smelled fresh. Two cleaners were employed and one explained the system for checking all areas and responding quickly to any accidents or spillages.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any patterns or trends could be highlighted.
- When untoward events happened action was taken to mitigate the risk of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider take action to ensure staff received suitable training to enable them to meet the needs of people using the service and that systems to support staff were introduced. We found, although improvements had been made, systems for providing staff supervisions needed to be more robustly established.

- We identified some gaps in training. No training had been provided in Diversity, Equality and Inclusion. Two members of staff had completed an Equality in the Workplace course. Training in the Mental Capacity Act and associated DoLs was out of date for all but one of the staff team. We were assured these gaps would be addressed as soon as possible.
- Other training was up to date. Following the recommendation in our previous inspection report staff had completed training in end of life care.
- Opportunities for staff to raise concerns confidentially or highlight any personal training needs, were limited. Only four members of staff had received face to face supervision since May 2019.
- We discussed this with the registered manager who acknowledged staff supervision remained an area for improvement. They told us they were planning to timetable supervisions with the rest of the staff team before the end of the year.
- Annual appraisals had been completed since our last inspection. Staff told us they felt well-supported on a day to day basis. One commented; "I only have to shout, there is great constant communication with [registered manager] and everyone. It starts in the morning and goes on all day long."
- Newly employed staff completed an induction comprising of training in a range of areas and a period of shadowing more experienced staff.

We recommend the provider continues to improve systems for providing staff with regular supervisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service to help ensure these could be met.
- These assessments clearly identified any risks to people's health and outlined the support needed to mitigate risk. There was a lack of information about people's diverse needs. People were not asked if they required support in relation to any protected characteristics in line with the Equality Act 2010.
- There was some use of technology to improve people's experience of the service. Where appropriate

people were provided with pendant call bells to support their independence. A television screen in a shared area was playing a virtual train journey. One person was particularly enjoying this.

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

- People had access to a varied diet. Kitchen staff were aware of any dietary requirements and preferences.
- People told us the food was of a good standard and they were able to choose what they ate. Comments included; "I think the food's fine and I choose what I want to eat" and "The food's good, they put it all together, I like it. I choose in the morning."
- Hot and cold drinks were provided throughout the day. One person told us; "I am never thirsty. I get asked if I would like a drink."

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

- External healthcare professionals visited the service as necessary to help ensure people's healthcare needs were met.
- A visiting healthcare professional told us the registered manager communicated well with them and any guidance and advice was followed.
- At the time of the inspection one person's behaviour had changed. Arrangements had been made for them to have health checks to try and identify any underlying health problems.

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

- Lounges and the dining room were accessible to all. There was some signage to help people to easily identify rooms although this was limited. However, people were moving around independently and there was no indication anyone needed assistance in this area at the time of the inspection.
- Hall and stair carpets were stained. Following the inspection the registered manager contacted us to inform us new carpets were being laid in the hallway that week.
- One person became confused by a mirror in the corridor. The registered manager quickly noticed this and reassured the person. They told us they had already covered one mirror in a lounge and they would review the positioning of mirrors in shared areas.
- People had access to large and pleasant gardens. A conservatory overlooked the drive and several people chose to sit in this area.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments had been completed to demonstrate if people were unable to consent to aspects of their care.
- DoLS applications had been made appropriately and some authorisations were in place. No-one had any

conditions attached to their authorisation.

- Staff spoke with us about the importance of gaining people's consent before providing care. One told us; "We ask, (for consent), every day."
- Records did not consistently record when Power of Attorney arrangements were in place to enable relatives, friends or solicitors to make decisions on people's behalf. The registered manager told us they would make sure this was more clearly recorded.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with consideration and kindness. Staff were friendly in their approach and offered reassurance and support appropriately.
- People had equal access to opportunities. A mobility vehicle was available and shared areas were accessible to all.
- Comments about staff approach were positive. For example; "They are always kind and thoughtful", "Yes they are brilliant, I can't speak highly enough of them. It's the little things too, I can bring my dog in, my relative likes to see him, and the girls always bring him a bowl of water. They know that my bringing the dog in is going to please my relative" and "Yes they care, you can tell by the way they speak to my relative. I only have to ask for something and its done."
- People's spiritual and religious needs were known to staff. A local vicar regularly visited the service.
- Springfield House had signed up to the 'Postcards for Kindness' project; a project which encourages members of the community to send postcards from their trips or holiday to one of their local care homes in a bid to reduce loneliness. The registered manager told us people had gained a lot of pleasure from the many postcards they had received and that they had stimulated conversation.

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

- Some people had specific health needs which meant staff needed to spend longer with them to ensure they were listened to and knew and understood what was happening. This was done respectfully and staff were unrushed in their approach.
- People were supported to express their views about specific aspects of their care. For example, they were consulted about menu choices and how they wanted to spend their time.
- When people found it difficult to communicate their wishes about how their care was delivered relatives, or people who knew them well, were consulted. One relative told us; "Yes I was, [involved in planning care delivery], I needed to be because my relative needed that help."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence for as long as possible.
- People's bedrooms reflected their tastes and preferences.
- Staff were discreet when carrying out personal care. They ensured doors were shut and privacy was respected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider seek advice and guidance to support the development of person-centred care plans. The provider had made improvements.

- Care plans were individualised and addressed people's specific needs. Language used in the care plans was appropriate and respectful.
- Care plans were in place covering a range of areas including mobility, nutrition and behaviours. These were regularly reviewed to ensure they were an accurate reflection of people's needs.
- Daily records provided a record of the care people had received, how they had spent their time and their health and emotional well-being.
- Care plans contained information about people's personal histories. Staff told us this information was useful and helped them understand people's preferences and personalities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's needs in terms of accessing information. For example, if they needed hearing aids or reading glasses. The information was not clearly flagged in line with the guidance. We discussed this with the registered manager who assured us they would ensure the information was reorganised.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider take action to improve the provision of activities. The provider had made improvements.

- People told us they had plenty to do and were able to take part in pastimes which they enjoyed and were

interested in. Comments included; "We have activities about four times a week. We have quizzes, we have made small pots, I like doing that. We get asked what we would like to do and make suggestions", "In the past my relative enjoyed playing cards and this was done on activity days" and "I like to walk. Sometimes I join in depends what's going on. I get asked what I would like to do."

- The service was situated in a village where there was a village hall which sometimes hosted coffee mornings. People told us they enjoyed attending these events. One person said; "I went to the village hall here for a coffee morning and thoroughly enjoyed it, I won on the raffle, a embroidered table cloth. About four of us went."
- Some people preferred not to take part in group activities and therefore could have been at risk of social isolation. Staff were aware of these people's needs and preferences and regularly checked on their well-being. One person told us; "They come to me in my room, I don't always like to join in, the girls know that and so come and make sure I am ok. That makes me feel they care about me."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. No complaints had been recorded recently.
- People and relatives told us they had not needed to raise any concerns but would be confident doing so if necessary. A relative told us; "Everything has always been alright. Good communication between the staff and me."

End of life care and support

- There was some evidence people had been consulted about how they wanted to be supported at the end of their lives. This was limited and there were no specific end of life care plans in place. It was not documented when people had indicated they did not wish to consider this aspect of their care. We discussed this with the registered manager who agreed they would develop this area of the service.
- We spoke with two relatives of a person who had recently passed away. They told us they were very satisfied with how they and their family member had been supported during this difficult time.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The atmosphere at Springfield House was relaxed and friendly. On our arrival people stopped to speak with us and it was evident they felt at home and comfortable.
- The registered manager had a clear set of values which put people at the centre of the service. They spent time with people and staff and led by example.
- Staff told us they enjoyed their roles and there was a recurring theme of supporting people to have good lives. Comments included; "I love it, it's just my forte, making people happy!" and "It feels like a family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were aware of the need to communicate honestly with people and families when things went wrong. A member of staff told us; "We are honest with families and make sure they are kept informed."

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

At our last inspection the provider had failed to establish and operate systems to enable them to monitor the service effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems for monitoring the delivery of the service had improved. For example, pressure mattresses were checked to ensure they were correctly set, care plans and risk assessments were reviewed so they accurately reflected people's needs.
- The registered manager was supported by a team leader. There was a vacancy for a second team leader at the time of the inspection. The team leader had responsibility for administering medicines and leading the shift.
- The ratings from our previous inspection were displayed in the service.

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

- Staff meetings were not organised. Staff told us they had a thorough handover meeting between shifts but there were limited opportunities for more in-depth conversations about the delivery of care and good working practice. One member of staff told us; "I'd like to see more of them (staff meetings)." We discussed this with the registered manager who agreed this was an area for improvement.
- Relatives were asked to complete questionnaires annually to gather their views of the service. This was due to be circulated shortly after the inspection. The previous survey results had been positive.
- Although a few people had attended coffee mornings in the local village hall, (see the responsive section of this report), there were no other links with the local community.

Continuous learning and improving care

- The registered manager attended a local provider's forum to help ensure they were aware of any developments in the care sector.
- The registered manager was open to suggestions and recognised where there were areas for improvement. They demonstrated a willingness to improve people's experience of the service.

Working in partnership with others

- The service worked with other agencies to ensure people had access to the support they needed.