

Springdene Nursing and Care Homes Limited

Spring Grove

Inspection report

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London
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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

About the service:

Spring Grove is a residential care home providing personal care to 38 people aged 65 and over at the time of the inspection. The service can support up to 46 people. The home provides care and support across five floors. The communal area is located on the ground floor, and over the remaining upper four floors are single and double rooms. One of the floors specialises in providing care and support to people living with dementia who have their own communal area.

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

People told us they felt safe and staff were kind. Engagement between staff and people using the service was caring and respectful. Staff provided people with personalised care that met their needs and preferences.

People's care and support plans were up to date and personalised. They included information about people's individual needs and guidance for staff to follow to make sure people received the care and support they required.

Staff were caring and treated people with dignity. People's differences including cultural, religious and relationship needs and preferences were understood and respected by staff.

People were supported to maintain good health and to eat and drink well. People were supported to access healthcare services.

People's independence was promoted and supported by staff. Staff recognised and respected people's abilities.

Staff knew what their responsibilities were in relation to keeping people safe. They recognised the importance of reporting any concerns they had about people's welfare and knew how to protect them from abuse.

Risks to people's health and wellbeing were assessed and regularly reviewed. Staff acted to minimise these risks and keep people safe.

Arrangements were in place to ensure that people received their prescribed medicines safely.

The provider recruited staff carefully to ensure that staff were suitable for their role. Staffing numbers were flexible and decided by the home's evaluation of people's needs.

Staff had the skills and knowledge to provide people with the care and support that they needed. They received the training and support that they needed to enable them to carry out their roles and

responsibilities.

People had opportunities to participate in a range of social and leisure activities within the home and in the local community. People were supported to have the relationships that they wanted with family and friends.

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

The home was clean and safely maintained.

The registered manager showed effective leadership and the home was well run. Staff felt supported. Systems were in place to assess and monitor the quality and delivery of care to people and drive improvement. Actions had been taken to ensure that concerns arising from quality monitoring were addressed.

Rating at last inspection:

The last rating for this service was Good. (Report published 18 November 2016).

Why we inspected:

This was a scheduled planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-led.

Details are in our Well-led findings below.

Spring Grove

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 a single inspector.

Service and service type

Spring Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Spring Grove does not provide nursing care.

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 was a comprehensive inspection, which was undertaken on 27 June and 2 July 2019. The first day of our inspection was unannounced. We gave the provider 24 hours' notice of our return to complete the inspection.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR]. The PIR 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 used this and all other information we had about the service to plan our inspection.

During the inspection we spoke with the registered manager, the managing director, two assistant managers, seven care workers, one maintenance person, one housekeeper, one receptionist, 10 people using the service and two people's relatives.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of nine people using the service, six staff employment records and a range of quality monitoring records.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living in the home.
- The provider had policies and procedures in place to safeguard people from abuse.
- Staff had received safeguarding adults training. They understood their responsibilities to protect people from abuse and neglect. They knew that they needed to report any concerns or suspicions to the registered manager, and if necessary, the local authority safeguarding team, police and CQC.

Assessing risk, safety monitoring and management

- Individual risk assessments had been developed for people living at the home. These were regularly reviewed and updated when there were any changes in people's needs.
- People's risk assessments included guidance for staff on ensuring that identified risks were safely managed in the least restrictive way to minimise the risk of harm. Staff knew what actions they should take to manage people's assessed risks. For example, incidents of falls had been reduced through close monitoring of people at risk. People's risk assessments and care records showed that actions had been taken to reduce the number of falls experienced by people living at the home.
- Service checks of equipment, water hygiene, gas, electrical and fire safety systems were carried out as required by law. Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures had taken place.
- The provider had commissioned a fire safety specialist to undertake their annual fire safety risk assessment. We saw that improvements to the building had been made following a recent assessment. Regular fire drills had taken place. People living at the home had personal emergency evacuation plans which included details of the support that they required should they need to leave the premises in an emergency.
- Arrangements were in place to report maintenance issues and we saw recorded and physical evidence that required maintenance had been carried out in a timely manner.

Staffing and recruitment

- Staff records showed that recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. New staff members were not appointed without evidence of identity and receipt of satisfactory references and criminal records checks.
- Discussions with people and staff, along with our observations, showed people received their care and support at times they wanted or needed it. One person said, "They are very good here. If I need help I get it straight away."
- The registered manager told us that they monitored and adjusted the staffing levels so that they were

always enough to meet people's care and support needs and to ensure people received the support that they needed to attend appointments or go out to community-based activities.

Using medicines safely

- The service had a policy in place which covered the recording and safe administration of medicines. Staff had completed training in medicines administration. Their competency to administer medicines was checked and monitored to make sure their practice was safe.
- Medicines were securely stored and at a temperature that ensured they were effective and safe.
- Records of medicines administration were recorded accurately. The home used an electronic recording system for medicines. This alerted staff when medicines were due or had not yet been received. The registered manager told us that incidents of medicines errors had significantly reduced since the electronic system had been introduced. The home's records confirmed this.
- We observed staff administering medicines to people. They explained what they were doing and waited for people's consent. They offered water or another suitable drink to support people in taking their medicines.

Preventing and controlling infection

- There were policies and procedures to minimise and control infection. The premises were clean and free from odour.
- Staff followed effective infection control procedures when supporting people with personal care. They washed their hands and wore gloves and aprons when necessary.
- Food hygiene practice was safe, and the service had achieved the highest five-star rating in food hygiene standards when checked by the Food Standards Agency in April 2019.

Learning lessons when things go wrong

- Accidents and incidents were fully recorded along with subsequent actions taken to reduce the likelihood of them happening again.
- Risk assessments for people who went out from the home independently had been reviewed and updated following a recent fatal accident. Records showed that staff spoke regularly with people who preferred to go out unaccompanied to ensure they were safe and understood risk.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed with their involvement before they moved to the home. This helped the provider and person to decide if the home was likely to meet their needs and preferences.
- People's care plans and risk assessments showed that people's needs had been individually effectively assessed and contained the information and guidance that staff needed to deliver the care and support that people required. Information contained in people's assessments was linked to their care plans and risk assessments.
- People told us that they made choices and received the care and support from staff that they needed and wanted

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction when they first started work to learn about the home, the people who lived there, policies and procedures and their roles and responsibilities. The induction included training that met the outcomes of the Care Certificate. The Care Certificate provides a set of training standards for new staff working in health and social care services.
- Staff received the training and support that they needed to carry out their roles. There was evidence of on-going staff training, which covered a range of areas, including, medicines management, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding, health and safety, equality and diversity and infection control.
- Staff told us that they felt well supported. They received regular supervision and appraisal of their development and performance.
- Staff demonstrated a good understanding of people's needs. They were knowledgeable about people's individual needs including their behaviour and communication needs.

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

- People using the service told us that they enjoyed the meals provided by the service. They told us, "I can't complain about the meals. They are very good, and they will give me something I like if I don't want what's on offer." "I love the food here. It's just to my taste and they know what I like."
- Details of people's nutritional and individual dietary needs were written in their care records. People were provided with a choice of food and drinks. Menus were reviewed and updated regularly, based on people's feedback and staff awareness of the foods that people preferred. People told us they could ask for alternative meals if they preferred. We observed a lunchtime meal and saw that people were provided with a range of alternatives according to their preferences.
- The menu showed pictures of the meals provided. A staff member told us they showed the food to people

who may have forgotten what they ordered at mealtimes. They said, "Sometimes they forget what they asked for. If I show them the meal, they can decide if they want it or if they would prefer something else."

- During lunch, staff provided encouragement and supported people to eat and drink at a pace that suited them. People were given alternative meals where requested. Drinks and snacks were regularly available outside of meal times.
- People's weight was monitored closely. Staff knew they needed to report all changes in people's weight to management staff, and to healthcare professionals when there were concerns.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared appropriately with other professionals to help ensure people received consistent and effective care and support.
- People's care records showed that health professionals had been contacted immediately where there were any concerns about people's physical or mental health. Staff had updated people's care plans to reflect professional guidance or treatment where this had changed.

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

- The layout of the home was suitable for people's needs. The premises were well lit, and corridors were wide enough for people to move about independently using wheelchairs or walking aids.
- Adapted bathrooms included equipment such as hand rails and shower seats to meet people's care needs.
- People had a choice of areas where they could meet their visitors and participate in activities or spend time on their own. Outdoor space with seating was accessible to people and their visitors.

Supporting people to live healthier lives, access healthcare services and support

- People's health and support needs were regularly reviewed with their involvement and updated in their care records. People had access to the healthcare services they needed. One person said, "I am always able to say what I feel when staff take me to my appointments."
- Staff worked with healthcare professionals to ensure people were provided with the care and support that they needed.
- People were supported by staff to keep as mobile as possible. Regular exercise activities took place and we saw that these were suitable for people with physical impairments. During our inspection we observed staff supporting people to walk and to go into the garden or out to a local café.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care plans included information about their capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity

and safety. People were supported by staff that had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.

- Staff told us they always asked for people's agreement before supporting them with personal care and other tasks. People using the service along with our observations confirmed that this was the case.

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

- There was a friendly, welcoming atmosphere. People told us staff were kind and treated them well. Staff were respectful to people and provided them with assistance in a friendly and caring manner. People told us, "I like living here. The staff are lovely. They are always checking if I am OK" and, "They are very good to me. I think I may be a bit awkward, but you would never know that from the staff. They always treat me so well."
- People's diversity needs were recognised and supported by the service. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People's cultural choices were respected. People who practiced a religious faith were supported to do so. We saw, for example, that staff had supported people to attend preferred places of worship.
- Where people had expressed preferences in relation to the gender of staff providing personal care this was recorded in their care plan.

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

- People were involved with planning and review of their care. People's care records showed that they had provided detailed information about their needs, preferences and background. People told us they made everyday decisions and choices including when they wanted to get up and what they wanted to wear. People told us, "I feel very independent. I'd rather be at home but I get five star treatment here," and, "They help me to keep active. I do need help to go out and they always make sure I have a nice staff member to go with me."
- Residents meetings took place. Minutes of these meetings showed information about the service was shared and discussed. People had expressed their views about a range of matters to do with the service including maintenance, care, activities and catering. Records showed that action had been taken to address the issues raised at these meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy. During the inspection, we saw staff knocked on people's bedroom doors and wait for a response before entering. Staff supported people with their personal care in a manner that maintained their privacy and dignity. One person said, "They [staff] are very respectful of my wishes."
- People's independence was supported. People told us they were encouraged to be independent and to ask for help if required. Some people made themselves drinks and their own breakfasts or snacks. Staff told us that they encouraged people to do as much for themselves as possible to maintain and develop their

independence.

- People's private and personal information was stored securely, and staff understood the importance of confidentiality.

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 Good. At this inspection this key question has remained the same. 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

- People's care plans were personalised and included detailed up to date information about their individual needs, abilities and preferences. The care plans provided guidance for staff about how best to support people's needs and preferences. People's daily care records showed that staff were meeting their individual needs as recorded in their care plans.
- Staff were knowledgeable about each person's needs and knew how to provide them with the care and support that they needed and wanted.

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

- People told us that friends and family members were welcome to visit them at the home. A person said, "They can come anytime. Sometimes they join in our activities here." When we inspected a person was visited by family members to celebrate their birthday. Staff had provided a birthday cake and other people and staff joined in the celebration.
- A daily programme of activities was provided. This included activities such as exercise, music, quizzes, news and current affairs discussions, wine and food tasting and memory activities. There were two activities co-ordinators, one of whom specialised in working with people living with dementia. During our inspection we observed a daily 'Oomph' seated exercise session facilitated by an activities co-ordinator who had received relevant training. We also spoke with people who were involved in a cookie making session. They were very active and engaged and told us there were always activities for them to do. A person said, "I haven't been here that long and it took me a while to get used to it. Now I am getting involved with things and I have made new friends through the activities."
- A separate programme of activities was also provided for people living on the dementia floor of the home. This included music, discussions, poetry, quizzes and word association activities, baking and gardening. The dementia activities co-ordinator told us they focused on activities that encouraged people's memories to be stimulated. We saw that people living on the dementia floor had memory boxes. These included small objects that the person valued, photographs of activities they had participated in, along with photographs of when they were younger and of family and friends. The activities co-ordinator told us they used these to stimulate discussion. "Sometimes if someone is having a bad day, they respond very well to our sitting down with them and going through the boxes. These things that are so important to them can make such a lot of difference."
- A range of 'one off' activities were also provided. Local school children visited regularly and an intergenerational "when you were young" project had been taking place. We saw photographs of a recent 'Mitzvah Day' event where Jewish and Muslim soldiers had been invited to the home to meet with people

and speak about their experiences. The home hosted an annual music festival where young classical musicians competed to win awards. A person said, "I love music and the last festival was very good. I am looking forward to the next one." When we visited, people were getting ready for a 'bake off' competition that was taking place at a forthcoming 1940s event.

- The home was near to two local arts centres and people visited these on a regular basis supported by staff. For example, people had been to see plays, films and music and opera performances. People said that staff supported them to attend individual activities of their choosing. One person told us about a recent visit to an art gallery in central London where they were supported by a staff member. During our inspection a person asked if they could go out for a coffee and this was quickly arranged. A person said, "I need help to go out and they are very good about making sure I get this help."

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.

- Information about people's communication needs was included in their care plans. People told us that they knew about their care plans and were provided with copies of these if they wished. The registered manager told us that, although no-one currently living at the home required information in an accessible format or language, they would ensure accessible care plans were provided to people in the future should they require these.
- Some information was provided in easy to read or picture assisted formats. This included menus, information about activities and the provider's complaints procedure. The registered manager said that staff would always explain any information that people did not understand.
- An activities co-ordinator said some people living with dementia did not always understand verbal information, but they could usually understand if they were shown the same information in writing or pictorial form.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People knew how to make a complaint. One person told us, "I'd tell them straight away if I had a complaint. So far I haven't but I think they would sort it out if I did complain."
- Care staff knew that they needed to report any complaints about the service that were brought to their attention by people using the service, people's relatives or others.
- Complaints records showed that action had been taken to address complaints and to minimise the likelihood of similar complaints recurring.

End of life care and support

- At the end of their lives people were supported to remain at the service if they so wished, in familiar surroundings, supported by their family and staff who knew them well.
- Healthcare professionals including GPs district nurses and palliative care nurses had provided the service with guidance and support when people were being supported at the end of life.
- The quality of detail about people's end of life wishes and needs varied. The registered manager told us that the service aimed to develop and improve people's end of life plans. Some people did not always wish to discuss their wishes. However, staff revisited these from time to time to ensure that people had opportunities to discuss their end of life preferences.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People spoke highly of the registered manager. One person told us "The manager and the deputy managers are lovely. I see them every day and they are always kind and helpful." Another said, "He [registered manager] is always around. He helps the staff if they are a bit busy."
- Staff members spoke positively of the management of the home. One said, "I really like the manager. He is very supportive." Another staff member said, "I can't fault the management. I can speak to a manager when I need support and they listen to me."
- The registered manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The registered manager reported notifiable incidents to CQC.

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

- The registered manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service with assistance from other management staff.
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of audits and checks were carried out. The provider used learning from these to develop and improve the quality of the service provided to people.
- Staff were familiar with the aims and objectives of the service, which promoted personalised care, dignity, privacy and independence. They were clear about their roles in supporting those goals.

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

- People had the opportunity to complete feedback surveys about their views of the service. The most recent survey indicated people were happy with the service.
- Regular staff meetings had taken place. These were used to discuss quality issues, people's needs and to discuss best practice guidance. Relatives and residents meetings also took place, so people had the opportunity to discuss issues to do with the service.
- People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's care plans with guidance provided for staff to enable them to meet these needs.

Continuous learning and improving care

- The Provider Information Return (PIR) provided us with details of how the service performed and what

improvements were planned. Our findings from the inspection corresponded with this information.

- Information gathered from quality assurances processes were used to make improvements. For example, the provider had changed the home's menus in accordance with people's feedback. An 'online' system for recording of care plans and records had been introduced to ensure that records were fully up to date and reflected people's needs.

Working in partnership with others

- Staff and management worked in partnership with health and social care professionals to improve the service for people.
- People's care records showed that staff had liaised with family members and health and social care professionals to address any concerns.