

DTM Partnership

Springfield Cottage Residential Home

Inspection report

Preston New Road
Blackburn
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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 

Overall summary

This was an unannounced inspection which took place on 8 July 2015. This was the first inspection since a change to the partnership which owns the service.

Springfield Cottage is registered to provide accommodation for up to 26 older people who require support with personal care. At the time of our inspection there were 25 people using the service.

There was a registered manager in place at Springfield Cottage. 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. The registered manager was on maternity leave at the time of the inspection but arrangements had been put in place for the deputy manager to assume responsibility for the day to day running of the service; they were supported by an acting deputy manager.

Summary of findings

People who used the service told us they felt safe in Springfield Cottage and that there were enough staff available to meet their needs in a timely manner. Staff had been safely recruited and received the induction, training and supervision required to deliver effective care.

People spoke positively about the caring nature of staff. Our observations during the inspection showed staff were kind and respectful in their interactions with people who used the service.

Systems were in place to ensure people received their medicines as prescribed.

We saw there were risk assessments in place for the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

People's care records contained good information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. People were involved in and consulted about the development of their care plans. This helped to ensure their wishes were considered and planned for.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care

and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People made mostly positive comments about the food provided in Springfield Cottage. We saw systems were in place to help ensure people's nutritional and health needs were met.

A programme of activities was provided in the service. The acting manager had plans to involve people who used the service in an activity committee to help decide what future events and activities should take place.

Records we reviewed showed people who used the service and their relatives had opportunities to comment on the quality of care provided. All the people we spoke with told us they would feel confident to raise any concerns with the staff and managers in Springfield Cottage.

Staff told us they enjoyed working at Springfield Cottage and received good support from colleagues and managers. We saw staff had regular opportunities to provide feedback on the service provided.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who used the service were supported by sufficient numbers of staff who had been safely recruited. Staff were aware of the action they should take to protect people from the risk of abuse.

Systems were in place to help ensure the safe administration of medicines.

Care plans included good information for staff to follow regarding the risks people might experience. Risk assessment and risk management procedures were in place to help ensure people received safe and appropriate care.

Good



Is the service effective?

The service was effective.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received sufficient training to allow them to carry out their roles effectively and safely. Systems were in place to ensure staff received regular support and supervision.

Systems were in place to help ensure people's health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

We observed positive interactions between staff and people who used the service.

People who used the service told us staff were kind and treated them with respect.

People were involved in regularly reviewing the care they received with staff.

Good



Is the service responsive?

The service was responsive to people's needs. People who used the service told us the care they received was tailored to meet their individual needs.

Care plans were regularly reviewed and updated to help ensure the information contained within them was fully reflective of the person's needs.

Systems were in place to gather and respond to feedback from people who used the service and their relatives. All the people we spoke with told us they would feel confident to raise any concerns with the staff and managers in Springfield Cottage.

Good



Is the service well-led?

The service was well-led.

People who used the service and their relatives told us the managers in the service were understanding and approachable

Good



Summary of findings

Staff spoke positively about working at the home. They told us that managers gave them help, support and encouragement.

Systems were in place to assess and monitor the quality of the service provided.

Springfield Cottage Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 July 2015 and was unannounced.

The inspection team consisted of an inspector and two experts-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. The experts had experience of services for older people.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service,

what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about Springfield Cottage and received positive feedback about the service.

During the inspection we spoke with eight people who used the service, two relatives and a visiting health professional. We also spoke with the acting manager, the acting deputy manager, a senior carer and two members of care staff, one of whom was also a part time chef in the service.

We carried out observations in the public areas of the service. We looked at the care and medication records for three people who used the service. We also looked at a range of records relating to how the service was managed; these included staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe in Springfield Cottage. Comments people made to us included, “I feel safe because staff are around. I also have a buzzer to call staff during the night”, “The staff are so good; they make me feel safe. Staff walk with me and make sure when I’m sitting down that I am safe” and “I came from hospital straight here. I feel safe because staff look after me very well.”

Staff we spoke with told us they had received training in the safeguarding of vulnerable adults and records we looked at confirmed this. Staff were able to tell us how they would respond to and report any concerns about a person who used the service. The senior carer we spoke with told us they would not hesitate, if necessary, to contact the local safeguarding team or the Care Quality Commission if they were considered a person might be at risk of abuse.

During the inspection we noted there were sufficient numbers of staff available to meet people’s needs in a timely manner. People who used the service told us staff responded promptly to any requests for assistance. One person commented, “I don’t have to wait for help.” Another person told us, “I use my buzzer when I am in my room and staff answer it straight away.”

All the staff we spoke with told us they had time to spend with people who used the service. One member of care staff commented, “We definitely have time to meet people’s needs.” Another staff member told us, “We make the time to spend with people.” However, two people commented that they did not think there were always enough staff available in the evenings. We discussed this with the acting manager who told us they would review the situation.

The acting manager showed us the staffing analysis tool to monitor whether the number of care hours provided was sufficient to meet the needs of people who used the service. They told us they had recently increased staffing in the morning to help ensure people were always able to get up at a time of their choosing.

We looked at the files for four of the staff on duty on the day of the inspection. We noted pre-employment checks, including references and checks with the Disclosure and Barring Service (DBS) were completed before staff

commenced work at Springfield Cottage; such checks are important to ensure people who were unsuitable to work with vulnerable adults were not recruited to work in the service.

We looked at the systems for managing the administration of medicines in the service. We found there were policies and procedures in place to support the safe administration of medicines. People who used the service told us they always received their medicines as prescribed. Comments people made to us included, “I take tablets; the staff give me them. They give me my medicines regularly and I don’t have to worry about them” and “I have my medicines in the mornings and in the evenings. I don’t have to wait for them; they [staff] bring them at the same times. I’ve had no problems with my medicines. I know what medicines I take and what they are for.”

Care plans contained detailed information about the medicines people were prescribed, the problems which might occur if medicines were not taken correctly and the support people required from staff to take their medicines safely. We saw, where appropriate, people were supported to maintain their independence in taking their medicines. The three medication administration record (MAR) charts we reviewed showed people were being given their medicines as prescribed, ensuring their health and well-being were protected.

Care records we looked at contained good information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. It was clear from the care plans how many staff were required to support people with particular tasks and the action staff should take to minimise any risks. Risk assessments had been regularly reviewed and, where necessary, updated to reflect people’s changing needs.

We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. One person we spoke with told us, “I see the cleaners cleaning every morning. They also keep my bedroom clean and change the bedding twice a week or more if I ask them to.” Another person commented, “The home is clean and my room is kept clean.”

Is the service safe?

Infection control policies and procedures were in place to support staff to deal with the risks of cross infection. The acting manager told us they undertook a daily check of the environment to ensure the cleanliness of all areas although these checks were not formally recorded.

Records showed risk assessments were in place for all areas of the general environment and policies and procedures were in place in relation to ensuring compliance with health and safety regulations. The records also showed that the equipment used within the home was serviced and maintained in accordance with the manufacturers' instructions. We saw that regular maintenance checks were carried out, including on the water temperatures in rooms and on the safety of electrical items used in the service.

We looked to see what systems were in place to protect people in the event of an emergency. We saw procedures were in place for dealing with emergencies, such as utility failures and other emergencies that could affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. Inspection of records showed that a fire risk assessment was in place and checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. This helped to ensure the safety and well-being of everybody living, working and visiting the home

Is the service effective?

Our findings

All the people we spoke with who used the service told us they were able to make choices about the care and support they received. Comments people made to us included, “Staff do ask me what I like and don't like. Staff get me up in the mornings but let me stay in bed if I want to. They bring me breakfast in my room. They know what I like”, “I can choose what I want to wear and when I get up. Staff have done a checklist on my likes and dislikes” and “I tell the girls what I want to wear and they help me to get dressed.” A relative also told us, “They [staff] tailor their care to [my relative's] needs. She does like to give herself a good overall wash every morning. I've noticed in her care plan that carers are told they mustn't rush her in this and allow her time to do it for herself.”

The relatives we spoke with told us they considered the staff in Springfield Cottage had the required skills to deliver effective care. One relative commented, “Staff seem to be well trained and confident in handling [my relative].” Another relative told us, “I've seen them using a hoist to move residents and staff appear to know what they are doing.”

Staff told us they received an induction when they started work at Springfield Cottage. The acting manager told us staff who had been recruited to the service always attended a number of training courses before they were allowed to work at Springfield Cottage; this included safeguarding vulnerable adults and moving and handling. One member of care staff told us the induction had been thorough and they had been asked if they were ready to work without supervision at the end of the induction period.

We looked at the training plan for the service which showed that staff had received the training they required to provide safe and effective care to people who used the service; this training included safeguarding adults, infection control and moving and handling. Staff told us they were able to request additional training if they considered this would be helpful to them.

We saw there were systems in place for staff to receive regular supervision and appraisal. These meetings helped staff to discuss their progress at work and also discuss any learning and development needs they might have.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked the acting manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people's rights were protected. The acting manager told us they were aware of changes to the law regarding when people might be considered as deprived of their liberty in a residential setting. As a result of this legislative change a number of applications had been submitted to the local authority in order to ensure that any restrictions which were in place to ensure people received the care they required were legally authorised.

Staff we spoke with were able to demonstrate an understanding of the principles of the Mental Capacity Act (MCA) 2005; this legislation is intended to ensure people receive the support they need to make their own decisions wherever possible. One staff member told us, “People make their own choices here”.

Care files we looked at clearly advised staff that they needed to seek consent from people who used the service before providing any care or support, including communicating with health professionals. An assessment had been completed of each person's capacity to consent to their care and treatment in Springfield Cottage which was reviewed each month. This should help ensure people's rights were upheld.

All the care records we reviewed provided detailed information about people's needs. A care plan outline was in place at the front of each care file; this summarised the care each person required and the care and support staff needed to provide. All the staff we spoke with told us it was important to refer to care plans to ensure they were always providing effective care. One staff member told us, “I was told when I started to make sure I go through people's care plans.” Another staff member commented, “Everything is in place in the care plans that we need to know”.

Seven of the eight people we spoke with who used the service told us the food provided in Springfield Cottage was of good quality. Comments people made to us included, “Food is excellent and you get plenty”, “I am weighed and the food is alright. You do get a choice; if there is something I don't like, staff would swap it for me. We always have drinks of tea. They've also been bringing in juices in the hot

Is the service effective?

weather” and “I like the food here. I like my puddings. We have lovely meals. We get enough to drink and get drinks offered regularly.” However one person told us they thought the food was of average quality and boring.

Our observations during the lunchtime period showed that people had a relaxed dining experience and that staff provided the necessary assistance people required to eat their meal. We noted that staff responded promptly when a person advised they did not like their food and arranged for an alternative to be provided which the person enjoyed.

We discussed the menu with the chef on duty on the day of the inspection. They told us they received regular feedback from people regarding the food provided and had recently changed the meat supplier to the service in response to comments made. They told us people were now much more satisfied with the quality of meat used in the meals.

We saw there were systems in place to ensure the nutritional needs of people who used the service were regularly monitored. The acting manager told us a new food preference list had recently been added to care plans

to help ensure people who used the service received the food they liked. They told us people were weighed regularly and referrals made to the GP and dietician service if any concerns were raised.

Records we looked at showed people’s health needs were clearly documented and regularly reviewed to ensure they received effective care. We saw that a record was maintained of all visits by health professionals and of any advice given; this should help ensure people received the care they required. A visiting health professional told us, “Staff document everything I do with people. They follow my advice and do what I’ve asked them to do.”

We observed that a programme of redecoration was in place in Springfield Cottage. All the communal areas were decorated to a high standard with comfortable furniture and provided space for people to spend time with visitors. Some bedrooms had been refurbished and there was a programme in place to continue to update all bedrooms and one of the bathrooms.

Is the service caring?

Our findings

All the people we spoke who used the service with provided positive feedback about the caring nature and approach of staff. Comments people made to us included, “Staff are kind to me”, “They [staff] are always kind. One of the care workers takes me out to town. She takes me out in her own time after she’s finished work”, “I’ve been in three homes and this is the best; the staff care” and “I think staff look after me very well. They know how to move people carefully. They are polite and have a good sense of humour. They go the extra mile.”

The relatives we spoke were also complimentary about the staff team. One person told us, “I’ve seen staff interacting with my relative in a kind way. They seem to understand her. Staff are very welcoming and it’s a homely atmosphere here.” Another person commented, “Staff are kind and patient towards residents.”

Our observations during the inspection showed us staff were kind, caring and respectful in their interactions with people who used the service. Staff we spoke with were able to demonstrate their understanding of the importance of person-centred care. One staff member told us, “It’s important to treat people as individuals.” Another staff member commented, “It’s giving people choice about the care they receive.”

Care records we looked at included information about people’s life histories, family and interests. This information

should help staff form meaningful and caring relationships with people who used the service. All the staff we spoke with demonstrated they knew the people they were caring for well.

People who used the service told us staff would always support them to maintain their independence as much as possible. One person said, “Staff do allow me to be as independent as I can. I can rely on the staff.” We saw that information in care records encouraged staff to promote people’s independence. One record we reviewed stated, “X wants to be as independent as she can and staff must assist her to achieve this.”

We saw evidence that people had been involved in reviewing the care they received. Care plans were reviewed monthly and at three monthly intervals people were formally asked to comment on the care they received. We saw one person had commented, “I’m happy with things. I don’t need to add or change anything”. Another person told us, “I have gone through my care plan with staff and they have listened to me.”

We noted both people who used the service and their relatives were invited to attend regular meetings with the managers in the service. We looked at the minutes from the most recent meeting and saw that people had provided positive comments about the care provided in Springfield Cottage.

Is the service responsive?

Our findings

Care records we looked at showed an assessment was carried out before people were admitted to Springfield Cottage. This should help ensure staff were able to meet people's needs.

People who used the service told us the care and support they received in Springfield Cottage was tailored to meet their needs. One person commented, "The deputy manager has been going through my care plans with me. Things have got better for me. I needed a lot of assistance at first but I've improved and can now move around more independently." This was confirmed by a relative we spoke with who told us, "I was involved in preparing a care plan when [my relative] first came in here. She's been here since May and her care plan is constantly being reviewed. Her needs have changed and become much more severe. I have seen from her care plan that there have been subtle changes."

Care plans we reviewed were personalised and addressed all areas of people's lives including physical health, nutrition, medication, communication and family involvement. We saw that care plans included the goals people wished to achieve as well as their wishes and preferences about how they wanted their care to be delivered. We noted all care plans had been reviewed each month and updated to reflect any changes in people's needs.

We asked the acting manager about activities provided in Springfield Cottage to help provide stimulation for people who used the service. They told us six activities were always on display in the dining room each afternoon and that these included games, jigsaw puzzles and craft activities.

During the inspection we noted that, although these items were on display there was no encouragement from staff for people to become involved. One person who used the service told us, "I don't think I'm asked what activities I'd like to take part in. There's nothing much to do except watch people". Another person commented, "I choose to spend time in my bedroom. There aren't many residents I can chat with at the moment. I like to read or watch my tv. Staff do pop into my room to check on me. I'm happy as I am. Staff keep trying to get me to play dominoes. They do knock on my door and ask me."

We noted there was a regular newsletter produced by the service which documented the activities and events provided for people in Springfield Cottage; these included attendance at a local variety show and a coffee morning. The acting manager told us they were actively looking for opportunities for people who used the service to become involved in local community events and resources. They also told us they were in the process of setting up an activity committee which would involve both staff and people who used the service to plan future events.

The complaints procedure was displayed and we saw the provider had a clear procedure in place with regards to responding to any complaints and concerns. People we spoke with told us they would feel able to raise concerns with any of the staff or managers. We saw that no complaints had been received at the service since the last inspection.

We looked at the summary of responses to the most recent satisfaction surveys distributed by the service and noted positive feedback had been provided about all areas of care.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). Due to the maternity leave of the registered manager, at the time of our inspection there was an acting manager responsible for the day to day running of the service. They were supported by an acting deputy manager.

All the people we spoke with who used the service and their relatives spoke positively about all the managers in the service. Comments people made included, “I know the manager's name. It's a stable staff with people who have worked here many years. It's a happy staff here. They work as a team. From what I've seen the manager is good at her job” and “I know both the manager and the assistant manager. It's a well-run home and staff seem happy here. It appears to be a good, stable staff.” When we looked at the minutes from the most recent resident meeting we noted a person had commented, “I just want to say that the managers see to what we want and need straight away; this is an excellent service.”

During our inspection we observed the atmosphere in the service was relaxed. We noted the acting manager and acting deputy manager were visible throughout the day and provided direction and support for staff when necessary.

We asked the acting manager about the key achievements of the service since our last inspection. They told us these

were the improved décor in the home and more detailed care plans for people who used the service. They told us they considered the key challenge for the service was to ensure that high quality care continued to be delivered. We noted the service had been rated as the most recommended care home in the local area based on feedback from people who used the service and their relatives.

All the staff we spoke with told us they were happy working at Springfield Cottage. One staff member told us, “Staff are very supportive of each other and the managers are always approachable. I can go to them for anything.” Another staff member commented, “The managers are all brilliant.” We saw that regular staff meetings were held and staff we spoke with told us they were always able to raise any issues during these meetings and that they were listened to by managers.

There were a number of quality assurance processes in place in Springfield Cottage. This included a regular programme of audits in relation to health and safety, medication, care plans and staff files. We saw that where actions had been identified as necessary the managers in the service had ensured these had been completed.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the managers in the service. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.