Springfield House (Oaken) (2001) Limited

Springfield House Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
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?	**Requires improvement**

Overall summary

We inspected Springfield House Nursing Home on 20 May 2015 as an unannounced inspection. Springfield House provides accommodation with nursing and personal care for up to 36 people. On the day of our inspection, there were 22 people living at the home.

There had not been a registered manager at the home since January 2014. 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. A new manager was working at the service on the day of our inspection and had started the process to register with us. We refer to the new manager as the manager in the body of the report.

At our inspection in September 2014 compliance actions were made as the provider was breaching legal requirements. These breaches related to the improvements needed regarding: planning and delivering

Summary of findings

people's care and treatment; meeting people's nutritional needs, the quality of recording and monitoring staffing levels to ensure they were sufficient to meet people's needs. Following the inspection, we asked the provider to send us an action plan to demonstrate how they would meet the legal requirements of the regulations. At this inspection, we found that action had been taken but improvements were still needed.

People told us they felt safe. The manager and staff understood their responsibilities to protect people from harm or abuse. Risks to people's health and wellbeing were identified and care plans were in place and followed to minimise risks to people. People had an individual plan of care that detailed the support they needed and how they wanted this to be provided.

There were enough staff on duty to meet people's physical and social needs. The provider's recruitment process ensured people were supported by staff whose suitability had been checked. Some staff had not received all the training they needed to meet people's needs but we saw that a programme of training was in place to address this shortfall. The manager had introduced a regular programme of supervision to support staff.

Medicines were administered as prescribed and stored safely but improvements were needed to the way medicines were recorded.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Where people did not have capacity, we found that assessments were not always completed accurately. The manager had identified the issues and told us they were taking action to ensure they were meeting the requirements of the Act and people's rights were always upheld.

Risks to people's nutrition were assessed and minimised because they were provided with meals which met their individual dietary requirements. People were supported to have sufficient to eat and drink and had a choice of meals and drinks daily. People were supported to maintain good health by accessing the services of other health professionals.

People felt involved in making decisions and planning their care. Staff were attentive and responsive to people's needs. Staff knew people well and provided assistance in ways that maintained people's dignity and promoted their independence. People were able to see family and friends as they wanted and visitors were always made welcome.

People told us the registered manager was approachable and they felt able to raise their concerns and were confident action would be taken. The provider sought people's opinions on the service and the information was used to make improvements to the service.

We saw that people were supported to follow their interests. An activities co-ordinator tailored activities to meet people's individual needs. People were able to take part in a pilot scheme which aimed to improve the mobility, social interaction and mental stimulation of people living at the home. We observed people taking part in a movement to music session.

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.

There were enough staff on duty to meet people's needs safely. Risks to people's safety and wellbeing were identified and their care plans instructed staff on how to minimise the risks. Staff understood their responsibilities to keep people safe from abuse. Systems were in place to make the environment safe for people and people were supported using equipment that was properly maintained. The provider's recruitment process ensured people were supported by staff whose suitability had been checked. People received their medicines as prescribed.

Good

Is the service effective?
The service was not consistently effective.

The provider understood their responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards but improvements were needed to how they recorded that people's rights were being upheld. The provider had taken action to ensure staff received the training they needed to meet people's individual needs but further improvements were required. People's nutritional needs were assessed and monitored and people had sufficient to eat and drink to enable them to maintain their health and wellbeing.

Requires improvement

Is the service caring?
The service was caring.

People felt staff were attentive and responded in ways that promoted their privacy and dignity. People were able to make day to day decisions about their care and support. Relatives were consulted and kept informed about changes in people's care needs and were encouraged to visit freely.

Good

Is the service responsive?
The service was responsive.

People received their care in the way they wanted and their individual wishes were acted on. People were encouraged to follow their interests and any activities were tailored to meet people's individual needs and preferences. People's religious and spiritual needs were catered for. People felt able to raise concerns and complaints and were confident they would be acted on.

Good

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

There had not been a registered manager at the home since January 2014. The manager at the home on the day of our inspection told us they would be applying to become the registered manager. Improvements were needed to the recording and monitoring of people's care. People's feedback on the service was gathered and action taken to make improvements where needed.

Springfield House Nursing 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 20 May 2015 and was unannounced. The inspection was conducted by two inspectors.

On this occasion we had not asked the provider to complete a Provider Information Return before the inspection but we gave the provider the opportunity to provide us with information. The Provider Information Return asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and information about the statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We observed care being delivered in communal areas and observed how people were supported at lunch time. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who lived at the home, three visitors, five members of staff, including the agency nurse, and the manager.

We looked at care plans for six people, four staff recruitment files and documents associated with the management of the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person who was cared for in bed told us how they felt safe when staff moved them into their electric wheelchair so they could go into the dining room.

People were protected from the risk of abuse. Staff told us they received safeguarding training and knew about recognising the signs of abuse and knew when and how to report their concerns. One member of staff told us, "I have a duty of care to people living at the home". The manager notified us when they made referrals to the local authority safeguarding team and when an investigation was required to safeguard people from harm.

Risks to people's safety and wellbeing were minimised because risk assessments were undertaken on admission to the home and we saw these were reviewed at least monthly. For example, one person was assessed to be at high risk of developing pressure damage to their skin and their care plan instructed staff to reposition the person every three hours and visually check their skin daily. Staff were able to explain how they cared for the person and daily records showed that staff followed the care plan. Another person had been assessed to be at risk of choking and referred to the Speech and Language Therapist (SALT). Their relatives confirmed that a pureed diet had been provided in accordance with their recommendations.

The provider had an effective system in place to make sure that people lived in a safe environment and that equipment was properly maintained. For example, equipment that we saw such as hoists and slings were checked and maintained and regular checks were carried out on hot water and fire systems. Each person had a personal emergency evacuation plan which provided staff with information on the level of support a person needed in the event of an emergency such as a fire. These were reviewed regularly to ensure the information remained current.

We observed a medicines round at the home. Due to a planned staff absence, the nurse on duty and administering medicines was an agency nurse. We observed that the nurse administered people's medicines as prescribed. Records showed that staff who administered medicines undertook relevant training and had their competency to administer medicines checked by senior staff.

We saw medicines were stored securely in the home in line with legal requirements and risk assessments were in place for people managing their own medicines to ensure people were protected from the risk of harm. There was a protocol in place for administering medicines prescribed on an 'as required' (PRN) basis to protect people from receiving too little, or too much medicine. We saw people were asked whether they needed PRN medicines. Where people could not communicate their need for the medicine, we saw pain management assessments in place.

We spoke with the manager about staffing at the home. At our last inspection we found the provider relied on a high number of agency staff and some people did not receive consistent care. At this inspection, we found this had improved and fewer agency staff were being used. A number of new staff had been recruited, including a deputy manager to improve management support at the home. We spoke with the relatives of a person we met at our last inspection, who had been concerned by the numerous changes in staff at the home. They told us things had improved for their relative, who was more settled and they were happy with the care they were receiving.

At lunch time, we saw there were enough staff to support people to eat their meal. One person told us there had been problems with staff absences in the past. Staff told this had improved recently and there were sufficient staff on duty to meet people's needs safely. One member of staff told us they often felt stretched but worked together as a team to get things done. They told us, "Nurses help on the floor when they have completed the medicines round". We saw that care staff responded quickly to people in the communal areas and in their rooms. There were enough staff to meet people's needs safely throughout our inspection.

The provider followed safe recruitment procedures which minimised risks to people's safety. We reviewed three staff recruitment records which showed that references were followed up and checks were made through the Disclosure and Barring Service (DBS) to check staff's suitability to deliver personal care. The DBS is a national agency that

Good

Is the service safe?

keeps records of criminal convictions. Staff told us they had attended an interview with the manager and confirmed that their references had been followed up and checks made with the DBS before they started work.

Requires improvement

Is the service effective?

Our findings

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The legislation protects people who are not able to consent to their care and treatment and ensures people are not unlawfully restricted of their freedom or liberty. Mental capacity assessments were in place for people who were not able to make decisions but some had not been fully completed. For example, we saw that a person's relative had been involved in the decision to use bedrails but the mental capacity assessment had only been partially completed and it wasn't clear what decision was being assessed. The manager had identified this shortfall and was reviewing the documentation and carrying out assessments for a number of people at the home who lacked the capacity to make day to day decisions. The manager confirmed that no one living at the home was subject to a level of supervision and control that may amount to deprivation of their liberty. This demonstrated they understood their responsibilities under the MCA and Deprivation of Liberty Safeguards.

Not all staff had received MCA and DoLS training although they were able to tell us what capacity meant and how it affected people's ability to make decisions over their care. At our last inspection we found that the provider did not have an effective system to monitor and check that staff had the necessary training and knowledge to provide people with the care they needed. At this inspection, the manager had introduced an on-going programme of staff training which was being delivered by a newly recruited training manager, working in conjunction with another manager from the provider's group of homes. We saw a training matrix which showed that the majority of staff had received training to enable them to meet people's needs and keep them safe. The manager provided a list of training dates which showed that action was being taken to address gaps in staff's knowledge of MCA and DoLS.

People spoke highly of the staff and told us they supported them effectively. Relatives told us they were happy with the care provided by the home. One told us their relative had been very unsettled in a previous home but since moving to Springfield House there had been no issues. Staff told us they had an induction which covered the basic skills for working in the home and shadowed an experienced member of staff for a week to get to know the people living in the home. They told us they did manual handling training which had recently been updated and their competence was checked. Staff told us the manager was planning further training to update their skills and this was to be face-to-face, rather than computer based, which they felt would be more effective. The manager told us dementia training was due to take place in June to ensure staff had the knowledge to meet people's individual needs.

We observed people having their lunchtime meal. People told us the food was good and they enjoyed their meals. One relative told us, "the food is excellent and people can have whatever they want". We saw dining tables were laid with table cloths, serviettes, menus, and cruets. At our inspection in September 2014 we found that people's dietary needs were not always being met and some people's food preferences were not being taken into account. At this inspection we saw that people were offered a choice of food and drink each day and if people did not like a meal, we saw they were offered an alternative. There was a menu board in the dining room and menus were displayed on the tables. Staff supported people who needed assistance and sat at the table with them. People were able to eat at their own pace and were not rushed.

Staff supported people who needed assistance to cut up their food, or made sure people had any specialised equipment they needed, without being prompted. For example, we saw one person had their own knife, fork and spoon and non-slip mat laid out at the table before they came into the dining room. This helped people maintain their dignity and showed staff knew people well.

People were offered nutrition that met their health needs and their preferences. Records confirmed that people's nutritional needs were assessed and if needed a specialist diet was provided. We saw people were provided with pureed and soft diets. People's likes and dislikes were also respected, for example we saw a list detailing no cheese or no peas. People's weight was regularly checked and we saw evidence that when people's weight changed, referrals were made to the GP and dietician as needed.

We saw that people were supported to attend regular health checks and care records included a section to record

Requires improvement

Is the service effective?

when people were visited, or attended visits with healthcare professionals, such as the GP, speech and language therapist and optician. One person told us the GP was called if they felt unwell or requested a visit.

Good

Is the service caring?

Our findings

People and their relatives told us staff were attentive and responded to their needs. Throughout our inspection we observed positive and caring relationships between people and staff and there was a calm, relaxed atmosphere at the home. People told us their visitors were always made welcome and we saw that visitors were encouraged to spend as much time as possible with their relatives. Two relatives visited daily and had their meals at the home. One person told us they had a regular routine, "We both have lunch in the dining room and afterwards I go back to bed. [Name] sits with me and we talk and watch TV". This helped people maintain their relationships with family members.

People told us that everyone working at the home took the time to talk to them. One relative told us about a member of the maintenance staff. They said, "He's the highlight of everyone's day. He talks to everyone. He responds positively when [relative] makes comments that are out of context. He is a wonderful tonic". Another relative told us, "The staff are lovely to me and help me such a lot".

People told us staff made them feel comfortable and promoted their dignity when giving them personal care. One person told us they couldn't use the bathroom because of their health needs. They said, "I'm OK with it because staff always keep me lovely and clean". Staff told us they respected people's privacy and dignity by knocking on people's doors before entering, and announcing themselves when they entered the room.

We sat in a small lounge and observed how people were cared for by staff. We saw that staff checked on people in the lounges and responded to their needs. For example, one person was sitting in the room with two other people who were asleep. The activities co-ordinator came in and sat talking with them. The person said they didn't want to sit and watch TV and was encouraged to join a group where movement to music was taking place. The person's relative later told us how pleased they were that the person had joined in for the first time and how much they'd enjoyed it. The manager told us about a system they had introduced to ensure staff checked on people who were cared for in their room. Each person had a butterfly on their door to remind staff to look in on the person as they passed to check they had everything they needed. Staff told us it was a good reminder and was working well. One member of staff said, "I can see the residents are well looked after".

People told us they were involved in making decisions about their care and treatment. Staff described how they involved people in day to day decisions about their care and support. One member of staff told us about a person who could not communicate verbally and how they used gestures to let staff know what they wanted. At lunch-time, we saw staff were patient with the person and saw the person was able to communicate their choices using gestures, which helped promote their independence.

Relatives told us they were very happy with the care being provided and were kept informed of any changes and involved in decisions where appropriate.

Good

Is the service responsive?

Our findings

People were pleased with the care they were receiving and told us it was responsive to their needs. One person who was cared for in bed told us they liked to keep to a daily routine. Staff made sure they received their medicines on time and took them to have lunch in the dining room every day. They said, "I like to keep to my routine, it's important to me". The person told us the information was recorded in their care plan to ensure all staff knew how they liked to receive their personal care. We also saw evidence that people's individual wishes were responded to. For example, people's preferences regarding the gender of their carer were recorded in their care plans and acted on.

We saw that people's care plans had been regularly reviewed to ensure staff had up to date information to enable them to meet people's individual needs. Staff were able to tell us about people's individual care needs and about things and people that were important to them and this matched the information recorded in their care plans. Information about people's personal history was limited but the manager told us they were working with families to build up a better picture of people in order that people's care plans fully reflected how people would prefer to be supported. Each person also had a daily record called "My Journal" which was kept in their room and formed part of the provider's initiative, "Residents loving every day", which was currently being introduced as a way of getting to know people and finding out what was important to them. Every member of staff would be expected to take the time to speak to people about their care and support and record their feedback in the journal. The manager told us they planned to monitor people's concerns and where possible, take action to ensure people received care in the way they wanted.

People and their relatives told us they enjoyed the activities at the home. On the day of our inspection, we observed the activities co-ordinator supporting people individually in their rooms and working with a small group of people offering a movement to music activity. Individual activities were identified in "My journal", in response to people's individual requests, such as painting people's nails, reading to people or just having a chat, which included sharing the "daily sparkle", something that happened on this day in the past. The activities coordinator told us the provider was piloting an initiative which offered activities to improve the mobility, social interaction and mental stimulation of people living at the home. The AC told us they worked with the person and nursing staff to plan what people could do and to look for ways in which they could aim to improve. For example, they told us about a person who had improved their dexterity and was able to eat with less support, thus increasing their independence. This meant the provider offered activities that met people's individual needs and preferences.

People's religious and spiritual preferences were met with a monthly visit from church volunteers who offer themed services for all denominations. A person using the service told us that a representative from the catholic church visited them regularly and was able to have communion with the visitors from the other church denominations.

The provider had a complaints procedure and people told us the staff and management were approachable and they felt able to raise any concerns they may have. One relative told us, "If I raise something I would like to do or change, it is immediately actioned". Records showed that complaints were recorded and responded to in line with the provider's complaints procedure.

Requires improvement

Is the service well-led?

Our findings

At our inspection in September 2014, the provider needed to improve record keeping at the home and improve the systems being used to monitor the quality of the service people received. At this inspection, we found some action had been taken but further improvements were required. We found some concerns with the recording of medicines at the home. We checked the Medicine Administration Records (MAR) for people and found that when changes or additions had been made to people's medicines, handwritten entries had not been signed and countersigned by a second member of staff to check accuracy and ensure people receive their medicines as prescribed. For example, the MAR for one person had handwritten entries over a period of 5 days but none had been countersigned.

We found that where people required creams to be applied to maintain their skin integrity, there was no guidance for staff about how and where the cream should be applied or a body map to indicate this. A member of the care staff was able to tell us where the cream was to be applied but clear instructions are needed for staff about how and where creams should be applied to ensure people receive the prescriber's intended treatment.

We also found that following an unsubstantiated safeguarding concern, the manager had not followed the action identified by the investigating social worker. They had asked the manager to put in place a procedure for staff to follow to minimise the risks identified. Staff we spoke to were aware of the actions they needed to take but new or temporary staff would not have the information they needed to minimise the risks to the person. The manager told us the procedure would be put in place to ensure the person was always protected from avoidable harm.

There has not been a registered manager at the home since January 2014 and a number of temporary managers had been in place since that time. The provider had kept us informed of the actions they had taken to appoint a manager and advised of changes being made to rebrand the home to operate as a Brighter Kind home, under the ownership of Four Seasons. The current manager had been working at the home since January 2015 and in April 2015 was made permanent in the role. The manager told us they would be applying to become the registered manager.

The manager carried out monthly checks to monitor the safety and quality of the service people received but we found that improvements were needed to ensure staffing levels at the home were monitored effectively. The manager told us they reviewed staffing levels weekly at handover meetings to make sure there were always enough staff but they had not been trained to use the provider's dependency tool and it had not been completed since January 2015. This meant that the current staffing levels were not based on people's up to date dependency levels and needed to be reviewed to ensure there were always enough staff on duty to meet people's needs. Following our inspection, the manager told us they had introduced the Royal College of Nursing dependency assessment tool and reviewed the current staffing levels to ensure there were consistently enough staff to meet people's changing needs safely. They told us this showed that staffing levels were above those identified as needed by the dependency tool.

We also saw that a manager from the provider's group of homes carried out checks to ensure the safety and quality of the service. Where improvements were needed, an action plan was developed for the manager follow.

The manager operated an 'open door' policy which meant people, their relatives and staff could speak to the manager when they needed to. People told us they found the manager helpful and felt they could go to them with their concerns. Staff told us the manager was always available if they wished to discuss anything. One member of staff told us, "The manager listens to staff and encourages discussion".

Staff told us that many positive changes had been made since the new manager commenced working at the home. They told us that communication had improved, for example the manager had made changes to handover and ensured both nurses and carers were involved. Staff meetings took place and staff were aware of the changes planned at the home and told us they were looking forward to the new Brighter Kind brand that would improve the environment and quality of life for people living at the home. This showed the staff understood the challenges facing the home.

People and their relatives were asked to give feedback about the service. The provider sent out quality assurance questionnaires annually which were completed by people who used the service and their relatives. The manager used

Requires improvement

Is the service well-led?

the analysis to develop and improve the service and action taken in response to comments made was displayed in the reception area at the home. For example, people had expressed their dissatisfaction with the menu choices on offer at the home and a new menu had been introduced. People told us that the service was improving. Comments included, "I must say that I do think the home has improved" and "We can see improvements slowly happening".

Relatives were also invited to attend meetings to keep them informed of changes and gather their views on the service. Relatives told us they found the meetings useful and made them feel their views were valued.