

Mrs Yvonne Angela Harris

Springfield Lodge Care Home

Inspection report

45 Watcombe Circus
Carrington
Nottingham
Nottinghamshire
NG5 2DU

Tel: 01159620745

Date of inspection visit:
04 December 2018

Date of publication:
13 February 2019

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

What life is like for people using this service:

The people that we spoke with told us that Springfield Lodge is a good place to live, and that staff treated them with respect and kindness.

People's health and social care needs were identified and managed well by the management and staff team. There were positive relationships with professional teams, which supported people's wellbeing.

The environment was safe, clean and suitable for people's needs. Staff were well trained to use any equipment necessary to support people to maintain their independence. The home was situated within a well maintained garden area, and with good access to the local community for people.

People were supported to take their medicines by well trained and knowledgeable staff, who understood their preferences of how they wished to take them.

People received enough to eat and drink, and were involved in choices about what they wished to eat. The lunchtime experience was relaxed and people were given a choice about what time they wished to eat and were involved in setting out the dining room.

People were supported by sufficient staff, and the registered manager ensured that the staff were trained in all areas that were deemed necessary, in order to support people's needs effectively.

The management team showed evidence of ongoing quality monitoring across all aspects of the home. Any concerns or suggestions for improvement which were raised by residents, their families or staff were addressed.

The management team had robust action plans in place for keeping people safe and providing a well led service. Documentation in care plans was clear, person centred and regularly reviewed with the person and their family or advocate if appropriate.

Rating at last inspection: Good (report published 3 June 2016)

About the service: Springfield Lodge Care Home offers accommodation and support with personal care for up to 13 people. On the day of our inspection there were 13 people using the service. The home is located in a quiet residential area and is close to a good selection of local amenities.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

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

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

Is the service effective?

Good ●

The service was Effective

Is the service caring?

Good ●

The service was Caring

Is the service responsive?

Good ●

The service was Responsive

Is the service well-led?

Good ●

The service was Well - Led

Springfield Lodge Care Home

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by two inspectors.

Service and service type: Springfield Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. On the day of the inspection, the registered manager was on a planned absence, so the deputy manager was present for the inspection.

Notice of inspection: The inspection was unannounced

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our

inspection.

During the inspection, we spoke with five people who used the service and two relatives of people who use the service [following our visit]. We spoke with six members of staff including the deputy manager, senior carer, cook, care staff, the person responsible for maintenance and a member of domestic staff. On the date of the inspection the registered manager was on a planned absence, but has since received feedback from the inspection team.

We reviewed a range of records. This included five people's care records and medication records. We also looked at three staff files in relation to training and supervision, records relating to the safety and management of the home, and a broad range of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People were kept safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring, management and processes;

- People were supported by staff who understood how to protect them from avoidable harm and to keep them safe. The risk of people experiencing neglect, abuse or discrimination was reduced because processes were in place to protect them.
- People and relatives were provided with information about who to contact if they were concerned about abuse as this was displayed in the home. A safeguarding policy for staff was in place. Staff were required to read the policy as part of their induction when they commenced working at the home and records showed that staff had received training in safeguarding adults. The staff we spoke with described the signs of different types of abuse and the action they would take in response to any concerns about possible abuse. The staff felt that the manager would support them if they reported any concerns about abuse. Although the staff we spoke with had not had to report any concerns.
- Detailed risk assessments were in place and reviewed regularly. Care plans contained explanations of the control measures for staff to follow to keep people safe. For example, if a person smoked there was a risk assessment to ensure the person was fully informed of any risk to their health and safety. Staff understood where people required support to reduce the risk of avoidable harm.

Staffing levels;

- People were supported by a sufficient amount of staff to keep them safe and meet their needs. During our inspection, we observed there were sufficient numbers of staff deployed to provide support and respond to people's needs appropriately. The deputy manager provided evidence of staffing levels in the form of rota's covering the previous month, which showed that the home had sufficient levels of staff. Staff we spoke to told us that they felt that there were enough staff employed at the home for them and people using the service told us that there were enough staff available to be able to meet their needs effectively. They also felt that the staff were well trained to do their jobs.
- People could be assured that safe recruitment processes were followed. Before staff had started working at the service, a check had been carried out through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that proof of identity and appropriate references had been sought prior to staff commencing work. This meant that the provider had taken appropriate steps to ensure people were protected from receiving care from staff who may not be suitable to support them.

Using medicines safely;

- We observed staff administering people's medicines and saw they stayed with people until they had taken them. Medicine records in people's care plans contained a photograph of the person to aid identification, a record of any allergies and the person's preferences for taking their medicines. Other information was

recorded to aid the safe administration of medicines and to ensure their effectiveness, such as guidance for medicines to be given 'as required.' Staff told us they completed medicines administration training and competency assessments prior to administering medicines. Regular checks were carried out to check that medicines were being managed correctly.

Preventing and controlling infection;

- People told us they felt the service was clean and our observations during our inspection confirmed this to be the case. We saw that staff adhered to infection prevention and control procedures such as using personal protective clothing and equipment (known as PPE). Staff told us that PPE was readily available, which we observed during the inspection and we also found that bathrooms contained soap and hand towels in addition to visible instructions about correct hand washing techniques. The home appeared visibly clean.

Learning lessons when things go wrong;

- We saw evidence that the management team had a robust improvement and quality monitoring plan in place for all aspects of the service. There was a comments and suggestions book available for residents, relatives and staff, which was regularly reviewed and action taken where necessary. Staff meeting records showed evidence of learning from any errors and current best practice guidance on relevant conditions for staff to read. For example, we saw evidence in the care plans that we looked at of guidance for specific conditions such as diabetes, epilepsy, schizophrenia and falls. Staff had signed to state that they had read and understood the documents, and evidence was seen that staff meetings were used to discuss further learning in areas relevant to the people who used the service.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

- An assessment of people's needs had been completed prior to commencing with the service. The protected characteristics of the Equality Act were considered to ensure that people were not discriminated against because of a disability or specific support need. Recognised best practice assessment tools were used to assess the risks to people's health. This included the assessment of pressure care risks and nutrition. Records viewed showed people received the care they needed

Staff skills, knowledge and experience

- Staff received training relevant to their role and records showed that all staff had completed training which the provider has identified as being necessary. Staff described the training they had received in relation to area such as moving and handling, safeguarding adults, the Mental Capacity Act (2005) and food and nutrition.

- Staff told us they received regular supervision and an annual appraisal to discuss their performance and any development needs they had. When we reviewed the supervision records, we found this to be the case.

- The cook was knowledgeable about people's dietary needs. They knew who required a specific diet such as a low sugar, to ensure that people's nutritional health was supported. The home has achieved a rating of '5 – Very Good' with the Food Standards Agency. This is the highest possible mark and meant the home followed safe food preparation practices. Food was stored safely; regular checks of the temperature of fridges and freezers contributed towards this.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy and balanced diet. Where people were at risk of consuming food or drink that could cause long term harm to their health, risk assessments and care plans were in place to reduce that risk. Risks to people in relation to their nutrition were assessed and records showed that people's weight was monitored. Where needed, referrals to dieticians were made to assist with reducing the risk to people's health.

- We observed the lunch time meal being served. People were given choices of the time they wished to eat and the meals they wanted to eat. Where people needed support from staff with their meals this was provided, otherwise people were encouraged to eat independently of staff. We noted specially adapted equipment such as plates guards were provided to support people further with eating independently. The deputy manager told us people could have their meals when they wanted. They told us some people preferred to eat with others, whilst some preferred to eat alone. People told us they liked the food served at the home. One person said, "I get to choose, today I had porridge and a cup of coffee."

Staff providing consistent, effective, timely care

- We saw evidence of appropriate and timely referrals to health and social care teams in people's care plans. There was evidence that people's relatives or advocates had been involved in supporting them to attend these appointments where appropriate. We saw evidence of positive relationships between the management team, staff and visiting professional staff.

There was also a letter from a hospital consultant in relation to one person, thanking the home for their support in managing this person's recent episode of ill health. We saw evidence in the comments book and running records from numerous health, social care and voluntary sector staff; one said, 'I cannot praise the staff highly enough. I am very impressed with the level of individual care and attention. A lovely 'homely' feel'.

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

- The home environment was adapted to support people with a physical disability to lead independent lives. A stair lift was provided for people who could not use the stairs. Specially adapted equipment was available in bathrooms and toilets that enabled people to use the facilities safely. The garden was inviting, enclosed and protected from unauthorised access. Access to the garden was via steps or a ramp. This ensured all people could use the space provided

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

- Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards (DoLS) were applied in the least restrictive way and correctly recorded.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager made DoLS applications where necessary. Where conditions were recorded on the DoLS that had been granted, we found action had been taken to implement them. This meant no unnecessary restrictions were placed on people and their rights were protected. Where applications were in progress, we saw evidence that the manager had sought to maintain contact with the local authority to monitor this.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We saw numerous examples of staff talking to people with genuine warmth and respect. Staff showed an interest in people's welfare, stopping to ask how they were and taking practical and compassionate action to relieve people's distress or discomfort.

- People told us they liked the staff and found them kind and caring. One person said, "They look after me, they look after me really well. I like living here." It was clear that people and staff got on well together. We saw many examples of staff showing genuine empathy and compassion towards people. For example, we saw a person offered a blanket in case they were cold. We also saw that staff understood people's needs. They could communicate with people effectively and adapt their tone of voice depending on who they were talking with

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

- Whilst reviewing the care plans and during our observations, we saw evidence of people being involved in all aspects of their care. Care plans were person centred and reviewed regularly with people and their families or advocates. Evidence was seen of involvement and discussion with people about their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and supported. Staff were there to help if needed, but their first response was to see if people could do things for themselves. For example, one person was struggling to get out of their chair and to walk out of the dining room. The staff member asked the person if they needed help and the person asked them to support their arm whilst they turned around. The person then said, "I can do the rest from here." The staff member respected this person's wishes but monitored them closely as they left the room. This light touch but effective approach ensured the person's independence was maintained without unnecessary staff action.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery

Personalised care

- Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. Once it had been agreed that people's needs could be met, individualised, person centred care plans were put in place. These were designed to enable staff to have the guidance they needed to support people in their preferred way. People's care plans contained an individual profile in the form of a summary of what was important to the person, their interests and personality. People's care plans also contained information about people's backgrounds and life story. Each person had care plans which provided guidance and information to staff about their care and support needs in relation to different areas of care, such as skin integrity, nutrition, falls management and mobility. These contained personalised information about the person's needs and their preferences in relation to their care. There was evidence that the care plans were regularly reviewed. We saw evidence that people had been involved in discussions with health and social care teams about their care, and that referrals had been made in a timely manner by the management team. We saw that the comments book contained evidence from visiting health professionals who were complimentary about the quality of care provided by the staff and the relationships that they had with the people who use the service.

People were offered choice about the activities they wished to participate in, the home had recently held a party for Hallowe'en, which involved the local community. People told us how much they had enjoyed this. We saw evidence of meaningful activities and occupation for people relating to participation in the local community, and within the home. People were also looking forward to planning for the Christmas party.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. This was provided in a format that was easily accessible for all. We did note the complaints process did not include the details of the local ombudsman which is the body which can investigate complaints if a person is not satisfied with how their complaint has been investigated. The deputy manager told us they would address this. Apart from this, we saw the complaints process ensured all complaints were investigated and responded to in line with the provider's policy.

End of life care and support

- People had been assisted to make decisions about how they would like staff to support them when they neared the end of their life. People's end of life care and final wishes had been discussed with them before they had started using the service. These had been developed into meaningful care plans, which included people's personal preferences

Is the service well-led?

Our findings

Service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The management team showed clear evidence of a robust quality monitoring process for the home. Notifications were made in an accurate and timely manner and evidence was shown of learning from errors. The service had an open and transparent culture. People were supported by staff who were enthusiastic and committed to providing good care to people. The staff we spoke with told us they received constructive feedback on their performance and felt part of a team.

Engaging and involving people using the service, the public and staff

- There was evidence of positive feedback from people, their families and professionals both on a 'tree wall display', which the residents had created, in order to place their comments on leaves and in the comments book. One person had commented 'I am being treated with respect, and I like that.' A relative had sent in a letter of thanks to the home relating to an acute episode of ill health that their relative had recently had, which they felt that the home had managed excellently. A family member told us, "[Name] is very lucky to be living in such a supportive environment with committed staff. I always feel that the standard of care here is very high."

Continuous learning and improving care

- The staff we spoke with told us they felt comfortable to report any incidents or accidents which occurred and that any learning or recommendations from incidents were shared with them. One member of staff described receiving regular feedback from the manager and told us this was done in a constructive and helpful way. They described the home as, "Like a genuine family unit," and gave numerous examples of how effectively the staff work together as a team.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required. We saw that people had been referred appropriately to specialist health teams and that the GP visited regularly and had a good relationship with the home management team and staff.