

# Barchester Healthcare Homes Limited

## Springvale Court

### Inspection report

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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

This was an unannounced inspection which took place over three days, 23 and 24 May and 2 June 2017. This meant the provider and staff did not know we were coming.

The service was last inspected in January 2016 and the service was rated as requires improvement. Breaches of the Health and Social Care Act 2008 (Regulated activities) regulations 2014 were identified in relation to safe care and treatment, staffing and governance of the service. Requirement notices were issued to the provider.

Following the January 2016 inspection the provider sent us an action plan detailing how the breaches would be addressed. At this inspection we found that the provider and staff had taken action to ensure the service became compliant with the regulations.

Springvale Court is a care home providing accommodation and personal care to 40 older people, including people with a dementia diagnosis. There were 32 people living at the service at day one of the inspection.

The service had a registered manager. 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.

Systems were in place to protect people from avoidable harm or risk. Staff received safeguarding training and understood their role in ensuring people's safety. Risks to people, staff and visitors were assessed and regularly reviewed. The service took action to minimise risks where appropriate in order to keep people safe from avoidable harm. Some improvement to the recording of post incident improvements were identified during the inspection and action taken by the registered manager to improve this process.

Robust recruitment processes were in place to ensure staff members were suitable to work with vulnerable people. Staffing levels were based on the dependency levels of people living at the home and were reviewed on a regular basis.

Appropriate systems were in place for the management of people's medicines. Medicines were stored and managed correctly by staff who were trained and monitored to manage this safely.

Staff were supported through the provision of training, formal supervision and annual appraisals. Staff confirmed they felt well supported in their roles and spoke positively about the registered manager and their leadership and management of the home.

The service worked within the principles of the Mental Capacity Act 2005. People's capacity to make decisions about their care and treatment was assessed and where appropriate, "best interest" decisions

were made on people's behalf. These involved relevant healthcare professionals as well as people's friends and family members as appropriate.

People were complimentary about the kind and caring nature of the staff team. Staff had developed relationships with the people they supported and were knowledgeable about their individual needs, likes and dislikes.

People's needs were assessed prior to them joining the service. Care plans were produced which guided staff on how to care for people. These included details of any preferences people may have. People and their representatives were actively involved in their care planning and were also encouraged to voice their opinions about the service in general.

The services activities co-coordinator was noted for their energetic approach. Some areas for further improvement, to involve more care staff in providing activities, had been identified by an external agency and the registered manager agreed to review these further.

People's needs were reviewed on an on-going basis and action taken to obtain the input of external professionals where appropriate. Recording systems were not consistently used by all staff to ensure people had sufficient to eat and drink and to access other healthcare professionals in order to maintain good health. The registered manager took action and by the third day of inspection improvements had been made.

A range of systems were in place to monitor and review the quality and effectiveness of the service. Action was taken to address what areas for improvement were identified. For example changes to the environment. Complaints were taken seriously and records maintained of the action taken by the service in response to any form of dissatisfaction or concern.

## 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.

Staff knew how to keep people safe and were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed well by the service. Staff were trained and monitored to make sure people received their medicines safely

### Is the service effective?

Good ●

The service was effective.

Staff received support from senior staff to ensure they carried out their roles. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where required.

Arrangements were in place to request external health and social care services to maintain people's wellbeing. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. The service had made applications for people who may be deprived of their liberty.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and staff knew how to support people according to their personal choices. Care records showed that changes were made in response to requests from people using the service, relatives and external professionals.

Staff knew people as individuals and respected their choices. People were supported to take part in activities.

People could raise any concerns and felt confident these would be addressed promptly by the manager and senior staff.

### Is the service well-led?

Good ●

The service remains good.

# Springvale Court

## **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. We checked if improvements to meet legal requirements had been made following our last inspection in December 2015.

This inspection took place on 23 and 24 May and 2 June 2017 and day one was unannounced. This meant the provider and staff did not know we were coming. This inspection was carried out to check that improvements to meet legal requirements had been made after our inspection of January 2016. The visit was undertaken by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We contacted local commissioners of the service to seek their feedback about the service.

During the visit we spoke with 12 staff including the registered manager and the provider's area manager; as well as seven people who used the service. We also spoke with 12 relatives or visitors during our visit.

Three care records were reviewed as were six medicines records and the staff training matrix. Other records reviewed included safeguarding alerts and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment, training and supervision files and staff meeting minutes as well as internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and the dining areas, offices, activity room and with their permission, some people's bedrooms.

# Is the service safe?

## Our findings

At our last inspection we found issues relating to the management of peoples medicines. We issued a requirement notice to the provider. Following the inspection the provider sent us an action plan detailing how they intended to ensure the breach of regulation was addressed. At this inspection we found that the provider and staff had taken action to ensure medicines were safely managed and appropriately administered.

People we spoke with told us they felt safe and supported by the service. One person told us "Staff are there for me in a minute if I have a problem. I see them walking up and down the corridor all the time looking to see if they are needed or someone is in trouble". We observed that all residents have call bell switches close to hand in their bedrooms to summon assistance. We saw that staff responded quickly to any request for help and that people in communal areas were observed. Relatives we spoke with mostly echoed this and felt the service was safe and secure.

The service still had appropriate systems in place to protect people from harm. The provider had a safeguarding adult's policy, procedure and training which informed staff of the actions to take should they have any concerns about anyone living at the home. Staff received safeguarding training which was refreshed on a three yearly basis. Safeguarding and safety was discussed with people using the service and staff members. Staff were aware of their roles and responsibilities for protecting people from harm. Issues relating to safeguarding had been responded to appropriately by the service since our last inspection. For example we saw that following a recent issue action had been taken to support positive staff behaviour.

Risks to people, staff and visitors were assessed and action taken to manage identified risks. Risks assessments were kept under review and updated where necessary. We saw that risk assessments and care plans reflected people's current and changing needs and guided staff how to keep people safe. For example we saw that one person now had a pressure mat next to them to alert staff if they rose as they had stopped using the call bell consistently.

We checked the services accident and incident records. We saw that immediate actions were taken after every such incident, for example additional observations following a fall. However not all incidents had fully completed records to show they had been subject to further review or analysis by the registered manager. We were able to evidence that all actions had been taken and review and any learning had taken place. We discussed this with the registered manager who agreed to ensure that the process was completed with more detailed records in future.

Staffing levels were based on the dependency levels of people living in the home and were reviewed regularly or as people's needs changed to ensure they remained appropriate. During the inspection we observed staff were not rushed in their interactions with people and call bells were answered promptly. People we spoke with felt there were staff available to safely meet their needs. One person told us "It feels very safe here. I've had a stroke and need to be in a wheelchair so I often need help getting around. Staff are always on hand to help". Staff told us they now had time to spend with people and we observed this to be

the case.

We reviewed the services recruitment process and records. We found the service had robust recruitment processes in place. Potential staff members completed an application form providing details of their skills and experience. References were sought to verify this information and checks performed with the Disclosure and Barring Service to ensure staff members were suitable to work with vulnerable people. Staff confirmed to us this was the consistent process they undertook as part of their recruitment.

We looked at how medicines were managed by the service. We found appropriate systems were now in place for the ordering, recording; storage and administration of medicines. The service actively supported people to retain their independence by managing their own medicines when this was possible. Where people were not able or did not wish to do this, people received their medicines with staff support. We observed staff as they performed a medicines 'round' and saw that staff involved people in decisions about their medicines and offered a drink. Staff told us how they supported people with any time specific medicines or as required pain relief. This confirmed that people were supported based on their personal needs as medicines were provided flexibly throughout the day as required.

The service had dedicated rooms for the safe storage of medicines. Daily temperature checks were performed to ensure the temperature of the rooms and the medicine storage fridge remained within safe ranges. Staff responsible for administering medicines had received training for this which was refreshed on regular basis. The registered manager also ensured regular competency checks to check these staff members were able to perform this role safely.

Dedicated domestic staff were employed to keep the home clean and tidy. Cleaning schedules were in place to make sure all areas of the home were cleaned. There was a plentiful supply of personal protective equipment such as aprons and gloves for care staff to use. The service employed a dedicated maintenance staff member who responded quickly to repairs or to the upkeep of the service. The home also had contracts in place for the servicing of equipment to ensure these remained safe.

# Is the service effective?

## Our findings

At our last inspection we found issues relating to the supervision and appraisal of staff and the support to ensure people ate and drank well. We issued a requirement notice to the provider. Following the inspection the provider sent us an action plan detailing how they intended to ensure the breach of regulations were addressed.

At this inspection we found that the provider and staff had taken action to ensure people received adequate food and fluid. We also found that staff were now had regular supervision and an annual appraisal. All staff received an initial induction when they started working at the home, which included a period of time during which they shadowed a senior staff member. After this, staff were supported in their roles through the provision of regular training, supervision sessions and annual appraisals.

People we spoke with told us they felt the service offered was effective at meeting their needs and this was supported by most relatives we spoke with. One person told us, "I like the food; it's well cooked and more than enough". Another told us, "The girls here know what my condition is like and make sure I am ok". One relative felt the service was not as good as a previous service their family member had used. They told us they had not discussed this with the registered manager and we encouraged them to do so.

Staff we spoke with felt supported and told us they were offered the opportunity to complete additional training and could always approach a member of senior staff or the registered manager or deputy for advice or guidance. We were not able to access all records relating to staff appraisals in 2016, but were assured by the registered manager and their area manager these had occurred in line with the provider's policy.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was continuing to work within the principles of the MCA and that appropriate applications had been made to deprive a person of their liberty.

People's capacity to make decisions about their care and treatment was assessed and where appropriate "best interest" decisions were made on people's behalf. Records showed these decisions involved relevant professionals as well as the person's representatives. Formal consent to care and treatment was also recorded in people's records. Staff we spoke with aware of the need to gain people's consent and explained they would respect people's wishes where they declined support. In one record it was not always clear how consent was sought from people at reviews of their care. The registered manager agreed to take action to

ensure this was more explicit in future records.

As part of assessment and moving to the service people were asked about their nutritional and hydration needs. This included any special dietary requirements as well as people's likes and dislikes. Overall people were complimentary about the food they received. One person told us, "I can have an alternative if I don't like what's on offer". We observed some positive interactions between staff and people as they were supported to eat and the food was appetising and served in a comfortable environment.

People were supported to access other healthcare services in order to maintain good health. The external healthcare professionals we spoke with confirmed the service made appropriate referrals, staff acted on advice given and that people were well cared for. Records told us and staff confirmed they sought out advice and support from local healthcare. For example district nurse advice was sought about a change in a person's sleeping patterns.

## Is the service caring?

### Our findings

People told us they felt cared for by a staff team who were interested in their welfare. One person told us, "It's very well run and without a doubt staff are caring". People also told us that staff knew what their individual needs were and were responsive to them. Another person told us that "When I arrived, staff were very good at making sure they listened to me". These views were also reflected by all but one of the family members we spoke with. Family members told us they found the staff team to be one of "the best assets of the service".

Throughout the inspection visit we observed a relaxed atmosphere in the home. People were free to come and go as they pleased and to spend their time as they wished. Staff we spoke with were knowledgeable about people's daily routines as well as their likes and dislikes and any particular preferences they had. For example we saw one person leaving the dining area and staff then went to get a cigarette lighter and to support them to access the smoking area. The staff member told us this person always liked a cigarette after a meal.

People were encouraged to personalise their bedrooms to their own taste and we saw many people had their own furniture, photos and personal possessions in their bedrooms. At the time of the inspection the home was in the process of improving some rooms. We looked at an empty room and saw the room had been redecorated and refurnished to a good standard.

People's friends or relatives were free to visit throughout the day. Telephone and other services were made available to people to assist them to stay in contact with people who were important to them. Staff we spoke with were knowledgeable about people's family and support networks and welcomed visitors into the home. Most relatives we spoke with told us they felt welcomed by the staff team, one family did not feel the staff team were all welcoming.

The majority of the staff team had been employed at the home for a significant period of time. As a result, they had developed strong, caring relationships with people over that time. Staff explained to that they thought it was very important to take time to get to know people well and were able to tell us how they would do this. They would spend time with people during the day, talking with them or their families and gather feedback about their past lives. This was then recorded in their care records to assist other staff in knowing about people.

## Is the service responsive?

### Our findings

At our last inspection we found issues relating to the care planning and review of people's care. We issued a requirement notice to the provider. Following the inspection the provider sent us an action plan detailing how they intended to ensure the breach of regulation was addressed. At this inspection we found that the provider and staff had taken action to ensure people's care records were accurate and up to date.

All of the people we spoke with told us they did not currently have any complaints but that if they did, they would feel comfortable and have no problem addressing this with staff or the registered manager. Most of the family members we spoke with said the same and had no concerns with the care being provided. Comments from people included, "They try their best to do everything for all of us" and "The girls here are quick to come when one of the others asks for any help". Families we spoke with told us, "I have been involved in my [relatives] care planning. I asked for a specific night time routine as that's what [relative] was used to at home. And so far they have stuck to it."

Before moving to the service a pre-admission assessment was completed by a senior member of staff to check whether the service would be able to safely meet people's needs. Information gathered during this process was then used to develop more detailed care plans outlining the individual care and support people required. These detailed areas where people were independent and outlined their care and support needs. Where people had any specific preferences in relation to their care and treatment, for example in relation to the gender of staff providing personal care, this was detailed in their records and respected.

In the months after a person's admission to the service, staff spent time getting to know the person as an individual and understanding how they liked to be supported. This information was added into people's care plans to assist staff in supporting people in the way they preferred. People were actively encouraged to maintain their independence wherever possible. For example by encouraging one person to mobilise using their Zimmer and remain independent rather than using their wheelchair full time.

People's care plans were kept under continuous review. Monthly evaluations were undertaken by care staff and where required recommendations made for care plans to be amended or rewritten, for example following any change in a person's needs. More formal reviews of people's care planning took place on at least an annual basis. People, their families and representatives were involved in this process wherever possible.

The service had a dedicated activities coordinator and we saw the service had a schedule of planned activity throughout the week. External activities at local community resources were accessed by people. The service had recently been visited by Healthwatch who had submitted a report with suggestions on how to improve activities in the service. Whilst activities on offer were appropriate and people commented positively about the activities on offer we saw that no action had been taken following the Healthwatch report. We discussed this with the registered manager who agreed to take immediate action to review the recommendations of the Healthwatch report on activities.

People and their relatives were encouraged to be involved in the running of the home. Resident and relative meetings were generally held on a regular basis. Annual quality assurance questionnaires were issued to people and relatives meetings were also held. Information gathered through all of these methods was used to improve the quality of the service for people living there. For example changes to the garden had been approved to improve the access and facilities in the garden for people and visitors.

The provider had a complaints policy and procedure, details of which were provided to people when they first joined the service and were on display in the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

The service aimed to provide a smooth transition for people when they went to hospital for any reason. Care records contained brief guides with essential information which ensured their needs could be met whilst at hospital.

## Is the service well-led?

### Our findings

People who were able to tell us that in their experience the home was well led and they knew the staff team well. All relatives, but one person's family, were positive about the service and said they were made to feel welcome and the atmosphere in the service was friendly and welcoming. One relative told us, "I can see [registered manager] as I come in every day. They usually pop out to see how the visit has been or I can knock on the door. If not I can speak to any of the girls here and ask what's been happening. They seem to know what they are doing and keep me in touch when my [relative] is having a bad day."

Staff we spoke with told us they felt supported by the registered manager and deputy and other senior staff. One told us, "I have worked here a long time and seen a few seniors come and go. It's been good the last year, feel we offer an excellent service to people, we just need to fill all our beds now."

The staff we spoke with all expressed a common culture about caring for people the way they would like someone to look after their own family. Staff told us the registered manager had the same approach and encouraged staff to think about the way they would like someone to care for their family or friends. We saw that staff felt positive about the service they offered and felt the service was "Homely and comfortable."

Systems and checks were still in place to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and care plans as well as seeking feedback from people and their families. Where areas for improvement were identified, action was taken to improve the service. For example action had been taken to improve the menu and the dining experience following feedback. Records showed that resident meetings were used to seek suggestions and further feedback.

Issues we had highlighted at the previous inspection had now been resolved. Action had been taken to ensure the registered manager was supported by the provider's senior staff team as they had only just been appointed at our last inspection. We spoke with the provider's area manager who told us how they supported Springvale through regular visits and audits of the quality of the service.

The registered manager held regular meetings with the heads of key areas such as care, kitchen, and domestic services. This allowed for improved co-operation between the teams and sharing of good practice and information. Daily handovers were used to keep staff informed of the health and well-being of people using the service. Staff also told us they could always approach the registered manager or senior on duty for advice and guidance and they were always supportive.

The registered manager and other senior staff told us about the links the home had with the local community. There were links with the local school and the local church. People were encouraged to use the local shops or cafes with support if needed.

The registered manager was clear in their responsibilities and duties, sending in required notifications and reporting issues to the local authority or commissioners as required. They were open with us throughout the

visit and provided us with any information we needed.