Springfield Manor UK Limited

Springfield Manor Nursing Home

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

About the service
Springfield Manor is a nursing home providing personal and nursing care to 25 older people at the time of the inspection. The service can support up to 30 people in one adapted building.

People's experience of using this service and what we found
People were cared for in a safe, caring and homely environment by caring, trained and competent staff. People told us they were happy living there, enjoyed the food and the activities and had their healthcare needs met. All feedback was positive from people, relatives, health and social care professionals, and staff for all aspects of the service.

People were treated with dignity and respect. Care was person centred, met people's needs and achieved good outcomes. People were cared for at the end of their life in line with their wishes. People knew how to make a complaint if they needed to and were confident they would be listened to.

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

The quality and safety of the service was ensured by the provider. The registered manager had made improvements to the service since being in post and had been supported by the nominated individual and provider to do so. Care workers told us it was a good place to work and they were well supported. There was a positive, high quality and caring culture in the service led by the registered manager and provider which achieved positive outcomes for people.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 25 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Springfield Manor Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector.

Service and service type
Springfield Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who commission the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service, one relative, a visiting hair dresser and two visiting healthcare professionals about their experience of the care provided. We spoke with six members of staff including the registered manager, nurse, activity co-ordinator, care workers and the chef. We also spoke with the nominated individual and the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits and surveys were reviewed.

After the inspection
We did not receive any further feedback.

Good

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse
● Systems and policies were in place to protect people from abuse and avoidable harm.
● People told us they felt safe. One relative who visited regularly told us they felt their loved one was kept safe and said, "It's a first class service, they have lovely beds to avoid bed sores, the nurses, carers and management are all first class."
● Staff had received training in safeguarding people and told us they were confident the registered manager would listen and act upon any concerns quickly.
● Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.
● The provider worked in line with local safeguarding policies and procedures.

Assessing risk, safety monitoring and management
● Individual risks to people were identified, assessed and managed safely. Risk assessments were in place to provide guidance to staff about how to reduce the risks to people and staff could tell us how they kept people safe. For example, how to prevent falls or how to manage people's behaviour that may challenge as a result of their dementia.
● Environmental risk assessments were in place to ensure the environment was safe. Signs were used to remind staff and people of any risks, such as hot water.
● All the necessary health and safety checks were completed, for example around fire, water temperatures, fridge and freezer temperatures, and equipment.
● Fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Staffing and recruitment
● Staff were recruited safely, and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
● There were enough staff to keep people safe and meet their needs. The provider had assessed the

required staffing levels for people's dependency needs and kept these under review. For example, the registered manager had monitored call bell response times and reviewed care hours used against the rotas.
● Rotas evidenced enough staff were deployed to meet people's needs. People were supported by a consistent staff team, there was some use of agency staff and when needed regular agency staff were used.
● People, staff and visiting health and social care professionals all told us there were enough staff. One relative said, "There is always someone available."

Using medicines safely
● Medicines were managed safely by qualified nurses. The visiting GP told us they thought medicines were well managed.
● People received their medicines as prescribed and told us they received pain relief when they needed it. There were appropriate systems in place to order, store, administer and dispose of medicines safely.
● Guidelines were in place for all 'as required' medicines which ensured staff knew when people needed these medicines.
● Regular checks were done, for example that medicines were stored at the right temperatures and audits were completed by the registered manager to ensure people received their medicines safely.

Preventing and controlling infection
● The service was clean and smelt nice. The provider ensured deep cleans were regularly completed and the registered manager completed infection control audits.
● There was handwashing equipment and information in the kitchen and staff used gloves when needed.
● Staff had received training in food hygiene and infection control and could tell us what they do to prevent and control infection, such as wearing gloves and aprons.
● Information about how to prevent the spread of infection was present in the service and personal protective equipment was available around the service for staff to use.

Learning lessons when things go wrong
● Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Individual needs had been identified and acted on. For example, following an incident one person's risk assessment and care plan were updated to reduce the risks to them of falling from their wheelchair.
● Accidents and incidents were minimal as there were good risk management systems in place. However, the provider had analysed incidents and accidents for any trends to identify any learning. For example, medication errors were analysed.
● Staff could describe the process for reporting incidents and accidents and knew what to do in the event of incidents, such as a fall.
● Learning from accidents and incidents was shared with staff through their team meetings.

Good

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff had the right training to meet the needs of the people they supported. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff and agency staff had received appropriate training to support people living at the service. For example, all care workers had received dementia training. There was a system in place so that when staff required a training update, this was arranged.
- Staff were supported to complete additional training and qualifications in health and social care. The provider had continued to develop care workers skills in caring for people with dementia by enrolling them on a nine-week course in the principles of dementia care.
- Staff were competent, knowledgeable and skilled. Care workers told us about training they had received which helped them to provide effective care and support. For example, on the different types of dementia and how these impact on people.
- Staff told us they were supported by the registered manager and received regular supervision, competency checks and appraisals. Staff told us they were asked if they needed any additional training.
- New staff and agency staff had an appropriate induction to the service and people's needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider seeks and follows best practice guidance on the application of the MCA. The provider had made improvements.
● Staff were aware of the principles of the MCA and clear guidance was provided to them within people's care records. Care records promoted people's rights, documented consent and involvement of people's relatives in decisions about their care. For example, consent had been sought for the use of CCTV in the home.
● Decision specific mental capacity assessments were completed, and a best interest process followed in relation to decisions about people's care and treatment. For example, around their medicine.
● Staff could understand people's verbal communication, body language, gestures and behaviours to establish whether consent to care was given and their day to day choices, for example when providing personal care.
● Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this and ensured any conditions were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were comprehensively assessed and included positive outcomes for people from their planned care, so staff could support them effectively. For example, the use of pressure mattresses and repositioning schedules to reduce the risk of people developing pressure ulcers had proved effective.
● People received the nursing care they needed to stay well and achieve the best quality of life. For instance, one person came to the service and was unable to eat independently but with the right care could now eat independently with just prompts from staff.
● The registered manager used best practice guidance and well-known assessment tools to plan people's care. For example, they had recently implemented best practice guidance around people's oral healthcare.
● People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This includes for example, people's needs in relation to their culture, religion, and sexuality. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutrition and hydration needs were fully assessed and there was consistent monitoring of people's dietary intake, fluids and weight where people were at risk of malnutrition and weight loss.
● The chef was knowledgeable on people's dietary needs and had information and guidance to follow in the kitchen.
● People told us the food was good. One person said, "It's good, very good. They have just redone the menus…We have a choice." Staff told us how they got to know people's likes and dislikes and people were asked their choice of meal by the chef.
● Staff ensured people's dietary needs and preferences were met. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from people's care plans and

healthcare professionals in relation to these. For example, where people needed soft diets due to the risk of choking, staff followed guidance from speech and language therapists.
● People could choose where they ate and who with, whether in the dining room, lounges or in their bedroom. Drinks were always available for people.

Adapting service, design, decoration to meet people's needs
● The environment was accessible, comfortable and met people's needs. For example, there were communal areas in the service where people could watch TV, listen to music or engage in activities. People's rooms were personalised with their own belongings.
● The provider ensured people's needs were met by the service's facilities which were accessible for everyone. Where needed, people had specialised equipment, for example around their mobility needs.
● The registered manager had ensured the service was 'dementia friendly'. For example, there were pictures outside people's bedrooms to help them find their room and signs on bathrooms to indicate their purpose.
● The provider had invested in the environment to meet the needs of people with dementia. For example, bathroom doors were blue, flooring had been changed and further signage had been produced to make it easier for people with dementia to navigate their environment. The provider was committed to continuously find new ways to make the service dementia friendly.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to maintain good health and were referred to appropriate health and social care professionals as required. For example, speech and language therapists. People told us they saw their GP regularly.
● Healthcare records and plans were comprehensive and offered clear guidance for staff for all people's healthcare needs, for example people had care plans for their oral care. Care plans included detailed information about specific health conditions. For instance, how to manage a person's diabetes.
● Detailed records were maintained for all health appointments, for example with their GP and physiotherapist. Visiting health and social care professionals confirmed that staff followed guidance they provided.
● The registered manager worked closely with other health and social care services to ensure people's needs were met, for example hospice services and specialist nurses.

Good

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. One person said, "I am happy living here, I thoroughly enjoy it, no doubts about that…It can't be better for me." One relative told us the care workers are very patient and kind and spend time sitting with their loved one.
- Staff were patient and caring with people and showed compassion. We viewed positive, calm and respectful interactions throughout the inspection. For example, staff would get down and talk to people at their eye level and actively listen to them.
- Staff used 'emotional mapping' to identify if people's experiences were positive during activities, for example when receiving personal care. The registered manager would analyse these records and use when reviewing people's care plans to anticipate their care needs.
- Staff told us they would be happy for their loved ones to live there. When asked why, one care worker said, "Because the staff are friendly, they are supportive in how they give care, they give enough care and do it properly. People have left their families and miss them, so we should treat people like family and other staff feel the same."
- People's needs around equality and diversity were identified and met, for example, around their religious beliefs.

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

- People told us they felt involved in their care. Staff showed a good understanding of people's needs and preferences. People were engaged in everything they did, and staff supported people to express their views.
- People and relatives were asked about their views on their care in care plan reviews. A relative told us they have a review for their loved one every three months with a nurse.
- Information was also gathered informally through day to day conversations and formally through surveys. Feedback from people was used to plan their care. For example, what activities they would like to do and any wishes around their end of life care.
- People were supported to access advocacy services if needed. Advocacy services offer trained

professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

● Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care. For example, knocking on bedroom doors before entering, asking people's permission before doing something, covering the person up and ensuring the door is shut.

● People's confidentiality was supported and information about people was held securely.

● People were encouraged to maintain their independence where possible. For example, staff had been taught by the physiotherapist to support people to walk or to use a frame and people used adapted cutlery to enable them to eat their meal independently.

Good

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred. They included information about their preferences, what was important to them, their life history and how best to support them to meet all their needs.
- People were given as much choice as possible, for instance what they ate, how they spent their time and when their personal care was provided.
- Technology was used to support people's needs. For example, sensor mats were used to alert staff if some people moved to prevent them falling and to keep them safe.
- People's care was regularly reviewed and updated in their care plans to reflect their changing needs and staff could tell us what had been updated.
- People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs, for example using gestures, signs and verbalising.
- Information was shared with people and where relevant, available to people in formats which met their communication needs.
- There were visual aids around the service, for example about the planned entertainment.
- The registered manager had worked closely with speech and language therapists to ensure staff had the information to support people effectively with their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to maintain relationships that were important to them, for example friends or family could visit at any time and were made to feel welcome. People were supported to use technology, such as video calls to enable them to keep in touch with their loved ones.

● People were encouraged to take part in activities they liked, led by the activity co-ordinator and external entertainers and a hairdresser visited weekly.

● One person told us, "The activities are good, I join in anything that's going on. There are all sorts of games, we have a bit of fun with the carers, I do a bit of leg pulling, we get on extremely well." One care worker told us the activities on offer were good and said, "We play bingo and do yoga, singers come in. It's really nice, people and their families come and enjoy it and the owner dances."

Improving care quality in response to complaints or concerns

● A complaints procedure was in place for relatives and visitors. There had not been any formal complaints and any minor concerns raised had been recorded with actions taken.

● People told us they had no complaints but could raise any concerns they had with the registered manager. One person said, "If I had a complaint, I believe it would be dealt with and put right immediately.

● One relative told us, "Yes I could raise concerns, I've had relative meetings with the manager and owner, they are very responsive…I am very happy with the service."

End of life care and support

● The service supported people at the end of their life. People's wishes and arrangements for their end of life care were recorded in detail. Staff had the guidance they needed to support people in line with their wishes and included any spiritual needs. For example, one person wanted their bed positioned so they could spend the last few weeks of their life looking out at the beautiful view.

● Where people had chosen, they had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records. This helps to ensure a person's death is dignified and peaceful.

● The staff worked closely with hospice services and anticipatory medicines were available for people if they needed them.

● A healthcare professional told us, "End of life care is good, there is good communication between us."

● Relatives had sent the staff thank you cards, complimenting on the care given to their loved ones at the end of their life.

Good

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure effective systems to monitor the quality and safety of the care received. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks. The registered manager reported on any performance issues regularly to the nominated individual and provider to ensure they had good oversight of the quality of the service.
- The provider described how they reduce the pressures on the registered manager by supporting with finances to enable the registered manager to focus on managing the care.
- Quality assurance systems, such as audits, checks, observations and daily monitoring were used effectively to monitor all aspects of the service. For example, medicines, infection control and health and safety. Audits were completed, and actions were identified as a result and used to make improvements. For instance, there were plans to move all people's medicines into their bedrooms to enable a more person-centred approach.
- Registered managers are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements. All incidents reported were monitored for outcomes and lessons learnt.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service

where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

Continuous learning and improving care

● There was a clear drive on improvement by the registered manager and nominated individual and this was supported by the provider investing in the resources needed to ensure improvements could be made.
● The nominated individual was a regular presence in the service, completed monthly provider audits and monitored feedback to ensure any improvements needed were made.
● The registered manager told us they were supported by the nominated individual, were listened to and they responded to the needs of the service. For example, there were plans to continue to improve the environment and the provider had invested in additional staff training.
● Staff and health care professionals could tell us about improvements the registered manager had made since they had been in post. Such as, the environment, the care for people with dementia, staff training and communications internally and externally.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a caring culture in the service. All feedback about the registered manager was positive and care workers said they were supportive and approachable. The provider, nominated individual, registered manager and staff all talked about 'family values' as being important in the service.
● The registered manager and nominated individual demonstrated a strong commitment to ensuring they provided person centred and high-quality care and were responsive to feedback during our inspection.
● Feedback from health and social care professionals noted positive outcomes for people. For example, how well people were keeping since they had moved to the service and how people's mobility had improved following a stroke due to staff following advice from the physiotherapist.
● Recent reviews by relatives on an external website were highly positive and highlight good outcomes for people. For example, one relative wrote, 'It's just like home, very welcoming and friendly. (The person) has thrived since being there.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager and nominated individual understood their responsibilities in respect of this and had informed the relevant people of any incidents or accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People and those important to them were engaged with the service. Regular meetings were held with people and relatives were invited to attend care reviews.
● Annual quality surveys were completed with people, relatives and staff to gain their feedback and reviewed by the registered manager and nominated individual. These showed positive feedback for the provider.
● Staff told us they felt involved, worked as a team and had staff meetings where they felt listened to and could raise any concerns or ideas.
● The staff and management team worked in partnership with other agencies to ensure people's needs

were met in a timely way. This was confirmed by feedback from health and social care professionals. One healthcare professional said, "It's a very nice, relaxing nursing home, they all work well together. There is good communication with the nurses, the registered manager and the carers."

● The registered manager attended meetings across the provider's other services and local or national care forums to support them to remain up to date and share best practice. This was evidenced through the introduction of oral health care kits and red hospital bags.

● The provider had improved their links with the local community through developing relationships with the local church, schools and associations.