

Bupa Care Homes (CFChomes) Limited

The Springs Care Home

Inspection report

Spring Lane
Malvern
Worcestershire
WR14 1AL

Tel: 01684571300

Date of inspection visit:
29 November 2017
30 November 2017

Date of publication:
22 December 2017

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

The Springs Care Home provides accommodation and nursing care for a maximum of 65 older people living with dementia. Care is provided to people over three separate floors, with the ground floor providing residential support and the two upper floors provide nursing support. At the time of our inspection there were 56 people living at the home.

At the last inspection in September 2016, the service was rated Good.

At this inspection we found the service remained Good.

Staff had a good understanding about recognising potential abuse and who to report it to. People had their risks assessed and staff had a good knowledge about how to support them to remain safe. The registered manager regularly reviewed staffing levels to ensure there were sufficient staff to meet people's needs. Medicines were administered by trained staff. Medicines were regularly reviewed and monitored to ensure people had them when they needed them. There was a member of staff responsible for monitoring the risks from infection. Staff followed appropriate guidelines to reduce the risk of infection. Accidents and incidents were investigated and action taken to reduce the risk.

People had their care needs assessed and information about them as an individual recorded for staff guidance. Staff received regular training with some training lead by staff working at the home. People enjoyed their food and were supported by staff to maintain a healthy diet. People had access to health care professionals as they were needed. The environment was in the process of being adapted to effectively support people living at the home. Where it had been completed on the ground floor unit people had benefited for the adaptations in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relative told us staff were kind and compassionate. Staff worked as a team to ensure people were supported with respect and their dignity maintained. People benefitted from the staff using different approaches and communication equipment to support them to make choices and be involved in their care decisions as much as possible.

People said their needs were met by staff that were knowledgeable about their rights and preferences. Where people or their families raised concerns these were investigated and actions taken to make improvements. People and their families were supported by staff that were compassionate and knowledgeable to meet their end of life needs.

At our last inspection the service required improvement in the well-led section. We found at this inspection there had been improvements made to the culture of the service and there was more effective monitoring in place to ensure people received quality care that was individual to their needs. The management team

sought people and their family's opinions to ensure people were satisfied with the quality of their care. The management team sought continuous learning through sharing innovative ideas with the wider care community to improve the quality of the care and people's experience.

Further information is in the detailed findings below

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 remains good.	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained good.	Good ●
Is the service responsive? The service remained good.	Good ●
Is the service well-led? The service had improved to good.	Good ●

The Springs 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 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 was a comprehensive inspection that took place on 29 and 30 November 2017 and was unannounced. The inspection team consisted of one inspector and a specialist advisor who specialised in dementia nursing. The team was also supported by an expert by experience, with expertise in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We used information the provider sent us in the Provider Information Return. This is information we ask providers to send to 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 asked the local authority if they had any information to share with us about the service provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Health watch if they had any information to share with us. Health watch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

We spoke with 11 people who lived at the home, and eight relatives. We looked at how staff supported people throughout the day. We used different methods to gather experiences of what it was like to live at the home. We observed care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the deputy manager, and 18 staff. We sampled 14 records about people's care which included care and medication records. We also looked at complaints and accident and incident reports involving people who lived at the home. We looked at quality checks on aspects of the service which the management team had completed. We saw staff meeting minutes and minutes from meetings with people living at the home. We also looked at external audits completed by other professionals.

Is the service safe?

Our findings

When inspected in September 2016 this section was rated as good. We found the service continued to be rated as good at this inspection.

People told us they felt safe living at the home. One person said, "I feel safe here, don't have to think about anything." Another person told us, "Feel safe being here, staff are usually about and I don't need to wait." Relatives said their family member was safe at the home. We observed staff supporting people to mobilise in a safe way.

There were systems in place to support staff to safe guard people from abuse. For example the registered manager had daily meetings with staff leads for the different areas of the home to discuss any concerns. Staff we spoke with were aware of what potential abuse looked like and what actions they needed to take to report any concerns. We saw when concerns were raised action was taken by the management team in a timely way.

People and their relatives told us staff supported their family member to manage their risks. One relative said, "[Family member] is safe, there is a pressure pad by their bed and [family member] is having an assessment for other equipment." Staff we spoke with explained how they kept people safe. They told us there were clear plans in place to guide them to support people to manage their risks. For example, one member of staff explained how for one person they ensured they used the correct equipment to reduce the risk of sore skin when the person chose to sit where they wanted to. We saw there was clear guidance in place to mitigate people's risks which were individual to each person.

People told us there were staff available when they needed them. One relative said, "[Family member] presses the bell but [staff] don't mind and come straight away." Three relatives told us there was not always staff available, however their family member had their needs met. Staff we spoke with said usually there were sufficient staff to meet people's needs. We saw staff had time to support people when they needed support. For example, we saw one person became upset and a member of staff spent time with them reassuring them and encouraging the person to be involved in a task they were completing. The registered manager told us they monitored the staffing through a dependency tool, and through the daily meetings. These meetings discussed any concerns and evaluated any additional resources needed.

Staff told us the provider followed appropriate practices to ensure people were not put at risk through their recruitment procedures.

People told us they had their medicines when they needed them. We saw trained staff administer medicines as prescribed with a good understanding of people's individual needs. Staff told us records were regularly checked to ensure medicines were administered safely and any omissions identified quickly and appropriate action taken. The registered manager told us people's medicines were regularly reviewed by the local GP service, to ensure people were on appropriate medicines. Our specialist adviser noted that good practice was evidenced in relation to dementia medicines to ensure people had effective medicines.

People and their relatives told us the environment was clean. We saw regular checks were made to ensure the environment was not at risk of causing an infection for people living at the home. Surfaces around the home were clear and staff practiced effective procedures to reduce the risk of infection. Where concerns were identified through monitoring action was taken to make the improvements. For example we saw concerns about keeping some chairs free of infection had been action by ordering new chairs with an improved surface.

The registered manager showed us the process for monitoring accidents and incidents. Staff told us when people fell there was a review of their risks and appropriate action taken to reduce this. For example, we saw when one person fell a referral was made to the doctor and additional equipment used to reduce any risk of further falls. Staff told us lessons learnt were shared with them at team meetings and at the beginning of their working shift to ensure staff were up to date and information was communicated effectively.

Is the service effective?

Our findings

When inspected in September 2016 this section was rated as good. We found the service continued to be rated as good at this inspection.

People and their relatives told us they were involved in assessments before they arrived at the home. One relative explained how they shared information about their family member's history and preferences from when they arrived at the home. They said this supported staff to know their family member well and improved how staff supported them. Another relative told us about staff that used specialist equipment to monitor their family member if they got up at night. This was to ensure their family member was encouraged to be as independent as possible in a safe way. We saw full assessments were completed before people arrived at the home to ensure their needs could be met.

People and their family members told us staff knew how to help them. One relative said staff had a really good understanding of dementia and how this can impact on people, they told us, "So impressive staff's understandings of dementia and they are interested in the person which is appreciated." Another relative said, "Staff seem to have training to use hoist [specialist equipment]." Staff told us they completed a week of training when they first started and then their skills were maintained through regular updates. One member of staff explained they were mentored when they started at the home which supported them to improve their skills and increase confidence.

People we spoke with told us they enjoyed the food they received. People's comments included, "Lovely meals, freshly cooked," "Food is very good, plenty of drinks," "No complaints about meals, a choice, I am offered drinks." We saw the kitchen staff and care staff were aware of people's needs. For example people who needed a soft diet or special equipment to support them to eat independently. We saw people were supported when they needed to be with staff who chatted to them to improve their meal time experience. We saw people enjoyed their meals, the support from staff and the atmosphere in each of the dining rooms. Staff told us that kitchen staff had adapted the menu through discussing recipes with relatives, when one person preferred food which reflected their culture. We saw this person enjoyed their food during our visit.

Staff we spoke with told us they worked with other organisations to provide effective care. For example, one member of staff said the tissue viability nurse supported staff at the home if they identified a concern about people's skin. They went on to say this was effective and ensured action was taken straight away to prevent the condition worsening. We saw at the time of our inspection there was no one with serious sore skin.

People told us they could access health services when they needed to. One relative said, "The dentist was saying that my [family member's] mouth care was good." We saw examples when other healthcare services such as the speech and language team were involved with supporting people living at home when needed.

We saw the registered manager had commissioned a local artist to provide dementia friendly wall art. On the ground floor the exit door had been painted over to hide the door in an outside landscape. We saw this was effective and providing camouflage which reduced people's anxiety at leaving the building. There were

interesting objects hanging on the walls for people to touch as they wanted. There was another mural on the middle floor that reflected a street with shops. The ideas for the shops had come from the people living at the home. The registered manager went on to say there were further plans for the top floor and the middle floor to have more dementia friendly wall art. We saw there were other objects around the home that encouraged people to look at and touch,. Staff told us these were useful when people were upset to refocus the person to improve their well-being. We saw dementia appropriate signage was in place. One relative told us they had been involved in choosing the colour of their family member's door. This helped each person identify their own room.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw staff ask people before they supported them throughout our inspection. One member of staff explained that it was important people agreed to their support before this was provided. All staff had a good understanding of people's human rights. Where people lacked capacity to agree to the support they needed, we saw there had been a best interest decision in place involving people who knew them best.

We saw staff consistently followed the least restrictive practice when supporting people. They told us they had received training and were aware of what the DoLS meant for people living at the home. We saw where people needed extra support to make decisions it was reflected in their care planning for guidance to staff.

Is the service caring?

Our findings

When inspected in September 2016 this section was rated as good. We found the service continued to be rated as good at this inspection.

People and their relatives said staff were kind and caring. One person told us, "Nice to live here, lovely, everyone so friendly and helpful, just very nice, staff lovely." Another person said, "Only been here a short time but great possibilities with it, staff very helpful, feel staff not worried by anything, no concerns, quite happy so far." Relatives told us staff were compassionate. One relative said, "Care is fantastic, so caring, absolutely fantastic from day one, [family member] settled very quickly." Another relative told us, "Very impressed with staff, very caring, very happy." We saw positive interactions between people and staff. Staff knew people well and spent time with them talking about their day and people's lives.

Staff told us they had time to spend with people whilst they were supporting them. For example, we saw staff supported people to eat their meals at their own pace, without rushing them. Staff had received additional training about dementia from a dementia specialist working at the home. The dementia specialist explained how sharing knowledge with staff about how to support people with dementia had resulted in a dramatic reduction in the use of dementia medicines to reduce people's anxiety. We saw throughout both days people were well supported and the atmosphere was calm, without staff rushing people.

Staff explained they had good knowledge about people's needs and adapted how they communicated to improve their communication and ensure people were involved in decisions about how they were supported. For example, we saw one person had reverted to their native language. Staff at the home had worked with the family and produced picture cards to support them to communicate their needs to ensure the right support was provided. Staff also used electronic tablets to translate for them for another person who chose to sometimes speak in another language. One relative told us about staff using the electronic tablet to support their family member looking at where they used to live. They explained this helped their family member to be reassured and improved their well-being.

People we spoke with told us staff respected their privacy and their wishes. One person said, "All of the staff lovely, treat me with respect." Relatives told us staff maintained their family member's dignity and encouraged their independence. One relative said, "Staff are brilliant, physical care never interrupted." They explained how this was important to their family member. We saw staff knocking and calling out before entering people's rooms. Staff explained how they used technology and equipment to promote people's independence. For example, the use of door sensors to alert staff when someone left their room. They went on to say, different people had different equipment depending on what their needs were, to ensure people were supported with as little intrusion and restriction as possible.

Is the service responsive?

Our findings

When inspected in September 2016 this section was rated as good. We found the service continued to be rated as good at this inspection.

People told us their needs were met. One person said, "If [staff] can help you, they always, always will," and "I'm very fond of them, nice, nice people, very pleasant people." Another person told us they had choice about how they were supported, "I choose clothes I put on." Relatives said their family member's needs were met. One relative told us, "Absolutely brilliant care, carers fantastic, [family member's] needs completely met." Another relative said staff provided support in line with the person's preferences and said, "Very flexible, [family member] gets up late and has toast and coffee in their room."

Staff told us they received up to date information about any changes in people's needs at the start of every shift. They said this information supported them to monitor people effectively to ensure changes could be made when needed. Relatives told us they were kept up to date with any changes as appropriate to their family members consent. One relative explained they were reassured staff would take quick action if their family member needed additional support.

People and their relatives explained there were more interesting things for people to do to pass their time. We saw there was an activity co-ordinator for each floor and they had a good understanding about what different people liked to do. One relative told us they had provided information about things their family member had enjoyed doing through their life. They said their family member was involved in arts and crafts and enjoyed any singing activities arranged.

All the relatives we spoke with said they were welcome to visit their family member whenever they or their family member wanted. There was a regular coffee morning arranged where the community, families and people living at the home were encouraged to meet and spend time together. We saw this was well-attended and people enjoyed their time there.

People we spoke with said they were confident to talk to staff if they had any concerns. Relatives told us staff were responsive if they raised anything that needed improving. For example, one relative had discussed laundry concerns with the unit lead and they told us things had improved. We saw there was a complaints process in place and the management team investigated and responded to concerns in a timely way. The provider monitored how complaints were dealt with and followed up to ensure lessons were learnt. Staff told us when there was learning from a complaint this was shared with them.

We saw people's end of life wishes were recorded for guidance for staff. The information was communicated by people and their families when they were happy to share that information. Staff we spoke with said they worked with relatives to provide support to the family and people living at the home when people became unwell. Relatives were welcomed to maintain important relationships and to ensure they were able to visit as they wished. We saw appropriate medicines were available to ensure people were comfortable and pain free towards the end of their life. Support and guidance from other health agencies involved was in place, as

appropriate. All the staff we spoke with said they were confident with how to support people at their end of life. One member of staff told us there was a booklet to guide relatives about what to expect.

Is the service well-led?

Our findings

At our last inspection in September 2016 we found the service required improvement on this section. We found at our last inspection improvement was needed with the governance systems relating to staff demonstrating safe practice when supporting people to mobilise, staffing levels, and the culture of the home.

At this inspection we found the service had improved and was now rated as good. Staff practice when mobilising people had improved and we saw people were supported in a safe way. Staff told us staffing levels had improved because staff were happier and there was less sickness. They said they felt well supported by the management team and listened to. Staff worked across the home and supported each other as a team. There was improved communication with the different units and staff provided a more consistent approach. One relative told us, "I am happy with my [family member's] care. The staff are consistent in their approach, they care about me as well as my [family member]." The registered manager told us the daily meeting with the different staff leads across the home, was useful in ensuring information was shared and acted upon.

People told us they enjoyed living at the home. One person said, "Can't fault this home." Relatives told us there was a positive culture at the home. One relative said about the home, "One big happy family, we get to know other visitors." Another relative told us, "Fun, always people interacting, and happiness comes from the staff." People and relatives were encouraged to attend regular meetings to keep them involved and updated about what was happening at the home. Relatives had requested improvements to the garden area and this was in the process of being completed. The registered manager had arranged for the rest of the work to be completed with people living at the home involved in spending time with the gardener. Questionnaires were sent yearly to seek feedback about service improvements. There was a suggestion box in the entrance of the home. The registered manager told us there had been a suggestion to improve the parking area. This had been acted on and the improvements had been made.

Staff were clear about their roles and responsibilities and they all said they had regular one to one time with their line manager. They had regular staff meetings and the opportunity to share their ideas and discuss best practice. The provider had a system to recognise staff effort. This was called "Everyday hero," people and their relatives could make suggestions when staff had gone above and beyond.

There was a new registered manager in post who was supported by the clinical lead and three unit managers for the three different units. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was passionate about improving how people were supported whilst living with dementia. She had employed a dementia specialist who supported staff to improve their skills with up to date ideology about dementia care. We saw staff had an improved understanding through their interactions

with people. The registered manager had also encouraged more involvement with the community through a local artist and developing the dementia café on the ground floor unit. All the staff we spoke with said they thought the new registered manager was very supportive and appreciated what they had achieved. They said she was on the different units regularly and had a good understanding of people's needs and any concerns.

We saw there were regular audits completed by the management team and the provider to monitor the quality of the care. We saw the provider regularly visited the home and formulated an improvement plan through the results of audits and observations with the registered manager. There were clear deadlines for when improvements needed to be made and who by. The local authority had recently visited the service and identified some improvements. Staff were aware of the improvements needed and action had been taken to put these in place.

The management team regularly linked with other managers across the provider network to share learning and best practice to instigate continuous learning. The management team also attended conferences with other providers to bring fresh ideas back to the service. For example, the registered manager attended a conference with the activity co-ordinators which enhanced ideas and innovation to support people's well-being. They had implemented ideas and then had listened to the feedback of staff and families to encourage new ideas.

The management team worked in partnership with other organisations. For example, when safeguarding concerns had been raised staff worked with the local authority to ensure appropriate steps were taken to ensure people were safe. The registered manager was also approaching dementia specific charities to involve them in the dementia café to bring more of the community into the home. This was in early stages; however the dementia café was already a success with people and their families. Families of people who were no longer at the home still attended to meet up with friends and staff.