

Spiral Health C.I.C

Springfield Manor Gardens

Inspection report

Jeanne Jugan Residence, 228 Garstang Road
Fulwood
Preston
Lancashire
PR2 9RB

Tel: 01772717454

Date of inspection visit:
14 August 2018
15 August 2018
21 August 2018

Date of publication:
09 October 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection visit took place on 14,15 and 21 August 2018. The first and third day of the inspection were unannounced. This meant people living at Springfield Manor Gardens, their relatives, the registered manager and staff working there did not know we were visiting.

Springfield Manor Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Springfield Manor Gardens is registered to accommodate up to 51 people who have nursing needs or people living with dementia. The 'Bluebell unit' supports people who require nursing and / or residential support. The 'Primrose unit' delivers intermediate care. Intermediate care is for people who are recovering from an illness or stay in hospital but still require some nursing support.

The home comprises of several communal areas, two dining areas and a tea room. All accommodation is located on the first and second floor. The communal areas are accessed by two lifts or stairways. The home has a large garden area with seating for people to use and car parking is available. At the time of the inspection there were 43 people who lived at the home.

The service had a registered manager in place. 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.

We had not previously inspected Springfield Manor Gardens. This was their first inspection since they had registered with the Care Quality Commission in December 2017.

At this inspection visit we found breaches were identified to Regulations 10, 11, 12, 17, 18, and 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Care plans we looked at did not always have all the appropriate person-centred information in them to promote safe individualised care. People's preferences and cultural needs were not consistently addressed and met.

Staff we spoke with were aware of the principles should someone require being deprived of their liberty. Whilst good practice guidelines were considered these were not consistently implemented to ensure all principles of the Mental Capacity Act (MCA) 2005, were lawfully respected.

The registered provider failed to ensure the proper and safe management of medicines. People preferences on the administration of medicines and guidelines on when to administer medicines were not consistently

followed.

Recruitment processes for ensuring staff were suitably qualified to work with people who may be vulnerable were not always implemented. This was because suitable checks had not been consistently applied in a timely manner.

We found deployment of staffing was not always effective to ensure the safe care of people. Staff were not always suitably allocated to ensure people remained safe.

You can see what action we told the provider to take at the back of the full version of the report.

The registered provider had failed to ensure notifications were submitted to the Care Quality Commission in a timely manner.

We have made a recommendation the provider follows the requirements in the relation to submitting statutory notifications.

There was a complaints procedure which was made available to people and visible within the home. However, we noted one complaint was not investigated in a timely manner.

We have made a recommendation the provider seeks guidance about the management of complaints.

People told us staff were caring and patient. One person said, "If I have to be somewhere, it's the best place I can be."

We saw evidence of activity events that had taken place and of scheduled future events.

We found the service did have clear lines of responsibility and accountability. The registered manager was supported by a general manager who shared the responsibility of managing the home. There were also two unit managers and a discharge co-ordinator who took on management responsibilities.

The staff had daily handover meetings to share up to date information on people. They also had formal staff meetings and senior management meetings to share information and plan and review performance. One staff member commented, "We are still at that settling in period with the new company and getting things right. It's a journey we are still on, but definitely in the right direction."

The registered provider was in the process of refurbishing the home to ensure people were living in an environment that promoted their safety, independence and positive wellbeing.

Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Staff understood the importance of delivering end of life care that promoted people's preferred priorities of care.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required, such as hand gels.

The management team used a variety of methods to engage with people their relatives and staff. Staff told us the management team were approachable and relatives told us the general manager took regular walks

around the home to assess the environment.

The service had procedures to monitor the quality of the service provided. There were systems to record safeguarding concerns, accidents and incidents and corrective action took place as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Recruitment processes for ensuring staff were suitable for working with people who may be vulnerable were not consistently implemented.

Staff were not consistently deployed to meet the needs of people who lived at the home.

Risk was not consistently addressed and managed within the home.

Suitable arrangements were not in place for safe management of all medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Whilst good practice guidelines were considered these were not consistently implemented to ensure all principles of the Mental Capacity Act (MCA) 2005, were lawfully respected.

There was evidence of staff supervisions and ongoing support. Staff received training to meet people's needs.

People's health needs were monitored and advice was sought from other health professionals, where appropriate.

Consideration had been taken to ensure the environment in which people were living met their needs.

People's dietary needs were met by the registered provider.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The registered provider failed to consistently care and support people in a way that ensured their dignity and promoted their independence.

Observations during our inspection visit showed people were treated with kindness and compassion.

Visitors were welcomed and encouraged. People had access to advocacy services, if required.

Is the service responsive?

The service was not always responsive.

Documentation related to people did not consistently identify their needs and reflect their preferences.

There was a complaints policy in place, which enabled people to raise issues of concern.

The registered provider supported people to engage in activities they enjoyed and valued.

The registered provider held information on people's preferences on how they would be supported with their end of life care.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Quality assurance systems were not always effective in identifying areas of concern. We did see evidence of action being taken when areas of concern were identified.

The registered provider did not consistently submit statutory notifications when required.

The registered provider had systems in to engage with people, relatives and staff. The registered provider had developed good working relationships with the staff.

Requires Improvement ●

Springfield Manor Gardens

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 comprehensive inspection took place on 14,15 and 21 August 2018. The first and third day of the inspection was unannounced. The inspection was carried out by two adult social care inspectors and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included speaking with the commissioning groups responsible for commissioning care and the local authority.

We reviewed information held upon our database about the service and reviewed the service's current registration status. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

Throughout the inspection process we gathered information from a variety of sources to help us understand the experiences of people who lived in the home. We spoke with ten people who lived at the home and five relatives to seek their views on how the service was managed. We also spoke with people who lived at Springfield Manor Gardens temporarily as they were receiving intermediate care and were resident on a short term basis. We spoke with the registered manager, general manager and three members of the senior

management team. We spoke with two unit managers, the discharge co-ordinator, three nurses and five members of staff responsible for providing direct care. We also spoke with the activities co-ordinator, maintenance person and the chef on duty. We activated the call bell three times during our visit to assess staff availability and response times.

As part of the inspection process we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time sitting in communal areas watching day to day activities, communication, relationships and care practices taking place. We did this to assess the quality of interactions that took place between people living in the home and the staff who supported them.

To gather further information, we looked at a variety of records. This included care plan files related to six people who lived at the home. We observed the administration of medicines and looked at administration and recording forms related to the management and administration of medicines and topical creams on both units. We viewed a training matrix and the recruitment records of four staff. We also looked at other information which was related to the service. This included health and safety certification, team meeting minutes, policies and procedures, complaint and concerns records and maintenance procedures.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety at Springfield Manor Gardens.

Is the service safe?

Our findings

We asked people if they felt safe living at Springfield Manor Gardens. One person told us, "Not as safe as I should be." They went on to say people came into their room at night. They also shared that another person had threatened them and staff had intervened. We shared this information with the unit manager and with the registered manager who told us they were unaware these incidents had occurred and would investigate.

We asked people if staff made them feel safe. We got mixed feedback that included, "I'm frightened of even speaking to you. I'm not going to rock the boat." A second person said, "On the whole I would say yes. There's a few who don't know me and some expect me to do more than I'm allowed to." And, "The thing that worries me most, is I press the buzzer and nothing happens and that's quite frightening." A visiting relative said about safety, "Yes, [relative] is very safe here." We shared the concerns raised with the management team. We were told people that stayed on the intermediate unit received feedback sheets after they had left and their responses had not reflected the views we received. They also stated they would create and share an action plan to explore these concerns further.

As part of the inspection process we looked at how the registered provider managed risk to protect people from avoidable harm. We found not all systems for managing risk were effective and consistent. For example, we looked at how the registered provider managed risk around one person's long-term continence support. We noted records were incomplete and good practice guidance was not followed in the management of the condition. This meant the person could be at an increased risk of infection. We shared these concerns with members of the management team who put risk management measures in place.

We noted one person had a risk assessment around the use of bed rails. The documentation did not reflect the person's unique behaviours. It did not offer strategies to manage the risk. This meant staff were not guided to support the person safely. We spoke with the general manager who told us they would review the risk assessment.

We noted people had fluid charts to monitor their liquid intake. The fluid charts were not consistently completed and did not offer individual fluid targets and daily totals for people. We looked at one person's record on the afternoon of day two of our visit. Their documentation indicated they had not received a drink since the evening of the previous night. We had observed the person had received drinks but these had not been recorded.

We saw the registered provider had requested people had their weight monitored regularly. We spoke with a member of management who told us this was completed monthly and if concerns were raised it would be done weekly. They further commented if there was significant weight loss, specialist support would be requested. We noted people's weights were not consistently recorded. One person had triggered the significant weight loss threshold, however, no paperwork could be found to show a referral to a specialist had been made. This was supplied after the inspection visit. This meant the paperwork did not give an accurate oversight to staff to manage the ongoing risks of deteriorating health in older people. The general

manager told us the care plans would be updated and systems to record information would be reviewed.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). The registered provider failed to do all that was practicably possible to lessen risk.

We looked at how medicines were prepared and administered by observing a member of staff manage their medicine administration round at lunchtime. We noted the staff member spent time with each person as they administered their medicine. They made eye contact with the person and never left until they had swallowed their medicine, offering gentle encouragement where appropriate as they did so.

The staff member signed the recording charts after each act of medicines administration. This is recommended in the good practice guidance, 'Care home staff administering medicines' from the National Institute of Health and Care Excellence (NICE). Controlled Drugs were stored correctly in line with NICE national guidance. The controlled drugs book had no missed signatures.

However, we noted one person had medicine prescribed that should be administered at specific times twice daily. We looked at the recording sheet and it only stated morning and evening. We spoke to the person who told us, "I'm supposed to have [medicine] evenly spaced out, but the nurses can't always do that. I've mentioned it a couple of times but I've accepted it now. I can tell the difference [in their physical wellbeing]." We spoke with the general manager who made changes to the MAR sheets to guide staff on the administration of the tablets.

A second person had a medicine that stated with or after food. They had it administered before breakfast. The member of staff on shift could not say why the instruction had not been followed. We looked at a random sample of medicine stock held in the home. One person had significantly more medicine on site than documented. The staff member was unable to account for the additional medicines. The registered provider had a medicines fridge on each unit which required daily temperature monitoring to ensure the temperature was within a safe range to keep medicine safe. On both units the checks were not consistently completed. We also noted the temperature was recorded as unsafe on three occasions and no action had been taken. We noted the general manager had not been made aware that unsafe practices had occurred.

We found thickening powder stored in one person's bedroom and in the communal dining room there was thickening powder for two people. The thickening powder is added to foods and liquids to bring them to the right consistency/texture so they can be safely consumed by people who have swallowing difficulties. A patient safety alert had been issued by NHS England on the need for proper storage and management of thickening powder. It had been identified people were at risk of death by accidental ingestion of the powder.

About the powder being in the bedroom one staff member told us they had advised the person's family to store it in the wardrobe. This guidance would not ensure people were safe. One person's thickening powder in the dining room had no prescription label on with name and date dispensed. It did have the person's name written in pen on the tub. The registered manager clarified they were prescribed the powder. Family members prepared drinks for one person and were confident they were completing the task correctly.

However, they had received no guidance from the registered provider. The general manager told us training would be arranged as part of their risk management. We noted on day three of the inspection the powder had been moved and stored securely.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 (Safe care and treatment). The registered provider failed to ensure the proper and safe management of medicines.

We did see the registered provider had a clinical risk register that covered risks around building maintenance, slips trips and falls and data protection. For example, we noted the staircase had restricted access while building work was ongoing. We saw the registered provider was complying with The General Data Protection Regulation (GDPR). These are a set of rules that govern how the registered provider manages people's information. We noted no confidential information was visually accessible.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. We noted two staff did not have a full employment history in place and saw no evidence this had been discussed during or after the interview process. We saw one staff member had started work ten days before their Disclosure and Barring Service (DBS) clearance had been received. The DBS helps employers make safer recruitment decisions. It highlights potential staff who may be unsuitable to work with people who may be vulnerable. One staff member who worked regularly in the home unsupervised, (not in a caring role), had not received any clearance checks to ensure they were of good character.

We spoke with the registered provider who told us they felt the process in place was robust and there had been changes in human resources to minimise the risk of any reoccurrence. We received information after our visit that all staff who worked at Springfield Manor Gardens had the appropriate checks in place.

These are breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). The registered provider failed to ensure recruitment procedures were operated effectively.

We walked around the home to check it was a safe environment for people to live in. We found the home was warm and the communal corridors were free from obstructions. This allowed people the opportunity to walk around the home safely. We observed restrictors on windows where people may fall from them. Restrictors help prevent falls from height and minimise the risk of harm.

We looked at infection prevention and control processes within the home. We found the home was clean and tidy. The home employed domestic staff to carry out daily cleaning tasks. One person told us, "It's lovely, light airy and spacious, very pleasant and they clean every day." We observed staff wore protective clothing such as gloves and aprons to minimise the risk of the spreading of infection. We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds.

We visited the kitchen and saw there was a cleaning rota in place for scheduled tasks. The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service 'hygiene standards are very good'.

We saw a fire risk assessment was in place and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required. We carried out a visual inspection of the home and identified no concerns in relation to safety of the premises. All evacuation routes were clear and free from storage. Fire doors were closed or open using closers. Fire door closers will hold open a fire door when required to ease access, such as poor mobility and support people's personal preferences. They automatically close the door in the event of a fire. This showed the registered provider was following best practice guidance, The Regulatory Reform (Fire Safety) Order 2005. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety.

We looked at accident and incidents at Springfield Manor Gardens. All incidents and accidents were inputted onto a computer system that shared the information with all members of the management team. We noted the registered provider reviewed and acted on incidents that had occurred on a regular basis. For example, we noted one person was at risk of repeated falls. They had reviewed their circumstances and put in place technology to minimise repeat falls occurring. This showed the registered provider had systems to review incidents, manage risk and safeguard people in a person-centred way.

We spoke with the management team about lessons learnt and improvements made when things had gone wrong or concerns had been shared. We saw when timely action had not taken place to meet one person's needs, the general manager had met with staff to ensure they were aware of the correct procedure. This was confirmed by talking with staff members. We also noted the management team had sought expert guidance when concerns had been raised.

We asked what practices were in place to keep people safe and ensure staff knew what abuse and poor practice was. We did this to ensure people were protected from abuse and harassment. Staff told us they had received safeguarding training and were able to explain what they would do if they believed someone was at risk of receiving care and support that was abusive. Staff told us they received training on how to safeguard people who may be vulnerable. One staff member told us, "Any concerns at all about abuse I would go to the manager and report to social services and CQC."

we reviewed staffing levels at the home. We did this to ensure there were appropriate numbers of staff employed to meet the needs of people. We spoke with people, relatives, staff and management about staffing levels and if staff could meet people's needs in a timely manner. We looked at rotas, reviewed people's needs, asked about staff deployment, observed staff completing their daily duties and monitored response times to call bells. We did this to ensure there was a staff presence throughout the home and staff had suitable oversight to keep people safe.

We pressed the call bell to assess response times and had to wait 13 minutes before a staff member responded. The second time we pressed the call bell it was five and a half minutes before staff attended. The third and fourth time it was between three and four minutes each time. We shared our concerns with the general manager who showed us they were in the process of have a new call system fitted to allow call monitoring to take place.

About staffing levels, one person said, "No (not enough staff), they [staff] always seem to be on the run." A second person commented, "They always try to make time, but they're so busy and understaffed." A third person said, "No way, when there's a changeover nothing happens." Changeover is when one shift of staff is replaced with the following shift. A visitor when asked if there was enough staff said, "I think so, sometimes [relative] said she has to wait to get up in a morning."

We spent time in the open plan lounge and dining room observing day to day activities and staffing levels. At one point the CQC Inspector was left to have oversight of eight people in the lounge while the one staff member left and went for additional staff support. Staff told us the dining room was to have a staff presence to minimise the risk of people falling. We also noted one person was served breakfast in their room at 11 am and taken to the dining room at 12 noon for lunch. We queried this with a staff member who told us this was due to staffing levels.

We spoke with several staff about staffing levels. Feedback was consistent in that they felt understaffed. They also said people were safe. One staff member commented, "There are not enough staff, it's not inadequate, but we have raised this with the senior managers." A second staff member said, "It's a different

place now. It feels much more business-like. This is negative to the residents because it has resulted in cut down of staff." A third member of staff commented, "The staffing levels at the moment mean we cannot care for people to the very high standards we are used to. We just don't have the time to do the little things for them like just sitting and chatting."

We recommend the registered provider review their staffing levels and the deployment of staff throughout the home.

We shared our concerns with the management team and were told a meeting had been scheduled to review staffing levels. After the inspection visit we received information staffing levels had been increased and would be regularly reviewed.

Is the service effective?

Our findings

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 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 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 were being met.

We looked to see if consent was consistently obtained. All care staff could talk to us about consent and speaking with people before completing any tasks with or for people. One staff member told us, "The mental capacity act is about offering a full range of choice and options to each resident and referring to their care plan and capacity assessments." This was supported by people we spoke with who told us they could follow their own routines and staff sought consent before carrying out personal care.

However, during our inspection we noted one person had bed rails in place. There had not been any discussion documented to indicate this was in the person's best interest and this was the least restrictive option available. We spoke with the person's relative who stated they had not been involved in any decision making in relation to the rails.

We noted one person had a sensor mat installed next to their bed to monitor their movements. On day one of our visit we asked if the person had consented to the mat and was told by a clinical member of staff the person lacked capacity. We asked if they had submitted all relevant paperwork in accordance with the MCA. We found the relevant paperwork was not submitted. We asked if a discussion had taken place to see if the mat was in the person's best interest. This had not happened and the staff member told us, "They still had a lot to learn about nursing homes." On day two of our visit, the same staff member told us the person had capacity and did not require any paperwork to be submitted. On day three of our inspection (seven days after day one), a senior manager submitted a Dols authorisation application. They stated the person did not have the capacity to make decisions around the restriction in place.

These are breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Consent). The registered provider failed to consistently follow lawful process and not all staff responsible for supporting people who lacked consent were familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005.

We looked at how people's nutritional needs were met by the registered provider. We received mixed reviews about the food. One person said, "Sometimes it's nice, but not always." A second person told us,

"The last two nights have been terrible, hot dogs or sardines on toast, but usually it's good." A third person commented, "It's mostly edible but poor." However, we were also told, "The soups and desserts are nice. If I want I can go to the kitchen and make myself a sandwich." And, "There's too much but I enjoy it."

We observed lunch being served. We noted there was a relaxed atmosphere at lunchtime. The dining areas were pleasantly decorated and tables were set to enhance the meal time experience. Condiments were placed upon the tables. People had the opportunity of where they would like to eat meals, including dining areas and bedrooms. One person told us they liked to sit in the dining room on their own at lunchtime and have their evening meal in their bedroom and these preferences were supported. We noted people who required support with their meals received one to one support.

At this inspection visit we looked to see if staff had the appropriate training and skills to effectively carry out their roles. Three staff said they did not have the skills for the job. One person when asked about staff skills said, "No I don't." A second person commented, "No, they don't know enough." However, one person and three relatives all felt staff had the relevant skills to be effective in their roles.

We looked at how the registered provider sought to ensure staff had the appropriate knowledge to complete their role. Staff completed a formal induction, then shadowed more experienced staff members. They also had to complete mandatory training. The mandatory training was predominantly computer based training. Staff had to complete a competency test at the end of each training subject. If they failed to reach an acceptable level they had to complete the subject again and the competency questions changed to ensure staff attained a level of understanding. About the training one staff member told us, "The training is fine, it helps us to keep up-to-date with anything new." A second staff member commented, "They [registered provider] are good with the training, I can't complain about that."

We asked about support and supervision. Staff explained there had been several changes in the management team but everyone one we spoke with felt supported. One staff member commented, "The managers are really good, they are approachable and supportive. The new management team really do listen to us now."

Springfield Manor Gardens offer intermediate care to people who require nursing care. The registered provider liaised with the local discharging hospitals to gather the person's medical history and plan their ongoing rehabilitation. Upon their arrival, the person received an assessment from the nurse on duty. We saw there were two daily meetings to assess people's clinical needs and review what support was required. This showed there were links to enable the registered provider to work together with health professionals to support people to live healthier lives.

The home had assistant practitioners on site to deliver ongoing treatment and employed a specialist nurse to review and plan treatment should people's skin deteriorate. A GP visited daily during the week and during our inspection we noted visits from occupational therapists and dieticians. We noted the registered provider was working in accordance with NICE guidance, 'Intermediate care including reablement.' We noted on the residential floor people were supported to attend hospital appointments and staff followed specialist guidance on supporting people with their ongoing health needs. This showed people were supported to have access to healthcare services to promote positive health outcomes.

As part of the inspection process we reviewed the environment to ensure it was suitable for all people who lived at the home. Consideration had been taken within the home to ensure there was a homely feel to the environment. Rooms had been personalised by people according to their preferences and wishes. One person told us, "It's nice, it's a nice building. It feels nice and peaceful."

All bedrooms had an accessible call bell in place for people to request support. There were two lifts available for people to travel between floors and security measures were in place on entrance doors to keep people safe. In addition, we noted people had access to outside spaces if required. The registered provider was completing ongoing building work at the home. This included the installation of a new call bell system that would monitor and review call bell responses and the refurbishment of the onsite chapel.

Is the service caring?

Our findings

We looked at how people's dignity and independence had been respected by the registered provider. We found this was not consistently upheld. For example, we spoke with one person about the equipment used to manage their continence. They were visibly distressed that the equipment used was not what was used normally and was visible. They told us, "I hate it." The member of management present during the conversation suggested they should have made their views known as the equipment had been in place four days. This distressed the person who stated they had shared their feelings. We noted the equipment was changed immediately.

A second person who was receiving reablement support and at the home on a short term basis expressed concern they were not allowed to self-administer their medicines. They told us they lived alone and wanted to maintain their independence. They explained they had been told self-administration was not possible due to their lack of access to a secure facility to keep their medicines in. The general manager was unaware this decision had been made and took timely action to ensure the person had all the safeguards to support the self-administration of their medicines.

These are breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Dignity and respect). The registered provider failed to consistently care and support people in a way that ensured their dignity and promoted their independence.

We did observe one person helped in the dining room, clearing and washing cups. They worked alongside staff and received recognition and thanks for their contribution. A staff member explained the person was routine and task orientated and liked to be involved. We noted the person was pleased with the positive feedback and this gave the person a sense of achievement.

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. We saw staff had an appreciation of people's individual needs around privacy. For example, we observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. We noted staff spoke with people in a respectful way, giving people time to understand and reply. Staff made good use of touch, eye contact and appropriate humour when they spoke with people and we saw this helped them to relax.

We asked people if they thought staff were kind and caring and how they were treated. One person told us, "Very, very nicely, I can't say anything different. I could recommend the home to anyone." A second person commented, "OK, the regular staff are extremely kind considerate and thorough. Some agency staff are abrupt." A third person said, "They're short staffed all the time, but they're so patient with people." We shared the feedback with the registered provider who told us they would investigate people's concerns.

We spoke with staff about building positive relationships with people. One staff member told us, "The most important thing in my job is building those relationships with the residents, it helps them to feel more comfortable if they want to talk about anything. It's so important getting to know them, what they need, can

and can't do and helping them to do this in a way that keeps their independence." A second staff member said, "It's my second home, I don't treat it like a workplace. It's a pleasure helping people and I see them as my family. That's where I get my job satisfaction."

We looked at how people were supported to have a voice and were supported to make decisions when they required assistance to do so. Advocates were consulted with when choices had to be made and the person themselves did not have capacity to make their own decisions about their care and support. Advocates are independent people who provide support for those who may require some assistance to express their views. The registered provider had copies of relevant documentation in relation to advocacy and independent advocacy services were advertised in the main reception of the home. This showed us people could be supported to express their views, if required.

Is the service responsive?

Our findings

We spoke with people, their visitors and looked at care documentation. We did this to gather information on whether there was shared knowledge and information to guide personalised care and support.

One person and one visitor told us they had seen their care plan. A visitor of someone on the residential unit said, "It's not been discussed yet, we need to discuss it with the staff." A second visitor on the residential unit commented, "Not seen any care plan, not had any discussions and I would like to know what is going on especially at night." We shared this information with the general manager who arranged for a review to take place.

We looked at one care plan that held contradictory information in it. It stated the person was not visually impaired but also documented they wore glasses. A second care plan, held information belonging to a different person with completely different support needs. The plan did not hold any information on how to support the person should they have a seizure to manage their epilepsy. It lacked information that the person preferred female carers and this could have repercussions on their behaviour.

A third care plan stated the person had a potentially life threatening health condition. There were no guidelines around signs and symptoms or guidance on what support should be offered. A fourth care plan identified one person as vegan at the front of the care plan and vegetarian half way through. We had observed the person have vegetarian lasagne for lunch and staff were unsure whether this was an appropriate meal. This meant the person was at risk of receiving support that was culturally inappropriate.

One person had a lifelong illness where their diet had to be monitored. They had chosen to eat some foods that could potentially have an impact on their health. Their care plan did not hold any risk management strategies around positive risk taking. It did not have information on signs and symptoms on the condition to guide staff that the person's health may be deteriorating, and what actions to take.

When agency staff worked at Springfield Manor Gardens to assist with offering personalised care they received a worksheet. This worksheet offered the agency staff member a brief overview of each person and their needs. We noted the worksheet did not contain important health information related to one person. This meant people were supported by staff that were unaware of the person's needs.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). The registered provider failed to have accurate records including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.

The registered provider had a complaints procedure which was on display in the entrance area of the building. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to within a set timescale. Contact details for CQC and the registered provider had been provided should people wish to refer their concerns to someone outside of the home or an

independent organisation. This showed the registered provider had a system to acknowledge and respond to any issues raised.

However, we received information of concern during our inspection. We contacted the alerter who told us they had complained to the registered provider but had not received a response. The general manager could show us they had started an investigation into the concerns but had stopped as they were under the impression the alerter did not want any further action taking place. This meant the concerns were not investigated in a timely manner.

We recommend the registered provider seeks guidance from a reputable source in relation to the investigation and management of complaints.

People's end of life wishes had been recorded so staff were aware of how to support people in their last days. There was also training on end of life care for all staff. One person had their preferred place of care at end of life documented and funeral wishes were part of the care planning process but not consistently completed. The registered manager told us this was an area for development but people would be treated with dignity and respect.

We looked at activities at Springfield Manor Gardens to ensure people were offered appropriate stimulation throughout the day. We spoke with the activities co-ordinator who told us the registered provider was very supportive and they spent time with people on an individual basis. They had activity logs for people that showed their preferences, likes and dislikes and preferred level of interaction. They could share how their one to one interaction had impacted on one person and lessened their self-imposed social isolation. The person now played the piano for people and sought interaction with staff. One person was very proud of their manicured nails and the activities coordinator explained they painted nails as a group activity to make it like a salon experience. They were also looking to purchase a computer tablet to access the internet. This would also help staff to seek information people would be interested in and to make video calls to relatives.

We noted evidence of events that had taken place, such as, afternoon tea, summer fair and singers visiting. We noted members of the management team dressed as Elvis Presley to accompany the singer as a way of injecting humour into the activity. There was a Facebook page which showed photographs of past events. These included visits from therapy dogs, royal wedding celebrations and a visit from a local primary school.

At the time of our inspection the onsite chapel was undergoing some building work. A member of the management team explained they had liaised with a local community choir who were going to use the chapel as their rehearsal studio. This would allow people and their families free access to onsite concerts and establish links with the local community. This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. This makes it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff were aware of the communication needs of people they supported. We noted one person's first language was not English. The registered provider had created a picture board to aid communication. Under the pictures they had written the corresponding word in the person's preferred language. This helped communication between the person and staff and supported personalised care.

Is the service well-led?

Our findings

We found the service did have clear lines of responsibility and accountability. There was also a general manager, a unit manager on each unit and a discharge co-ordinator linked to the intermediate care service.

However there had been three managers in eight months and this had brought several changes in how the service was delivered. During this inspection we found not all processes in place to audit services delivered and offer oversight on the care delivered were consistently followed.

The registered provider failed to follow process and keep accurate records in relation to the administration and storage of medicines and the management of people's fluid intake. Documentation around personalised care was incomplete and not identified as such. Risk management concerns were not shared with senior management through established routes such as daily management meetings. The general manager had not been informed of concerns that had occurred. Robust system around recruitment were not followed and shortfalls identified. Not all staff in positions of responsibility had the appropriate skills and competence to understand significant information.

This was a breach of Regulation 17 HSCA RA Regulations 2014 (Good governance). Systems and processes to ensure compliance with the regulations were not consistently managed effectively.

Although the registered provider had a history of submitting notifications we identified they had failed to notify us of a situation that affected a person's health and wellbeing. We spoke with one member of the management team who told us they did not believe the incident met the relevant criteria. A second member of the management team responsible for the submission of notifications told us they had forgot to send it. The registered provider had a legal responsibility to report these incidents to the Commission but had not done so. Following the inspection visit the general manager submitted the required notification.

We recommend the registered provider seeks guidance from a reputable source about ensuring they follow their legal responsibility to report notifiable incidents.

We did see evidence that regular evaluation of services were taking place. We noted infection control audits took place. We noted where issues were identified actions had taken place. For example, signs were replaced and carpets removed. Audit outcomes were then shared in quality and safety meetings that looked at patterns and themes and action plans drawn up. We noted staff surveys were identified as an action and these had been distributed to staff and were awaiting responses.

We noted 'meet the manager meetings' had been scheduled each month to allow people and their relatives to consult with the management team. These had been poorly attended so information sheets on future plans and ongoing building work had been distributed around the home. These to shared the registered providers strategy for the future. We noted people had received questionnaires on what worked well and what didn't work well. We saw concerns were raised about the food, staffing levels and activities. We noted actions had been planned around many of the concerns raised.

The general manager had a daily meeting with the head of departments to review the care delivered and receive updates on actions taken. We noted senior management health and safety and staff meetings also took place. We saw agenda points included, training incidents and accidents, personal care and communication. Agenda points discussed at one meeting were followed up at the next meeting. For example, we noted plans to introduce person centred training. At the following meeting it was documented the training was underway. At the staff meetings there was evidence staff could raise concerns and make suggestions for improvements. This showed the registered provider had systems to share receive and evaluate information to enable the service delivered to improve.

We asked people and their visitors what they thought of Springfield Manor Gardens and received mixed reviews. We were told, "It's perfect as far as I'm concerned." A second person said, "It's good, I've no concerns." We were also told, "It could be nice." A fourth person said, "I wouldn't recommend this home." They went on to say they liked the staff.

We asked staff members about the management team. One staff member told us, "I very much enjoy my job. I really feel like I'm making a difference in people's lives now under the new company. I am listened to and I get a lot of reward from that." A second staff member said, "If I had a problem I would go to [general manager] she is good." A third staff member commented, "[General manager] is approachable and is listening to us. They have come in with new eyes and are trying to improve all sorts of things, so that is a good sign. They are doing their best" This indicated the registered provider was providing leadership that valued and was valued by staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	The registered provider failed to consistently care and support people in a way that ensured their dignity and promoted their independence.
Treatment of disease, disorder or injury	10(1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The registered provider failed to consistently follow lawful process and not all staff responsible for supporting people who lacked consent were familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005
Treatment of disease, disorder or injury	11(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider failed to ensure the proper and safe management of medicines. The registered provider did not do all that was reasonable practicable to mitigate risk.
Treatment of disease, disorder or injury	12(1)(2)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes to ensure compliance with the regulations were not consistently managed effectively.
Treatment of disease, disorder or injury	The registered provider failed to have accurate records including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
	17(1)(2)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Regulation 19 Health & Social Care Act (2008) Regulated Activities 2014 (Fit and proper persons employed)
Treatment of disease, disorder or injury	The registered provider failed to ensure recruitment procedures were operated effectively.
	19(1)(2)