

Springfield Manor UK Limited

Springfield Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Springfield Manor is a nursing home providing personal and nursing care for up to 30 older people some of whom were living with dementia. The home is a large adapted building. At the time of the inspection there were 18 people living at the service.

People's experience of using this service and what we found

People told us they felt safe however people were not always being protected from the risk of abuse. This was because staff were not always reporting concerns appropriately and safeguarding instances were not always being investigated.

Where risks associated with people's care was identified there was not always appropriate guidance in place in relation to this. Accidents and incidents were not always recorded as such or reported to the registered manager for them to investigate or analyse.

There were audits taking place however these were not always robust particularly around the monitoring of the clinical care being provided. Notifications were not always sent to the CQC where there was a requirement to do so.

There were aspects of the management of risks that were adequately managed. Each person had a Personal Emergency Evacuation Plan (PEEP) which outlined how the person could be removed or kept safe in the event of an emergency.

There were sufficient staff to meet the needs of people and there was a robust recruitment process in place. People and staff were asked for their feedback and improvements were made in relation to their feedback. Staff said they felt supported by the management team.

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 Good (published 8 October 2019). At this inspection we found concerns that related to the safety of care being provided and quality assurance processes were not robust.

Why we inspected

We received concerns in relation to risks associated with people's care and the management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Since the inspection the provider has taken steps to address some of the shortfalls identified including updating people's care plans and risk assessments.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield Manor Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to people not always being protected from the risk of abuse, in relation to risks associated with people's care, records not being accurate and up to date and leadership not always being robust.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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

Our inspection was completed by two inspectors.

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

We gave a short period notice of the inspection because we wanted to be sure that people and staff at the service were not showing signs of COVID.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, a nurse and care staff.

We reviewed a range of records. This included five 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We spoke with one member of staff.

Is the service safe?

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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe at the service. One relative said, "Anytime I visit carers always work in pairs to move my relative." Despite this we found that people were not always being protected from the risk of abuse.
- Safeguarding incidents were not always being reported by staff or investigated appropriately by the registered manager. Prior to the inspection the Local Authority made us aware of safeguarding concerns that had been raised to them by relatives of people living at the service. This included incidents of unexplained bruising and incidents where a person was aggressive towards another person at the service. There was no evidence that these had been reported by staff to the registered manager or to the Local Authority safeguarding team.
- We noted on the inspection that another person had made allegations against staff in relation to their property being stolen. Although the registered manager told us these allegations were frequently made by the person there was no evidence these had been investigated or referred to the Local Authority.
- Although staff had received training in safeguarding and were able to tell us what they would do if they suspected abuse this was not being put into practice.

As people were not always being protected from abuse and improper treatment this is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk associated with people's care was not always managed in a safe way. The Local Authority had identified through safeguarding concerns raised that people that were unable to use call bells to alert staff did not always receive care when needed. However, the registered manager had not undertaken risks assessments with guidance for staff for these people and a risk remained that people's care would be delayed.
- Where people had their food and fluid recorded the target amount set was generic and not specific to the person. The registered manager told us they, "Go on the belief that people should have 1000mls and if end of life, then reduce it accordingly." This meant there was not always accurate monitoring of people's food and fluid requirements specific to the individual needs of people.
- Where people had a catheter, appropriate monitoring of their urine output was not always taking place. For example, to effectively monitor someone's fluid balance the input and the output of urine should be compared. Staff were also only recording that the person's catheter was emptied twice a day. Guidance from NHS England states that catheters should be drained at regular intervals throughout the day to prevent urine building up in the bladder.

- Where there was a risk associated with people's care there was not always an assessment of this in their care plan or appropriate guidance for staff on how to reduce the risk. For example, one person had recently left the home without staff knowledge. They had been supported to safely return to the service however the registered manager had not updated their care plan to include this risk.
- A person was at risk of having a seizure and records in their care plan indicated the person had recently had a seizure. There was a no risk assessment in place or guidance for staff on what actions they needed to take if the person had a seizure. Another person's care plan stated under, "Psychological risk assessment" that the person, "Becomes verbally inappropriate." There was no explanation of what this meant or how staff should manage this behaviour.
- The risk assessments in people's care plans were limited and included falls, medicine and skin integrity. There was also an 'Overall Generic Risk Assessment' that was a tick box to include whether the risk was ranging from 'low' to 'very high'. There was no background information on how the level of risk was determined or actions recorded to reduce the risk.
- Accidents and incidents were not always recorded as such or reported to the registered manager for them to investigate or analyse. For example, one person had behaviours that meant they may make allegations against staff. We saw from their care notes the person had made recent allegations however these were not recorded as an incident despite the registered manager telling us this should have been done. Another person became acutely unwell as a result of their medical condition and had been found unconscious. This had not been recorded as an incident by staff.

Failure to provide people's care in a safe way was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were aspects of the management of risks that were adequately managed. For example, one person was at risk of falls and used a walking aid. The care plan stated that staff were to support them with their walking frame and to ensure they were wearing appropriate shoes.
- Each person had a Personal Emergency Evacuation Plan (PEEP) which outlined how the person could be removed or kept safe in the event of an emergency, such as fire or flood and staff were aware of these. There was a service contingency plan so that in the event of an emergency such as a fire or flood people could be evacuated to neighbouring services. All staff had received fire safety training.

Staffing and recruitment

- People and relatives fed back there were enough staff. One person said, "There are always plenty [of staff] when I need them; they usually respond quickly when I ring my call bell." A relative said, "There seem to be enough staff around."
- During the inspection when people needed support this was provided by staff straight away. We observed people that were cared for in their rooms were regularly checked by staff.
- Staff told us there were enough staff to support people. One told us, "Bells are ringing and being answered quickly." We noted this from the call bell audit record. Another told us, "We have enough staff at the moment."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- Medicines were managed in a safe way and people told us that they received their medicines when needed.

- People's medicines were recorded in the Medicine Administration Records (MARS) and were reflected people's current medical treatment. There was evidence that 'the use when required' (PRN) medications were being given appropriately for example when people were in pain.
- The medicine room was securely locked, and the fridge temperature was checked daily to ensure it was at a safe temperature.

Preventing and controlling infection

- The service was clean and well maintained. Throughout the day we saw staff cleaning bedrooms and communal areas.
- We saw that laundry room was set up to reduce the risk of infections spreading. Staff undertook hand cleaning audits and ensured the environment was clean and tidy. Staff received infection control training and there was a policy in place. One member of staff said, "If we are in a room, we take off our apron and gloves and place them in a white bag and take them straight to the sluice room."
- However, we did feed back to the manager that on more than one occasion we saw staff leave a person's room and enter another person's room without removing their gloves and washing their hands. The registered manager said they had been made aware and had reminded staff of the importance of good hand hygiene.

Is the service well-led?

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were positive about the management of the service. Comments included, "The manager is easy to work with we see her every day when she does her daily round" and "(The registered manager is) very supportive and always very nice."
- However, there was a lack of robust oversight from the registered manager and the provider to ensure policies were up to date, records were robust and accurate, and the quality of the clinical care being provided was appropriate.
- The registered manager told us they were responsible for undertaking the clinical supervisions with the nursing staff. However, the registered manager did not have a clinical background. On the day of the inspection we asked the registered manager about the specific clinical care of a person that lived there. They told us the service had a clinical lead nurse however when we spoke with this nurse they confirmed they were not the clinical lead and that there was no clinical lead at the service. The nurse said, "It would be good to have a clinical lead to have someone to refer to."
- Policies for staff did not always have accurate or up to date information. For example, the accident and incident policy stated that serious incidents involving people using the service needed to be reported to the Health and Safety Executive. However, CQC took over the investigation and reporting of incidents of harm to people in April 2015.
- Where incidents of safeguarding had been identified these were not always reported by staff as per the policy. One member of staff told us they witnessed a safeguarding incident but had not reported it to the registered manager.
- Care plans did not always detail the accurate needs of people living at the service. For example, one care plan stated, "Staff to give 14 cigarettes a day (to person)." However, the person confirmed with us they were no longer smoking. Care plans were generic and did not always have detail about people's life history. Health issues listed on another person's pre-assessments were not used to formalise their care plan. One person had been recorded as have diabetes however the registered manager told us, "We don't have a care plan for diabetes."
- Although there was some analysis of accidents and incidents, there was no detail around themes and trends to determine whether accidents could be avoided. Since staff were not always recording or reporting incidents the analysis would not have been an accurate reflection of events at the service.

As quality checks and leadership was not always robust this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were elements of the quality assurance that were effective. Regular health and safety checks of the environment were undertaken to avoid the risks of slips and trips.
- After the inspection the provider sent an action to address some of the areas of concern that we had identified on the day of the inspection. They told us they were updating all of the care plans to ensure accurate and up to date information was in place and to include risk assessments. They advised they would ensure that all accidents and incidents were recorded and that regular COVID testing of people and staff would be taking place.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Before the inspection the Local Authority made us aware of incidents of safeguarding that had not been notified to the CQC. During the inspection we identified further instances of safeguarding that had not been notified to the CQC.
- For example, one person had left the home without staff knowledge that resulted in the Police bringing the person back to the home. In addition, there were several instances of alleged abuse being investigated by the Local Authority dating back to December 2019. None of these incidents had been notified to the CQC.

As notifiable incidents were not always been sent in to the CQC this is a breach of regulation 18 of the (Registration) Regulations 2009.

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

- People and relatives were asked to complete surveys to give feedback. An action plan was developed as a result of the feedback. Improvements were made as a result including updating the décor and a review of activities.
- Staff attended meetings and were invited to contribute to the running of the service. One member of staff said, "We find them really useful."
- Staff told us that they felt supported and valued. Staff told us they worked well as a team and there was good communication between the nurses and care staff. One member of staff said, "We all know what is expected of us and that way we give good care to people."
- There was involvement from health care professionals to review people's care. For example, the GP was contacted on the day of the inspection that related to a person's skin condition.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured that people's care and treatment was being provided in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider had not ensured that people were always being protected from the risk of abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured that quality checks and leadership was always robust