

Springfield House (Oaken) (2001) Limited

# Springfield House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected this service on 12 April 2016 and it was unannounced. At the last inspection on 8 and 9 December 2014, we asked the provider to make improvements to ensure people's consent was sought and people being supported in a person centred way. The provider sent us an action plan in May 2015 explaining the actions they would take to improve. At this inspection we found the required improvements had been made.

The service was registered to provide personal care for up to 35 older people. At the time of inspection 20 people were using the service.

There was a registered manager at the service. 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.

Some people were not protected from abuse as staff had not recognised all the categories of potential abuse. Where people received medicines on an 'as required' basis, safe systems were not always in place to ensure their needs were met.

People told us they felt safe. Risks to people were identified and managed to keep them safe from harm. The staff who worked within the service had checks to ensure their suitability to work with people. Staff received an induction and training that enabled them to support people effectively. There were sufficient staff to meet people's needs.

People were treated in a caring way and were happy with the staff that supported them. People told us staff knew them well and had the skills to support them. People were encouraged to make choices about their day to day routine and remain independent.

People were supported to eat and drink sufficiently amounts to maintain good health and when people needed access to health professionals it was provided for them. We found that people had the opportunity to take part in activities they enjoyed.

We found that staff followed the requirements of the Mental Capacity Act 2005 and when needed, mental capacity assessments and best interest decisions were completed. People and relatives were involved with planning and reviewing their care.

Quality monitoring checks were completed to bring about improvements. The provider also sought the opinions of people who used the service and used this information to make changes. People liked the home and felt the management team was approachable. Staff felt listened to and had the opportunity to raise concerns. People knew how to complain and were confident this would be dealt with.

## 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.  
People were not always protected from potential abuse.  
Medicines were not always administered as prescribed. People were supported in a safe way and equipment was checked to ensure it was safe to use. Individual risks to people had been assessed and there were enough staff to meet people's needs. Staff suitability to work within the home had been checked.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
People were supported to make decisions and when they were unable to do so, support was provided so they could be made in people's best interests. Staff received an induction and training that enabled them to meet people's needs effectively. People were supported to eat and drink sufficient amounts to maintain good health. Referrals to health professionals were made to support people's well-being.

**Good** ●

### Is the service caring?

The service was caring  
People were happy with the staff and were treated in a caring way. People were encouraged to be independent and made choices about their day. People's privacy and dignity was promoted.

**Good** ●

### Is the service responsive?

The service was responsive  
People and relatives were involved with reviewing their care and it was delivered in their preferred way. People had the opportunity to participate in activities they enjoyed. People knew how to complain and there were systems in place to manage complaints.

**Good** ●

### Is the service well-led?

The service was well led.  
There were systems in place to monitor the quality of the service and when concerns were identified this information was used to bring about improvements. Staff felt well supported and listened

**Good** ●

to by the management team and people spoke positively about the home. People's feedback on the service was sought and used to make improvements where possible.

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# Springfield House Residential 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 inspection took place on the 12 April 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with nine people who used the service and three members of care staff. We also spoke with five relatives, the home manager and the registered manager. We spoke with two visiting health professionals. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care and support in the communal area. We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

## Is the service safe?

### Our findings

We saw there were procedures in place to report concerns of potential abuse to the local authority however these procedures were not always followed. For example one person told us they had raised concerns with staff about the inappropriate use of moving and handling techniques. The person told us this had caused them to bruise. Records we looked at referred to photographs that had been taken to show the bruising. We discussed this with the unit manager who told us the matter had been discussed with the member of staff involved but no further action had been taken. They told us this had not been reported to the registered manager or the local authority safeguarding team. The lack of referral to the local authority meant that staff had not recognised all the categories of abuse that might affect people. We discussed this with the registered manager who took action immediately reported the matter to the local authority safeguarding team and started an internal investigation. The registered manager told us about systems they were going to implement to ensure this did not happen again, including a more detailed 'flash meeting'. A flash meeting is a meeting that is held by the registered manager and manager that provides an update on events that have occurred within the service.

We saw that people's medicines were not always administered in line with their prescriptions. For example, we saw one person was prescribed medicines for agitation on an 'as required basis' (PRN). On the medicines administration record (MAR) we looked at, this medicine was being administered every day. We looked at the daily records for the person, during the time it had been administered there was no documentation that the person was agitated. This meant the person was not receiving their medicine as prescribed. We spoke with the unit manager about this, they explained that the person had it each morning as they were agitated and that a GP review was needed for this medicine. The unit manager contacted the GP and requested they visit to review the person's medicine. Some protocols were not in place to guide staff when PRN medicines should be administered. A protocol provides staff administering PRN with information to ensure the medicine is administered safely and when required. This meant that safe systems were not in place to ensure people's needs regarding PRN medicines were being met.

We observed staff administering medicines to people. Staff spent time with people to ensure they had taken them. We saw staff explaining to people what the medicine was for and gaining consent from the person before administering. There were effective systems in place to store medicines to ensure people were protected from the risks associated to them.

People told us they felt safe. One person said, "Oh I'm much safer here than at home, of course". A relative told us, "[Relative] is safe". We saw when people needed specialist equipment to be transferred in a safe way it was provided for them. For example some people needed specialist moving and handling equipment. We saw staff operating this equipment in line with their care records. We saw and records confirmed this equipment had been maintained and tested to ensure that it was safe for people to use. This demonstrated that staff knew how to support people safely.

Staff we spoke with knew about individual risks to people and actions they would take to keep people safe. For example staff told us how one person used beds rails. They told us the person also had their bed

lowered while they were using it. Staff told us, "It's to keep [person] safe, it's all documented in their file and when I started staff told me about this. It is very important for this person". We looked at records for this person we saw there was a risk assessment and this decision had been made in the person's best interest as they were at risk of falling. This demonstrated staff had the information available to minimise risks to people's safety.

We saw there were enough staff to meet people's needs and people did not have to wait. One person said, "The buzzer is on my bed in the morning so I let them know I am awake. If I buzz they're not long away". Another person told us, "They come quickly". Staff told us there were enough staff to meet people's needs. We saw staff spent time with people and offered care and support in an unhurried way. The registered manager told us a dependency tool was used to work out the staffing levels which reflected people's individual needs.

We spoke with staff about the recruitment process. One member of staff said, "I had my DBS and other checks like my references from where I worked before, before I could start working here". The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions. We looked at two staff files and saw pre-employment checks were completed before staff were able to start working within the home. This demonstrated the provider ensured that staff were suitable to work with people who used the service.

# Is the service effective?

## Our findings

At our last inspection in December 2014 we found there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At that time the provider did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of the service user in relation to their care and treatment. At this inspection we found the provider had made the necessary improvements.

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 or 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.

At this inspection we found that some people living at the home lacked the capacity to make certain decisions for themselves. We saw when needed people had mental capacity assessments in place and decisions had been made in people's best interests. For example, when people were using bedrails we saw a mental capacity assessment for this and a best interest decision. Staff we spoke with demonstrated an understanding of the Act and used their knowledge to assess people's capacity. One staff member said, "We assume everyone has capacity unless we suspect otherwise, that's when we would do the assessments". Another staff member told us, "We still ask people and they make their own choices, they just do it in a different way. Maybe with the support of their families or with professionals like their social worker". This showed the staff were acting in accordance with the principles of the MCA.

We saw staff explain to people what they wanted them to do and check they were happy for them to do this. For example, one person was going out with a relative. The staff member said, "Do you want to come with me and get ready." The person declined and requested to wait a while longer. The staff member told the person they would come back later and check. This demonstrated that staff understood the importance of gaining consent.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us there were no DoLS authorisations in place and that no applications had been made because nobody was being deprived of their liberty in their best interest.

People told us staff knew how to support them. One person said, "Yes they know what they are doing". Another person told us, "I think the staff are well trained, I believe its on-going". Staff told us they received an induction and training that helped them support people. During the induction staff had the opportunity to shadow more experienced members of staff. One staff member said, "I hadn't done this kind of work before, so it helped me a lot. I watched staff first and then I got familiar with what I was doing". Another staff member told us about the training they received. They said, "We have an update using the hoist. It's always



good to revisit as sometimes as you use it every day you forget the little things". This showed us that staff received an induction and training that helped them to support people.

The registered manager told us how they had implemented the care certificate. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager said that all new starters would complete the care certificate as part of their induction. Two people had completed the care certificate and a further five people were undertaking this.

People told us they enjoyed the food. One person said, "The food is quite good. We have plenty to eat and drink. Yesterday I had gammon it was beautiful". We saw people were offered a choice of food and drinks at lunchtime and throughout the day. When needed people were shown pictures of foods to help them make their choices. The home employed a 'hostess' who supported people with eating and drinking. We saw the hostess offered drinks to people throughout the day and at lunchtime offered support to people who needed it. People were offered the choice where to have their meals and some people chose to stay in their rooms. One person said, "I like my meals here, I prefer to eat in my room". We saw when people needed specialist diets such as soft diets it was provided for them.

The service had positive links with health professionals. One health professional told us, "The staff are very nice; they point you in the right direction. They always know we are coming and the person is ready. It just makes everything a lot easier". Records confirmed that people received support from health professionals and referrals were made when needed. This included physiotherapist and district nurses. We saw that the GP visited the service and one person went to the dentist. This demonstrated people had access to health professionals to maintain their day to day health needs.

## Is the service caring?

### Our findings

At our last inspection in December 2014 we found some people's dignity had been compromised. People expressed concerns with the laundry and people were not able to wear their own clothes due to this. At this inspection improvements had been made. One person told us, "It's better than it was". Another person told us, "Things still vanish, you expect the odd sock however I have lost a few jumpers and items". The registered manager told us about the systems that had been put in place. This included the option of purchasing a 'tag' so the laundry could be identified as the persons. The registered manager told us and we saw since our last inspection no further complaints had been received in regards to the laundry.

People told us their privacy and dignity was upheld. One person said, "When I go up in the hoist they always cover up my legs with the blanket". Another person explained that the staff would offer support with personal care in their bedroom. They said, "They make sure my curtains and door are shut, it's because people could be walking past in the corridors and they don't want them to see me." Staff told us how they used the 'dignity blanket' when people were being hoisted and we saw this being used. A staff member told us, "Privacy is very important in an environment like this, when you live in a communal setting you have to make sure that information is kept private for people". We observed staff offering clothes protectors to people at mealtimes and checking that people were happy to wear them. The staff member said, "Here we are. We are going to protect you clothes is that ok".

People and relatives told us they were happy with the staff and they were treated in a caring way. One person said, "The people who look after us are excellent, I'm quite happy here". A relative told us, "You can't fault this team the work they do is brilliant". We observed that one person appeared hot. A staff member went over to the person and asked them if they would like a fan or the window opening. The person requested they opened the window. The staff member opened the window and the person thanked them. This demonstrated that people were treated with kindness and staff were caring towards them.

People told us they made choices about their day to day routine. One person said, "I like to stay here in my room as that's what I prefer, the staff respect that". Another person told us, "I wander about, I can pretty much do what I like. If I want to have a nap for an hour in an afternoon I just take myself off to my room". We saw staff offering people choices about where they would like to sit in the dining room and what they would like to do. For example a member of staff said, "Would you like me to get you the paper to read." The person declined and said they were going to watch the television first. We saw the member of staff respected their wishes.

Staff told us how they encouraged people to be independent. For example some people were staying in the home for a period of re-ablement following a fall at their home. A staff member explained how these people were encouraged to walk independently. The staff member said, "The quicker we can get people up and about the quicker they can go back to their own homes." We saw these people were encouraged to walk with the use of their walking aids throughout the day.

Relatives told us the staff were welcoming and they were free to visit anytime. One relative said, "I come

every day, I have been offered lunch in the past and they always offer us a drink". Another relative told us, "We've always been made to feel welcome. It's as if we're visiting [relative] in their own home". We saw friends and relatives visit the home throughout the day and they were welcomed by staff. This showed people were encouraged to keep in touch with people that mattered to them.

## Is the service responsive?

### Our findings

At our last inspection in December 2014 we found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At that time the provider was not offering support in a person centred way. We found people were not supported to take part in meaningful activities, care was task focused and not provided the way people wanted it. At this inspection we found the provider had made the necessary improvements.

At this inspection we saw that people had the opportunity to take part in activities that reflected their personal preferences. One person said, "You don't get bored, there's plenty happening". Another person told us they liked to read the newspaper and the home had this delivered every evening for them. The person said, "If it doesn't come the girls run and get it for me, they know I like it". There were copies of the 'daily sparkle' available within the home. The daily sparkle was a newsletter about previous events that had happened on the date in history. People told us they liked this. One person said, "It's very good it comes round every day. I look forward to reading this, I like history". There was an activity co coordinator in post. The registered manager told us they were trained by a specialist company and used this training within the home. We saw the company offered ideas and equipment for people who used the service to use. We this equipment being used with people. For example, we observed two people using the 'memory mat'. There were questions on the mat and people had to throw a bean bag and answer the question. We saw staff using this with people. One question was 'did you ever have a pet' We saw staff used this information to generate conversations and interactions with people. At the end of this activity one person said, "Thanks I enjoyed that". The registered manager showed us 'The Springfield house care home update'. This was a booklet that was produced each month. There were pictures of people participating in activities that had occurred. We looked at this with some people. One person said, "Look at me in my bonnet that was Easter". Another person said, "We had a dog racing night that was a great party". This showed us people had the opportunity to participate in activities they enjoyed.

People were provided with personalised support that reflected their preferences. One person said, "I like a bath once a week and a good wash the rest of the time, I always have the bath on the same day". We looked at the care records for this person. The information was recorded in the persons file and records confirmed this happened. Another person told us, "Every week I have my hair shampooed and set". The records we looked at for this person showed this was their preference. The care files we looked at provided information on people's likes and dislikes and the way people preferred tasks to be completed. Each person had a food passport in their file with information about food and drinks they likes and disliked.

People and relatives told us they were involved with planning and reviewing their care. One person said, "Yes we have meetings to discuss things, I like my family to come". A relative told us, "We have been to meetings, they are very good. The home is very quick to let us know if something has happened or changed". The registered manager told us how people's care was reviewed. Each person was allocated a time when they would be 'resident of the day'. On that day staff would work with the person to review their care records. The registered manager told us and we saw letters were sent out to relatives letting them know about this and inviting them to be part of it. The care files we looked at confirmed where possible people

were involved with reviewing their care.

People and relatives told us they knew how to complain and would be happy to do so. One person said, "I would tell the staff if I wasn't happy". A relative said, "I have no complaints but I would speak with a manager if I needed to". The provider had a complaints policy and systems in place to manage complaints. We saw when complaints had been made the provider had investigated and responded to these in line with their policy.

## Is the service well-led?

### Our findings

People and relatives told us the service was well managed. One person said, "The registered manager is great". A relative told us, "The unit manager has been marvellous. Any problems we've had they have been there and it's put right straight away". Staff told us they received support from the management team and they were approachable. One staff member said, "They are both very approachable, they listen to you.". Staff told us they had regular supervisions and team meetings to discuss any concerns they had. We saw the rating the home had previously been given was being displayed. The registered manager understood their responsibilities around registration with us and notified us of important events that occurred at the service. This meant we could check appropriate action had been taken.

Staff we spoke with were happy to raise concerns and knew about the whistleblowing policy. Whistle blowing is the procedure for raising concerns about poor practices. One member of staff said, "It's if I don't feel I could challenge something, it's the process I take if I'm unhappy about something I see". Another staff member told us, "I would whistle blow if I had to, I know both managers would back me". We saw there was a whistle blowing procedure in place and this was displayed. This showed us that staff were happy to raise concerns and were confident they would be dealt with.

Quality checks were completed by the register manager and provider. These included monitoring of medicines, falls and infection control. The registered manager told us this information was reviewed to bring about changes to the service. For example, they told us it had been highlighted that more falls were occurring around mealtimes when people were in their rooms. The records showed that people were not receiving enough support from staff during these times. The registered manager told us that one staff member is now allocated to the people who like to eat their meals in their rooms. This staff member regularly checks the people and ensures that equipment is positioned safely for people to reach. At mealtimes we saw this was implemented by staff. Records confirmed that the amount of falls that occurred during these times had now been reduced. This demonstrated that when trends were highlighted, action was taken to improve people's safety.

Feedback was sought from people who used the service. For example, the registered manager told us that a person enjoyed gardening but due to the cold weather they had not been able to do this. The person had requested that somewhere was provided so they could do some indoor gardening. We saw the conservatory had been identified and an indoor gardening area had been developed. We spoke to the person about this. They told us, "It's too cold at the moment to get outside, but I enjoy the indoor gardening. It looks great doesn't it". We also saw another person had requested a 1940's themed night we saw that this was planned for later the month. The person said, "I can't wait".

People and relatives spoke positively about the home. One person said, "It's the next best thing to being at my home" A relative told us, "I'm impressed". We could see there was a positive atmosphere and staff were relaxed and laughing and joking with people. One member of staff told us, "We work well as a team to make it as nice and calm as we can for the people who live here".