

Springfield Rest Home Limited

Springfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Springfield House is a residential care home providing personal care and accommodation for up to 21 people aged 18 and over, some of whom live with dementia. At the time of our inspection visit, there were 19 people living at the home.

People's experience of the service and what we found:

People felt safe and supported by the staff who worked at Springfield House. Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse. People's care had been planned and potential risks to people had been identified, with mitigation in place to protect people from potential harm. There were enough staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way, however, improvements were required in the recording of prescribed creams. The home was clean and staff followed safe infection control practices.

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

The provider had systems in place to monitor the quality of the service provision and drive improvement. People, relatives and staff were involved and engaged throughout. External professionals worked with staff to provide good outcomes for people.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 29 November 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks. This inspection was also undertaken to check whether they were now meeting the legal requirements, as the previous inspection found breaches of regulation.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and

timeline' link for Springfield House on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Springfield House

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience, who made telephone calls to relatives and friends off site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Springfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Springfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 8 relatives on the telephone about their experience of the care and support provided. We spent time in communal areas to understand how people were supported. We spoke with 6 staff, which included the deputy manager, care staff, housekeeping staff, and kitchen staff. We reviewed aspects of 3 people's care records, staff rotas and documents in relation to the governance of the service. We spoke with the nominated individual via video call after the site visit. We spoke with the registered manager on the telephone after the site visit.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's individual risks were assessed to ensure people were safe. The deputy manager told us work was being carried out to ensure the documentation was more robust, we saw examples of these, which were more personalised to individuals. Some signposting was given to further promote safety for people who smoked. The deputy manager took prompt action to put these measures in place.
- Staff recognised risks to people and were consistent in their knowledge as to how they supported people. Since our last inspection, staff had received training to ensure their knowledge was up to date and in line with best practice.
- There were improvements to the safety of environment. For example, wardrobes were secured to the walls and water temperatures were better monitored.
- People and where appropriate their relatives were asked about the person's care needs prior to moving into the home. Relatives felt staff knew how to keep their family member safe, with any changes being communicated well. One relative said, "Risk assessments have been completed over the years. They have moved [person's name] down to the ground floor to meet their needs. They have a bedside alarm and one on the door at night." While another relative said, "I am one hundred percent confident that [person's name] is safe as they have put in measures to keep them safe."

Using medicines safely

At our last inspection the provider had failed to ensure the management of people's medicines was completed in a safe way. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to receive their medicines safely.
- Improvements had been made for people who received their medicines covertly. Covert administration is when medicines are administered in a disguised format, for example, on a spoonful of yogurt.
- However, improvements were needed in the storage and record keeping of administration of prescribed creams. We did not find evidence people had come to harm from this and people's skin integrity was well managed. The provider immediately addressed the storage of prescribed creams, to ensure these were safely stored.
- Improvements had been made in the record keeping of controlled drugs, however, records needed to be clearer to ensure potential errors were identified promptly.
- Good practice was observed with a staff member who was administering medicines.
- People, and where appropriate, their relatives were involved in any changes of medicines.
- The registered manager had good communication links with the doctor and pharmacist when reviewing people's medicines.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had systems and processes in place to identify where things had gone wrong and had acted upon these to reduce the risk of them from happening again.
- Where incidents had taken place, these were reviewed so that learning could be undertaken to prevent them from happening again.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Staff told us that there was a good strong, experienced staff team in place which meant that while they were busy, they were able to meet people's needs and keep people safe.
- People did not raise concerns about staffing levels with us and told us the staff were attentive to their needs.
- Relatives felt there were enough staff on duty to meet their family member's needs. One relative said, "The staff work well together as a team. I haven't noticed or heard that there are times when staff numbers are low. The staff work there on a rota and there are the same staff supporting her all the time." While another relative said, "There are plenty of staff, I have never noticed that there are not enough carers around. The weekends also seem to be well staffed."
- There was a consistent team of staff who worked at Springfield. Staff were experienced in their roles. A relative told us, "The staff are very well trained; they support [the person] very well. They really demonstrate empathy for all the residents." While another relative said, "The staff are brilliant; they work very hard and demonstrate that they know my relative's needs."
- Staff were kind and caring in their approach to people. Staff were attentive to people's needs and requests and supported people at their own pace.
- A dependency tool was used to help the registered manager determine staffing levels.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- All people we spoke with told us they felt safe by the staff who supported them. One person said, "Yes, I do like it here, the staff are lovely, they are my friends."
- Relatives also felt their family member was kept safe. One relative said, "Yes they are safe due to the quality of care." While another relative said, "They are safe. I know [they are] I can tell from their whole demeanour. They monitor all their needs; they try to prevent falls and the home is secure."

- Staff protected people from abuse and understood the providers safeguarding procedures to keep people safe from harm.
- The provider and registered manager understood their responsibilities regarding the action to take to protect people from harm and took action to protect people where required.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home appeared clean, and improvements had been made to the environment, such as new flooring in communal areas and radiator covers, which meant it was easier to keep clean.
- All relatives told us the home was clean, and people's clothing and bedding was also well cared for. One relative said, "The home has just been refurbished, so it is looking very smart."
- Regular audits were undertaken to ensure the areas of the home were maintained to a good standard.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Is consent to care and treatment always sought in line with legislation and guidance?

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the providers governance systems were not always robust in identifying shortfalls in a timely manner. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider had improved their systems to assess, monitor and improve the quality and safety of the service. However, time was needed to embed the checks for medicine storage and record keeping. We did not find this had a negative impact on people.
- Staff were clear in their roles and accountabilities, each staff member we spoke with was aware of what was required of them.
- Regular audits took place for various aspects, such as infection control, and reviews of people's care records. Where shortfalls were identified these were raised with staff to be addressed and improved upon.

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

- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People told us, and we saw, staff treated them in a way which was individual to them. It was clear staff knew people well, and how they wanted to be supported.
- All relatives were very complimentary about how well managed the home was. One relative said, "The home can't do enough for the residents; they treat them all as individuals and provide for each person's needs." While a person's friend said, "The home is well managed. They do everything for my friend that [they] need. From what I have seen the staff are very patient and kind to the residents. The manager is very friendly, she is helpful. The owner of the home also visits regularly."
- Staff told us there was a good level communication and they worked together well to provide people with a holistic service. One staff member said, "It's a lovely place to work, I have no complaints."
- Staff valued the fact that the registered manager and deputy manager worked alongside them when they

needed the support.

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

- The provider understood their responsibilities under the duty of candour.
- Where events had happened in the home, these had been communicated with the appropriate people and external agencies.
- The provider understood their responsibilities for notifying the CQC for other events, such as deaths, serious injuries or DoLS authorisations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- All relatives were overwhelmingly positive regarding the engagement and involvement from the service. One relative said, "They do a lot to meet [the person's] needs. They provide lots to keep [them] active, they take them in the garden and they provide special events for all the residents. I have heard that they take people out and a while ago they took some residents to Blackpool and they stayed overnight so they could see the lights. They can't do enough for the residents."
- Regular meetings were held, and questionnaires were also sent. One relative said, "I have attended a relative meeting. We discussed issues such as staff changes, improvements made, what the residents had been doing and then we were encouraged to discuss things we wished to." While another relative said, "The home has meetings for relatives about four times a year. But to be honest, the manager and deputy are always available to speak to and I can phone them at any time."
- Staff told us they felt the registered manager was approachable, and had plenty of opportunities to discuss any aspects as they wished.

Working in partnership with others

- The provider worked in partnership with others.
- People and relatives told us the team were very good at seeking medical attention where required. Relatives confirmed, that where appropriate, they were kept up to date with recommended changes to their family members care.
- Records showed staff sought timely support from external agencies.