

Springfields Limited







Springfields Residential Home

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Requires improvement	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This was an unannounced inspection carried out on 04 December 2014.

Springfields residential service provides accommodation for up to 16 older people. The service does not provide nursing care. At the time of our inspection there were nine people living at the home and two people receiving respite care.

The service has a registered manager. 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.

Summary of findings

People felt safe and thought the staff were caring and respectful of them. People also thought this of the other people who lived at the service. The manager had trained senior staff to carry out risk assessments, record the findings and work with people to minimise risks.

Relatives found the staff, management and provider approachable and could speak to them if they ever needed to do so or had concerns. There were always sufficient numbers of staff on duty.

The medication was stored safely, there was a policy and procedure in place and the service had systems in place to identify medication errors and took appropriate action as required to rectify any errors.

Staff knew people's likes and dislikes and ensured they received care that was responsive to their needs.

The registered manager had received training and understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working with the law to support people who may lack capacity to make their own decisions. The service had a plan in place for all staff to receive training in this subject in 2015.

The service supported people to maintain their independence and people spent their leisure time and going out of the service to spend time with their families. People who used the service enjoyed the weekday meeting to play word games together with members of staff.

People had access to healthcare professionals including their own GP, dentists and opticians.

There was a system in place for responding to people's concerns and complaints. The registered manager informed us which was confirmed by the people who used the service that they toured the service each day. This provided an opportunity to meet with people and discuss any issues or concerns and take any necessary appropriate steps to resolve any issues.

Although staff received induction training upon joining the service, there was a lack of on-going training with regard to safeguarding vulnerable adults and food handling.

Summary of findings

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 safe.

Staff knew about safeguarding and who they need to contact if a safeguarding incident occurs, However the safeguarding policy needed updating and staff training needed to be refreshed

There was a recruitment policy and procedure was followed regarding taking up references and checking with the Disclosure and Barring Service that staff were suitable prior to appointments being made.

There were enough staff on duty to provide the assessed support to people

Good



Is the service effective?

The service was not always effective.

Staff training in areas such as food handling and infection control was not up to date and staff did not have regular and effective supervision.

People's needs were assessed and care plans written in detail so that staff had the guidance they needed to support people's individual needs.

People were provided with a choice of nutritious food. We were told their likes and dislikes had been taken into account when menus were planned.

Requires improvement



Is the service caring?

The service was caring.

People told us that they were well cared for and we saw examples of staff providing care with sensitivity and dignity.

Staff were knowledgeable about the people who lived at the service.

Staff treated people with dignity using their chosen names and knocking upon people's door and waiting for an answer before entering.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and care was provided as stated in their care plan.

There were systems in place to receive, record and resolve complaints and people knew how to make a complaint.

Good



Is the service well-led?

The service was well-led

Good



Summary of findings

There were quality monitoring systems in place. The provider received reports from the manager about the service and action was taken to resolve any matters identified.

The staff were able to discuss issues with the registered manager and felt supported in their roles.

The service had an on-call system in operation when the registered manager was not on duty to support staff with any matters that may arise.

Springfields 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 04 December 2014 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.

Before the inspection, the provider completed 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. We also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we observed how the staff supported people who used the service. We spoke with eight people who used the service and two relatives. We interviewed the registered manager and spoke with the provider, the maintenance officer and three members of care staff. We reviewed four care plans.

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.

Is the service safe?

Our findings

People, who lived at the service, told us they felt safe. One person said. "I feel safe here and I have got staff around me. I can ring them if I need them and I don't have to worry about running a house." Another person told us. "I have a buzzer to press and when you press it the light comes on and they are here in seconds." Relatives also informed us that they had no concerns about the care given by the service to their relation. A relative informed us. "This is the best home I have been to, the service, friendliness and care is the best in the world."

The manager and three members of staff were able to give examples of safeguarding situations and they knew how to report such matters to the local authority and CQC. Although the policy and procedure was not up to date and did not cover all aspects of current practice and some staff had not received recent training. We spoke with three members of staff and they knew what to do in a safeguarding situation. The registered manager informed us they would update the policy and procedure with immediate effect and arrange safeguard training for all staff within the next three months.

The risk to people's safety had been assessed by the staff. Within each of the care plans we saw, there were individual risk assessments and appropriate plans of care of how to support the person. For example, risk assessments regarding moving and handling when supporting people to have a bath had been written and regularly reviewed.

The registered manager told us about the process used to record any accidents and incidents. This information was discussed with the provider and staff to take account of any learning opportunities regarding providing safe care.

People who used the service told us there were always enough staff on duty to support them. One person said.

"Staff are all very good and none of them are grumpy and I think that there are enough staff." Another person informed us. "The staff are lovely, so happy, cheerful and kind. They always have extras to call in if someone calls in ill." We saw the staff rota for the previous month and planned for the Christmas period. The registered manager informed us the number of staff required was assessed depending upon the needs of the people who used the service and would be adjusted to suit the individual needs.

The registered manager explained to us how staff were recruited. We saw from the information provided the service had a safe and effective recruitment system. Potential new staff were required to complete an application form and attended the service for an interview. References for successful candidates were sought and the service checked that people were suitable for employment with regard to contacting the disclosure and barring service.

The medication was stored safely in a locked medicines cabinet and when not in use in a locked designated medication room. There was a policy and procedure and we carried out an audit of the controlled drugs in use and checked the stock balances of the other prescribed medication, which were correct. The registered manager explained that before respite care commenced the person and/or family would give information about the prescribed medication. The registered manager explained how medication was checked into the service and the procedure for returning medication. The registered manager also informed us that the medication policy was to be reviewed early in the new year and arrangements were in place for staff medication training. One person told us, "The staff give me my medication, they never forget." A relative informed us. "It is a weight off my mind, to know the tablets are being given, my [relative] was forgetting to take their medication on occasions."

Is the service effective?

Our findings

People told us that their care needs were met. One person said, "They are very good when I have hospital appointments, the appointment comes addressed to me and I open it and they get in touch with my son to see if he can accompany me." The person explained that when a family member had not been able to support with appointments the staff had accompanied them.

We found that the service did not have robust systems in place to ensure that staff received up to date training. This was in relation to food handling, infection control and safeguarding. The service provided training to staff during their induction as a new member of staff, but there was no clear training plan once the induction process was completed. The registered manager informed us, they would take action with immediate effect to arrange training for the staff employed. When observing care, we saw that staff were competent in their roles and knew the people they were caring for well. They were able to meet their needs, however without relevant and up to date training there was a risk that people's needs may not always be met.

Staff members told us that they had supervision every six months and a yearly appraisal. This was not in agreement with the supervision policy which stated supervision would be on a two monthly basis. The registered manager informed us they would address this with the provider and bring the policy and practice into line.

A relative told us that the staff kept in contact with them about their relative and thought the service communicated effectively with them. This was because the service had contacted them when their relative had been unwell. The service had worked with people who used the service to ensure they had their own GP, Dentists, Optician and Chiropodist. One person told us.

"If I want a doctor then the staff makes sure this happens and I am alright."

The registered manager had attended a training course in both the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) 2007. They understood their role and informed us how the service was working with people to pursue their choice of lifestyle. There were no applications with regard to DoLS at this time and the service had sought advice from the local authority appropriately. The registered manager informed us that they were arranging training for care staff with regard to MCA and DoLS in the new year. The registered manager was aware that any decisions made for people who lacked capacity had to be in their best interest, but all people living at service at the time of our inspection had their full capacity.

People told us that the food provided was good. One person said, "Food is very good, enough choice, plenty for me. The day before they say what is for lunch and if you do not like that, there is an alternative. I have never been hungry in between meals." Another person told us. "I like plain food and they do a special meal for me every lunch time and everyday there is an alternative to the main meal so I never go hungry, if you did they would give you something." The registered manager informed us that they had recently attended a nutrition course at the local hospital.

We spoke with the chef and they informed us. "We use fresh vegetables always, prunes and juices in the mornings and juices and water available all day." They also informed us "I have been in catering for 15 years and been here for 4 years and it is lovely working here the boss is a brilliant boss and I feel 100% supported."

All people living at the service had their own Doctor and Dentist. People were supported as required to visit local services to maintain their health, such as Opticians and the manager would also arrange for professionals to visit people at the service as required.

Is the service caring?

Our findings

Staff treated people with kindness and compassion. The atmosphere within the service was calm and relaxed. One person told us. "The staff call us by our surnames, Mr or Mrs, we prefer it and we call each other by our first names and we are friends at the dining table." Another person told us. "It is marvellous here, I was quite ill and through their care, I cannot explain it well enough, they kept me here, in my room as I did not want to go to the hospital and they brought my food up and cared for me until my nasty leg was better. Brilliant it is here." The person informed us they had been supported by the GP and district nursing service.

People were able to choose where they spent their time and where they had their meals.. One person explained to us. "Due to my age I sometimes like to have a quiet day and spend it here, with my paper and television. Other days I do venture down to the lounge and dining room." They informed us that staff visited them throughout the day when choosing to stay in their room and they considered this showed that the staff cared about them.

People were supported to express their opinions and views and had been actively involved in making decisions about their care and support. We saw that people who used the service had written information in their care plan and signed reviews of care. The four care plans we saw reflected the individual's choices. One person told us. "The staff have taken great care of my laundry; they help me to put clothes away and hung up neatly as I like it."

One person showed us their room and said. "I like being here it is a lovely view and I enjoy the peace and quiet." They told us that staff always knocked on their door and waited to be invited in before entering. They also informed us about the bathing arrangements and that staff shut the bathroom door to protect their dignity.

The staff we spoke with demonstrated their knowledge and understanding of how they supported people to maintain their privacy and dignity. Staff described how they supported people to maintain their dignity and how they respected people's wishes and how they supported them to pursue their individual interests.

We observed during our inspection that positive relationships had developed between the people who used the service and the care staff. We observed on various occasions, staff joked with the people who used the service. The staff we spoke with were aware of people's life histories, knowledgeable about people's likes and dislikes and the activities people enjoyed. By taking the time to get to know and care about people. The staff had arranged an afternoon game held each day which involved using words. All the people we spoke with enjoyed this activity and considered the fun shared by this activity had developed relationships and showed the staff cared about their whole well-being.

Is the service responsive?

Our findings

People who used the service informed us that the service provided them with care and support that was personalised and responsive to their individual needs. This was confirmed by a relative who told us. "My [Relative] has improved so much since they have been here." They informed us they thought this was due to having three good meals a day and the support from the GP. A person who used the service told us. "The team help with my appointments for the hospital and the dentist." They told us this was for regular appointments and also in response to emergencies.

Prior to entering the service the person's needs were assessed in order to determine if the service could meet their individual's needs. People were able to spend time at the service before making a decision to stay for a period of respite care. This provided the person with the opportunity to see if this was the right place for them. Respite care also gave the service the chance to make sure that it was able to meet the needs of the individual.

We saw from the care plans we examined that people's health care needs had been assessed and care plans constructed from this information. The registered manager informed us about how the service took time to assess the person's needs and write detailed information about their care needs and personal choices. This was so that the care provided would be person focussed. One person told us. "The room was decorated before I came and curtains were up but my furniture came from my home and makes it more homely."

People told us about the activities they enjoyed. People could walk around the extensive grounds as pathing had been installed so all the garden was available. People also enjoyed spending time in the various communal lounges,

some were quiet areas for reading, while others had a piano and televisions facilities. Two people told us they liked a rest in the afternoon in their room and could enjoy their own television and radio. One person told us that they enjoyed regular outings with their family to the local amenities.

At the time of our inspection the service was providing respite care to two people. We saw from the care plans that people's needs had been assessed and the original care plan had been developed over 48 hours to fully explain how the person's needs would be met.

We saw that people who used the service took part in activities provided by the service in response to people's wishes. This included walking in the grounds and decorating the service with Christmas decorations. People told us, the staff supported them to make arrangements to go shopping in the local town. A person said. "I enjoy our afternoon meeting when we play word games." This showed that the service supported people to enjoy their interests and met their needs.

At our inspection we saw that the complaints procedure was on display for people to see. The registered manager informed us they had not had any complaints in the past year, but there had been a number of compliments. They considered the reason for there being no recorded complaints was that they toured the service each time they were on duty. This was in order to talk with people who used the service and any matters were resolved at that point. One person told us. "I would make a complaint if I needed to do so, but I doubt it that will happen the staff are so kind and friendly. A relative told us. "I have no reason to complain the service is excellent, but I would complain if I needed to and I am sure the service would respond and resolve."

Is the service well-led?

Our findings

A person who used the service informed us. “I have known the manager for a long time and they have helped me and I know that I can approach them if I ever have needed to do so.”

At the time of our inspection there was an experienced registered manager in post. From our discussions with them we understood that they knew the people who used the service and their staff well. They explained to us how the service had developed over the years in particular with regard to the environment.

A member of staff informed us that they had worked in the service for over 20 years and most people had worked in the service for well over 10 years. The reasons they gave was that the provider and registered manager were supportive and approachable. Staff felt secure in working in an established team and the emphasis was upon providing care to people to enjoy their life's. They considered that these points meant that the service was well-led.

We spoke with three care staff and they all told us that the registered manager and provider, who was at the service each day, were approachable and supportive. The staff felt that they could raise concerns with the registered manager. They were open to ideas and supportive with annual leave requests and for days off. There were staff meetings in place and supervision was twice per year with one of those being an appraisal. The registered manager considered the staff worked well as a team and focussed upon supporting people to be independent. The service had an on-call system so that staff were supported by senior staff at all times.

We asked the staff about whistleblowing. This is a term used where staff alerts the service or outside agencies when they are concerned about care practice. All the staff we spoke with told us that they would feel confident to whistle blow if they felt there was a need to do so.

The service had processes in place to monitor incidents and accidents. The registered manager had monthly meetings with the provider and could discuss any matters with them more frequently if the need arose. The manager also compiled a monthly report for the provider. The report included information about the vacancy rate, support provided and staffing issues. We saw that the service carried out weekly fire checks and all fire-fighting equipment had been maintained as required by the manufacturer's instructions. This was so that the service protected people by reducing the risk of fires.

The registered manager informed us that as well as audits and reports, they considered meeting and talking with people who used the service on a daily basis as an important component of service governance. We asked the registered manager how they thought the service was well-led. They explained that they would discuss matters at the staff handovers and also at the team meetings. As well as having regular meetings with the provider, the manager saw them on most days to discuss the smooth running of the service. The staff felt that the strength of the service was that there was sufficient time for handovers and staff meetings. They felt well informed through this opportunity to communicate and supported by the registered manager.

The service had sought the views of people who used the service, relatives and visiting professionals. The information from these surveys was positive and where suggestions had been made these had been taken into account and acted upon. This included the choice of types of coffee and tea available.