

Springfield Rest Home Limited

Springfield House

Inspection report

3-5 Ranelagh Road
Malvern
Worcestershire
WR14 1BQ

Tel: 01684574248

Date of inspection visit:
24 November 2021

Date of publication:
29 December 2021

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

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

About the service

Springfield House is a residential care home providing personal care and accommodation for up to 21 people aged 65 and over, some of whom live with dementia. At the time of our inspection visit, there were 20 people living at the home.

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

Since our previously rated inspection improvements had been made including ensuring potential hazardous items were safely stored. There were systems in place to reduce the risk of harm to people. Accidents and incidents were monitored effectively. Risks to people had been identified and measures were in place to support people safely. Staff understood what they needed to do to keep people safe.

There were safe systems for the management and administration of people's prescribed medicines. People received their medicines when they needed them from staff who were trained and competent.

The home environment was clean, and staff observed and followed infection control procedures in line with national guidance for reducing the spread of COVID-19.

Staff received on-going training and support. People were provided with meals and drinks which considered their needs and preferences. People saw healthcare professionals when they needed. Before moving to the home people were assessed to ensure their needs and preferences could be met.

People lived in a comfortable and well-maintained environment. People were able to personalise their rooms.

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.

Staff showed caring communications with people and they were passionate about supporting people. People's independence, dignity and privacy were valued and maintained by staff.

Care planning was personalised to provide staff with guidance about people's likes and dislikes. People were supported emotionally and physically with a range of things to do for fun and interest, which included singing and celebrating events. People were supported to be comfortable and pain free at the end of their lives.

Families were welcomed into the home, when COVID-19 pandemic guidelines had allowed this to happen. There was a complaints procedure in place and the provider responded to complaints appropriately.

People's views were valued and responded to. The registered manager worked in partnership with other professionals to ensure people received a service which met their needs and preferences. People were cared for by a staff team who were supported in their role.

There were effective systems in place to monitor and improve the quality of the service people received.

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

Rating at last inspection

The last rating for this service was requires improvement published 8 February 2020.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' 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 until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors. One inspector visited the home and one inspector gathered information from the registered manager and registered provider via email.

Service and service type

Springfield House 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

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. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

During our on-site visit to the home, we spoke with two people who lived at the home. We spent time seeing how people were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, provider, deputy manager, domestic staff member, independent trainer/consultant, chef, three care staff members including a lead care staff member on shift. We looked at two people's care records and multiple medicine records. Additionally, we looked at records relating to the management of the service including accidents and incidents and the safety of the equipment and premises.

Our off-site work consisted of looking at a sample of records relating to the management of the service including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. This included looking at additional documentation including a sample of completed audits and checks and staff training planner. We also spoke with two people's relatives.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The registered manager had made and sustained the improvements required following the previously rated inspection to support people's safety. At this inspection potential hazardous items were safely and securely stored.
- Risks to people were identified with assessments and care plans in place. For example, specific risks associated with falls had been considered and guidance was available for staff to follow to mitigate those risks.
- Staff knew people's individual risks and understood how to maintain people's safety and independence. This included risks in relation to people's underlying health conditions.
- Checks on the home environment were completed regularly to ensure it was safe for people who lived there. These included checks to the fire prevention systems and any trips and hazards.

Using medicines safely

- People were assisted to take their medicines safely and as prescribed.
- Only staff who had received medicine training could manage and administer medicines.
- People's care plans included protocols providing staff with information on how to administer as and when required medicines.
- Systems were also in place regarding the storage and safe disposal of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were supported to raise any safety concerns they may have and to understand how to keep safe.
- Staff understood how to recognise and respond to concerns of abuse and told us what actions they took to keep people safe from harm.
- Staff had undertaken safeguarding training and there were safeguarding policies in place.
- The registered provider had established systems to protect people from the risk of financial mistreatment. This included procedures to assist people to purchase any personal items they needed.

Staffing and recruitment

- There was a good staff presence and we saw staff responded quickly to any requests for assistance.
- Staff told us there were enough staff to meet people's needs and help keep people safe.
- The registered manager followed safe recruitment procedures and made sure only staff who were suitable to work with people living at the home were employed.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence.
- Lessons were learnt and shared following all incidents.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Since our previously rated inspection the registered manager had further enhanced staff practices in relation to promoting effective hygiene.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they moved into the home to ensure their needs and preferences could be met.
- Care plans detailed people's care needs, their preferences, likes and dislikes and communication needs. Protected characteristics under the Equality Act had been considered, for example, people's religious and cultural needs and lifestyle preferences.
- Equipment was available to enhance people's care and promote their independence. For example, walking aids and pressure relieving equipment.

Staff support: induction, training, skills and experience

- Staff received appropriate training and had the skills they required to meet people's needs.
- Training plans were in place which were reviewed and updated on a regular basis. Staff told us the registered manager responded to training requests and was aware of the knowledge and skills they needed to support people.
- Staff had regular supervision meetings with the registered manager which supported their development. Staff told us the registered manager operated an open-door policy for informal discussions and guidance when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had the support they needed to eat and drink enough. A person said the food was, "Actually quite good."
- Staff encouraged and supported people to choose what they ate and drank on a day-to-day basis.
- People's weights were monitored monthly. Staff sought medical attention in a timely manner where concerns had been identified.
- People were able to choose where they ate their meals, and mealtimes in the dining room was relaxed and a sociable affair.
- People were offered plenty of drinks and snacks in between mealtimes.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked with a range of health and social care professionals to ensure people's individual needs were monitored and met. An occupational therapist was visiting on the day of our inspection to support a person's physical abilities.

- Staff knew people well and recognised when they needed healthcare support.
- Care plans were in place that instructed staff how to support people to meet their oral hygiene care needs.

Adapting service, design, decoration to meet people's needs

- The provider and registered manager were committed to continuously improve the home environment to meet people's needs and to promote a homely feel. Since our previous inspection redecoration work had taken place in different areas of the home and a new wet room installed to meet people's needs.
- People were able to personalise their rooms as they wished. Rooms were individual to people's tastes and contained items personal to them.

Ensuring consent to care and treatment in line with law 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Where people lacked capacity to make certain decisions for themselves, this was recorded in their care records. Capacity assessments and decision specific best interest decisions had been undertaken taking into consideration people's preferences and wishes.
- The registered manager ensured applications to lawfully deprive people of their liberty had been made in a timely way.
- Staff were provided with MCA training and understood the principles. Staff sought people's consent before assisting them with an activity and understood the importance of ensuring people's rights were respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they continued to receive kind and compassionate care. We saw compliments that said, "They do everything they can to make (family member) feel important. I find the manager and carers have done exceptionally well over this pandemic" and "Thank you to (registered manager's name) and their team for all the care, dedication and hard work in keeping our loved ones safe, well and happy."
- Staff responded to people in a caring way and knew the level of support needed and how the person preferred their support to be given. For example, a person preferred their hair styled using rollers which meant a lot to the person.
- Staff referred to people by their preferred name and spoke passionately about meeting people's needs.
- Peoples cultural and religious needs were detailed in their care plans. Staff had received training about equality and diversity and were able to explain what this meant for people.

Supporting people to express their views and be involved in making decisions about their care

- People were clearly at ease in the presence of staff and the registered manager, and comfortable requesting assistance from those supporting them.
- The registered manager understood where to direct people for independent support and advice on their care, such as advocacy services, and supported them to contact organisations as necessary.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to meet people's intimate care needs in a way that protected their privacy and dignity. They gave us further examples of how they promoted people's privacy and dignity. A staff member explained, "It's about having respect for a person and listening to them."
- Staff spoke to people in a friendly and respectful manner.
- The provider had procedures in place to protect the confidentiality of people's personal information and staff followed these.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and contained information about people's life history, and personal preferences. Care plans were reviewed regularly or as needs changed. People and their relatives were fully involved in this process as appropriate.
- People's cultural, religious and social support needs were assessed and supported.
- Staff told us they had time to read people's care plans. This was reflected through their conversations with people. They knew people's hobbies and interests and what was important to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the requirements of the AIS.
- People's communication needs, and any sensory impairments had been assessed and recorded in people's care plans, to ensure staff were aware of these.
- The registered manager had the resources to respond to a range of communication and information needs, including documents in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had support to participate in a range of social and recreational activities which were based upon people's known interests and preferences. For example, a person with an interest in gardening was encouraged by staff to advise on the type of plants to go into a large tub.
- Staff were enthusiastic about supporting people with things for fun such as, the Halloween party where jellies with spiders were made. A staff member told us people loved the jellies and had lots of fun.
- We saw people enjoyed spending time painting and a Christmas grotto was being set up for the upcoming festivities with lots of chatter taking place.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place to promote fair and consistent handling of any concerns received regarding the service.
- The registered manager analysed any complaints received regarding the service in order to identify any common causes, underlying factors and identify lessons to be learned.

- People and relatives knew how to raise a complaint. A relative told us although they were aware of how to raise a complaint, they had not needed to make a complaint as they were, "Very happy with the care" provided to their family member.

End of life care and support

- At the time of our inspection visit, no one at the home was receiving end-of-life or palliative care.
- The provider had procedures in place to identify people's wishes and choices regarding their future care. The outcomes of discussions with people were recorded detailing what was important to each person at this time in their lives.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the previously rated inspection the registered manager had made the improvements required. For example, strengthening infection prevention and control practices.
- Staff we spoke with were clear about their caring roles and consistently told us the registered manager was approachable and worked alongside them to support the needs of people who lived at the home.
- The registered manager understood the regulatory requirements upon the service, including the need to notify the Care Quality Commission of certain incidents affecting the home or the people living there.
- Systems and procedures were in place to share information on risks across the staff team, including daily conversations and staff meetings.

Continuous learning and improving care

- The provider and registered manager had quality assurance systems and processes in place. These were based upon an established checking schedule, designed to enable them to monitor and drive improvement in the safety and quality of people's care.
- These included monthly audits on people's care plans, management of medicines and bedrooms.
- Furthermore, the provider also employed an independent consultant to undertake audits. This person was also involved in aspects of staff training.

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 registered manager understood their responsibility to inform people and relevant others in the event something went wrong with people's care.

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

- People and relatives were positive about how their care was managed and knew the provider and registered manager. One relative told us, "I think staff do a brilliant job. Staff are very loving and caring in the way they support people." Another relative commented about the staff and registered manager, "We cannot thank them enough for what they have done during the (COVID-19) pandemic. They have gone above and beyond what their roles are."
- Staff and the registered manager talked with pride about providing personalised care and involved people in decisions about their care and the service they received.

- Staff were positive about the culture at the home. One staff member commented, "It's one of the loveliest homes I have worked in. (I am) treated with respect." Another staff member told us, "(I) love the atmosphere and helping residents. (It's a) good staff team."

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 encouraged to share their views about their care and support and express any ideas they had. They could do this during care reviews, questionnaires and meetings. A relative told us, "We had a recent relatives meeting where we all decided to give the home a call just before we visit. We all work together."
- Staff meetings took place regularly to discuss achievements and challenges. Staff highly commended the registered manager who was described as, "Really supportive," "Very approachable" and "On the ball with training."
- There were systems in place, so people would have the support they needed. These included referrals to external professionals to support people's diverse needs.