

Springfield Rest Home Limited

Springfield House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Springfield 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

Potential risks to people's health and wellbeing had been identified, but were not always assessed appropriately to ensure staff were meeting their needs in line with best practice.

There were aspects of the home environment that required action to ensure it was safe. For example, ensuring water temperatures were of a safe temperature and wardrobes were secured to the walls.

People's medicines were given in a safe way, however, medicines which were given covertly were not administered in line with pharmacist advice. Record keeping of controlled drugs was not always accurate or up to date.

Staff carried out safe practice to reduce the risk of infection, however malodours were noted in some areas of the home. The registered manager recognised this, and advised they would speak with the provider about an additional cleaner to support with the home.

The provider could not be assured their staff team were consistently up to date with regulations and care delivery in line with best practice. We have made a recommendation about this.

The provider's checks were not consistently applied or robust to identify shortfalls in a timely way. We found areas that required improvement. Where the provider did have checks in place, they had not identified areas of concern identified at this inspection.

People told us they felt safe and were supported by staff. Relatives felt their family member was safe and cared for in the right way. Staff recognised different types of abuse and how to report it. The provider understood their safeguarding responsibilities and how to protect people from abuse.

There were sufficient numbers of staff on duty to keep people safe and meet their needs.

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.

All people, relatives and staff felt the service was well run. One relative told us, "[Person's name] has bloomed since being there. We see staff give [them] a hug, it's a very loving care home. It's not a modern

home or high class, but the care side is second to none. [Registered managers name] is a great manager and [deputy manager] is fantastic. The registered manager was visible within the home and listened to people's and staff's views about the way the service was run.

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 good (published 24 December 2021).

Why we inspected

We received concerns in relation to the management of medicines and people's moving and handling. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

The provider has taken action to mitigate the risks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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

Recommendations

We have made a recommendation about the provider keeping up to date with regulations and best practice.

Follow up

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

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Springfield 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can 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

This inspection was carried out by 2 inspectors.

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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 4 relatives. We spoke with 8 staff including the cleaner, the cook, care staff, senior care staff, the deputy manager, the maintenance person and the registered manager. We also reviewed 5 records in relation to people's care, including the medication records. We also reviewed a range of records held by the service including, staff training and rota's, recruitment records, audits and checks. After the site visit, we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Assessments of people's safety were not always robust, which placed people at potential risk of harm. For example, we saw unsafe practice with how a person was assisted to transfer from their wheelchair to their armchair. We also identified a concern where a person who was at risk of choking had not been referred to an external healthcare professional for appropriate assessment.
- Staff recognised risks to people and were consistent in their knowledge as to how they supported people. However, their knowledge was not always the most up to date and/or in line with best practice for moving and handling people with specialist equipment and supporting people who required a textured modified diet.
- People were at potential risk of scalding as the water temperature from the taps was too high. While some taps were push taps, which meant they could not be left running, and people were supervised, for example, when using the bath, there was potential risk of harm.
- There were other aspects of the environment which required action to ensure they were safe. For example, we found wardrobes were not secured to the walls, were wobbly and posed a potential risk of toppling over. We also found in one bedroom there was direct access to the loft space which was unsecured.

Some risks to people in relation to moving and handling, safe eating and environmental aspects had not been identified so that mitigation could take place. This placed people at risk of potential harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took prompt action to mitigate the risks of unsafe moving and handling, and updated staff's knowledge of textured modified diets to ensure people's safety.
- The provider took immediate action to ensure the water was at a safe temperature.
- The registered manager told us that loft access and wardrobes would be fixed to the wall promptly.
- There were areas of good practice which kept people safe. For example, frequent reviews of people's care when they first moved into Springfield Rest Home, so staff could quickly identify any changing needs promptly.

Using medicines safely

- The management of medicines was not always robust to ensure people received their medicine in a safe way.
- People who received their medicines covertly, were not always given these in line with pharmacist advice. For example, records showed a person's medicine should be given with a small amount of water, or within a

yogurt, however, staff were mixing the medicine into a whole bowl of cereal. The provider could not be assured the person would always finish their whole breakfast and therefore have their complete dose of medicine.

- Record keeping of controlled drugs was not always accurate or kept up to date. Checks were not frequent enough to promptly identify potential errors.

Management of people's medicines was not always completed in a safe way. This placed people at risk of potential harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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.
- Medicines were stored securely.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, there were some rooms which had an unpleasant odour. The registered manager was aware of this and said they would explore if more hours were needed to clean the home.
- We were not always assured that the provider was using PPE effectively and safely, as some staff did not always wear their face mask covering over their nose when supporting people.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

People were supported to have their family and friends visit them in Springfield House in line with Government recommendations.

Learning lessons when things go wrong

- Safety concerns were not consistently identified or addressed quickly enough. While the provider had a system for tracking how many falls people experienced over the last 12 months, there was no information in how this was used to identify patterns and trends to mitigate risk proactively.

Staffing and recruitment

- The provider carried out recruitment checks prior to new staff starting work. However, we found that some information was not in place in some newer staff's files. The registered manager confirmed this would be rectified.
- All staff we spoke with felt more staff was needed, however felt they were able to keep people safe with the staff numbers on duty. The registered manager told us they were continually seeking new staff to support their existing staff team.
- People did not raise concerns about staffing levels with us and told us the staff were attentive to their

needs. One person said, "They look after me very well, [staff] are always around to help me."

- Relatives felt there were enough staff on duty to meet their family member's needs. One relative said, "Staff are always around. If I need to discuss anything and they are busy they will ask for a few minutes to attend to residents. There is always someone around to ask if I needed anything."
- We saw 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe by the staff who cared for them. One person said, "The staff are lovely to me."
- All relatives told us they felt their family member was safe living at Springfield Rest Home. One relative said, "I'm sleeping a lot better knowing [person name] is at Springfield and being cared for."
- Staff understood different types of abuse and how to report this. Staff felt the registered manager would, and had acted on a previous occasion, addressed staff concerns promptly and satisfactorily.
- The registered manager understood their responsibilities to safeguard people and report these to external agencies.

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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems to ensure the registered manager was supported to stay up to date with regulatory requirements were not effective. We found that while the registered manager was responsive to shortfalls identified on inspection and worked hard to ensure people had the best care, without systems in place to ensure they stayed up to date with best practice, the right and safe care was not always delivered.
- The provider did not have established systems in place to continually assess, monitor and improve the quality and safety of the service. Some shortfalls had been identified at this inspection, for example, with medicine record keeping; however, the provider could not demonstrate that audits of medicines had routinely taken place. Without robust checks being in place, the provider would not always be able to identify where improvements were required, in order for them to take timely action.
- The provider's checks were not effective in identifying and driving improvements in relation to the home environment. For example, we identified shortfalls the provider had not identified through their own checks, such as ensuring the water temperatures were within safe levels, window restrictors were positioned effectively, and wardrobes were secured to walls.
- Learning from incidents was reactive. The provider did not measure and review care against good practice guidance to proactively learn, share and improve care throughout the service.

The providers governance systems were not always robust in identifying shortfalls in a timely manner. This placed people at risk of receiving a poor service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend the provider and registered manager considers current guidance on the regulatory requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and takes action to update their practice accordingly.

Working in partnership with others

- The registered manager sought advice from external healthcare professionals, however the provider could not always be assured the advice and guidance given was being followed. For example, where the pharmacist had advised how to administer covert medicine, this was not followed.
- We spoke with a visiting professional who told us the staff team knew people's needs well, recognised when there was a change in people's health and contacted them at appropriate times.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were happy with the care and support received. People told us how they thought highly of the staff and the registered manager. One person said, "I would recommend it here." While a relative said, "[Person's name] is cared for and that's the important thing for us. I'm impressed with the care, [person's name] is happy and contented there. Everyone is approachable. If I have any queries or need anything I email [the registered manager] and they respond."
- Staff felt well supported and valued by the registered manager telling us, "[Registered manager's name] is very supportive, they work alongside us when we need help, which means a lot." While another staff member said, "I can speak with [registered manager's name] and know that they listen and does something about it".
- The registered manager was proud of their staff team and felt that they had worked well together to achieve positive experiences for people.
- There was a good approach to teamwork within the home. The management team had good oversight of the care and support people needed. Staff told us they worked with the management team to help meet people's needs. Staff told us they worked well together in a joined-up approach.
- People and relatives felt they could approach the registered manager if they needed to.
- Surveys had been sent to relatives to gain their views, from this, we saw relatives' views were positive about various aspects of the service.

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 responsibilities to be open and transparent with people, where events had happened in the home, we saw this was communicated with the appropriate people and external agencies.
- Relatives told us how the registered manager kept them up to date, as appropriate, where incidents had occurred within the home, for example, if a person had experienced a fall.
- The registered manager understood their responsibilities for reporting events and incidents that were legally required to the CQC.
- The legal requirement to display the CQC ratings of the last inspection in the home was met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's care needs were not always assessed appropriately to ensure staff were meeting their needs in line with best practice. There were aspects of the home environment that required action to ensure it was safe. Medicines that were given covertly were not administered in line with pharmacist advice. Recorded keeping of controlled drugs was not always accurate or up to date.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider staff team were not consistently up to date with regulations and care delivery in line with best practice.</p> <p>The provider checks were not consistently applied or robust to identify shortfalls in a timely way. Where the provider did have checks in place, these were not robust in identifying concerns and driving improvements.</p>