

# North Yorkshire County Council Springfield Garth

## Inspection report

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### 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection which we carried out on 2 August 2016. We inspected the service to follow up on a breach of regulation and to carry out a comprehensive inspection.

We last inspected Springfield Garth in June 2015. At that inspection we found the service was in breach of the legal requirements with regard to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments and associated documentation were not being completed or updated in a timely way.

The home provides personal care and accommodation for up to 28 older people and 18 people were using the service at the time of our inspection.

A registered manager was in place. 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.

We found improvements had been made to the service. Risk assessments were in place and these identified current risks to people.

Robust recruitment processes were followed to ensure staff were recruited safely. Although the home was experiencing staff recruitment issues, measures were in place to address staff vacancies. We found there were sufficient staff available to supervise people and respond promptly to people's calls for assistance.

Records were up to date and these were regularly reviewed to reflect people's care and support requirements. We have made a recommendation regarding care planning for people who are living with dementia; this is to ensure people receive consistent care that meets their specific care needs.

Measures were in place to protect people against avoidable harm or abuse, as staff had received training about safeguarding vulnerable adults and understood about the local safeguarding protocols that were in place.

People received their medicines in a safe and timely way.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed.

Since the last inspection staff had received training on the Mental Capacity Act 2005 (MCA) and best interests decision making, when people were unable to make decisions for themselves. Notifications regarding Deprivation of Liberty Safeguards (DoLS) authorisations had been sent to CQC as required. We have made a

recommendation regarding the MCA to ensure staff fully understand the importance of, and comply with, conditions made under a DoLS authorisation.

Staff received other opportunities for training to meet people's care needs in a safe way. A system was in place for staff to receive supervision and appraisal.

People who used the service confirmed they received a nutritious diet and we saw there was a varied menu on offer. People spoke positively about the care they received. They told us that staff were kind and patient and said that their privacy and dignity was respected.

There was a programme of activities on offer including individual and group sessions and trips out.

A complaints procedure was available. People told us the registered manager and staff were approachable. They said they would feel confident to speak to staff about any concerns if they needed to.

People had the opportunity to give their views about the service.

Effective management systems were in place to monitor the quality of care provided and drive improvement.

## 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.

Improvements had been made to ensure people were protected and their safety and well-being was promoted. Risk assessments were up to date and identified current risks to people's health and safety.

People were protected from abuse and avoidable harm. Staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

Appropriate checks were carried out before new staff began working with people. Staffing levels were sufficient to meet people's current needs safely.

People received their medicines in a safe way.

Regular checks were carried out to ensure the building was safe and fit for purpose.

### Is the service effective?

Good ●

The service was effective.

Improvements had been made to the service Staff had received training on the Mental Capacity Act 2005, best interests decision making was recorded and authorisations made under the MCA had been notified to CQC in a timely way. We have made a recommendation to review good practice guidance on MCA and DoLS.

Staff received training and supervision to support them to carry out their role effectively.

People's rights were protected. Best interests decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

People were supported to access healthcare professionals to make sure people's care needs were met.

People received a varied and balanced diet. Support was provided for people with specialist nutritional needs.

### Is the service caring?

Good ●

The service was caring.

People said staff were kind and treated them with dignity and respect.

Good relationships existed between people who used the service and the staff team.

Staff were aware of people's needs and met these in a sensitive way.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Improvements had been made to record keeping but we have made a recommendation with regard to care planning to ensure staff have more guidance about their approach and management of distressed reactions.

People were provided with activities, which they enjoyed.

People had information to help them complain. Complaints and any action taken were recorded.

### Is the service well-led?

Good ●

The service was well-led.

A registered manager was in place.

People who used the service and the staff told us the management team were supportive and could be approached for advice and information.

Effective management systems were in place to monitor the quality of care provided and to develop the service.

# Springfield Garth

## **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 was 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 2 August 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

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 reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authority, who provided us with feedback about the service.

Most of the people living at the service were relatively independent and were able to tell us directly about their care. During the inspection we spoke with ten people who lived at Springfield Garth and a visitor. We spoke with the registered manager, a team manager, a health care professional, three care staff, and the independent living facilitator. The independent living facilitator's role was to organise and facilitate leisure and social activities. We undertook general observations in communal areas and during mealtimes.

We looked at a sample number of bedrooms with people's permission. We reviewed a range of records about people's care and how the home was managed. We looked at care records for four people and recruitment and training records for three staff. We looked at a range of records relating to the management of the service including staff training files, staffing rotas, meeting minutes, maintenance records and quality assurance audits.

# Is the service safe?

## Our findings

People said they felt safe and they could speak to staff if they had any worries or concerns. People's comments included, "They [the staff] look after me well," "It's lovely here," and "Staff give me the help I need."

At our last inspection in June 2015 a breach of legal requirements was found. We identified that risk assessments and associated documentation were not being completed or updated in a timely way. This meant people were at potential risk of receiving unsafe or inappropriate care.

We reviewed the action plan the provider sent to us following the inspection. This included details of how they planned to ensure compliance with legal requirements. At this inspection we found improvements had been made to ensure people received safe care and treatment.

Improvements had been made to risk assessments, as these reflected current risks to people's health and safety. Risk assessments were regularly evaluated to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for falls. The fire risk assessment had been updated and brackets were fitted to walls to hold fire extinguishers. We saw that the fire hoses, which were no longer in use, were housed in cupboards and out of view. At our last inspection we had concerns that the folder containing people's personal emergency evacuation plan (PEEP) was not up to date. At this inspection we found that a PEEP was available for each person taking into account their mobility and moving and assisting needs. The plans were reviewed monthly to ensure they were up to date. These were used in the event of the building needing to be evacuated in an emergency.

The registered manager told us that the service was still experiencing on-going staff recruitment issues. However they said the impact of this was alleviated by the low number of people accommodated and told us that there were sufficient staff to meet people's needs safely. At the time of our inspection there were 18 people living in the home supported by the registered manager, the team leader, the independent living facilitator and three care staff each shift together with ancillary staff, kitchen staff and domestic staff. From our observations, people's feedback and looking at staffing rotas we considered there were sufficient staff to meet people's needs at the current time. We saw staff were always available to supervise people and respond promptly to people's calls for assistance.

Staff completed e-learning training on safeguarding and they knew how to report any concerns. Staff were able to tell us how they would respond to any allegations or incidents of abuse and knew the lines of reporting within the organisation. They told us they would report any concerns to the registered manager or senior person on duty. The registered manager told us local authority 'Safeguarding Alert Training' was planned to give staff some insight into the role of the different agencies after a safeguarding alert was raised with the local authority. The registered manager understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of incidents. The registered manager informed us that there had been no safeguarding incidents since the last inspection.

We checked the management of medicines and found detailed guidance was provided to staff to ensure a consistent approach to the administration of medicines and demonstrate that people were supported with their medicines safely. We checked the procedures and records for the storage, receipt, administration and disposal of medicines. All records seen were complete and up to date, with no recording omissions. Staff were trained in handling medicines and a process was in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. These arrangements reduced the likelihood of errors and meant that medicines were given to people appropriately and safely.

We looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before applicants were offered their job. Records of other checks were available and up to date. They included a check on all applicants to confirm people's right to work in the United Kingdom. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

We saw from records that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out, such as checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing of, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with. We also saw records to show that equipment used at the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths. All areas of the building looked clean. Records showed cleaning schedules were in place and these were checked through environmental audits, which were undertaken to ensure the environment was clean with a good standard of infection control.



# Is the service effective?

## Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our last inspection we found that staff training in relation to MCA and DoLS was not up to date, which meant that people may not receive consistent care that supported their rights and freedoms.

At this inspection we found that staff were aware of and had received training in the MCA and the related DoLS. The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being restricted. The registered manager had notified CQC of two DoLS authorisations. We looked at these and noted that one contained conditions. These were to refer the person to the continence service and to the memory clinic. There was no evidence within the person's file that these conditions had been met. The team leader explained that they had discussed the care of this person with the GP and the community nurse. They said the memory clinic would be unlikely to review the person until a recent infection had been resolved. They took action on the day we inspected to make the appropriate referrals.

We recommend that the provider reviews the guidance for consent to care and treatment in the Mental Capacity Act 2005.

Records contained information about people's mental health and the correct 'best interests' decision making process, as required by the MCA.

People who used the service told us they were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. During our visit we observed staff checked out people's preferences with them before they provided care.

There was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff had access to an electronic system, which recorded their individual learning and development. This system also alerted staff and senior managers in the organisation when training was due. The staff training records showed us that staff received training on a range of topics to meet people's needs and training in safe working practices. Managers also kept a staff training planner that allowed them to

monitor staff training and we saw in staff meeting minutes that staff were reminded at team meetings about the importance of keeping their training up to date.

Staff were positive about the opportunities for training to understand people's care and support needs. They said training consisted of a mixture of distance learning, face to face and practical training. They told us they were kept up to date with training and that the training provided was appropriate. New staff completed an induction programme and had an opportunity to shadow a more experienced member of staff. All newly appointed staff were issued with a training 'passport', which contained all the modules of training that need to be completed within the first 12 weeks of employment and included elements of classroom based training, on line and information sessions. This ensured new staff had the basic knowledge needed to begin work.

Staff told us that communication within the staff team was good and this was supported by daily handover sessions to ensure that essential information was passed on between the staff groups. We were told the registered manager was involved with, and attended some daily handovers. All staff said they had regular supervision to discuss care practice and their training needs. They said they could approach the registered manager or one of the management team at any time to discuss any issues. Supervision sessions covered workload capacity issues, evaluation of care practice and performance and development and welfare issues to ensure staff were supported to deliver quality care.

People were supported to maintain their health. People's care records showed they had regular input from a range of health professionals such as, GPs, speech and language team (SALT) and community nurses. Records were kept of visits and we saw that care plans reflected the advice and guidance provided by external professionals. We spoke with a community nurse who said, "They [the staff] always follow up on any suggestions we make."

Systems were in place to ensure people received drinks and varied meals at regular times. At our last inspection some people told us they would like more fresh fruit to be provided. No concerns were raised with us at this inspection and one person commented the food was, "Excellent." Another person said, "The food is very good. We had strawberry pie today and it was lovely." During our visit we saw that people were not rushed and the mealtime was a pleasant, sociable event. We saw that people were offered drinks during meals and throughout our visit.

People who were at risk of poor nutrition were supported appropriately with their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Referrals were also made to relevant health care professionals, such as dietitians and speech and language therapists for advice and guidance to help identify the cause and any responsive action required. Where concerns had been identified staff said they would discuss these with the GP who made a weekly visit to the home so that the appropriate referrals could be made.

## Is the service caring?

### Our findings

People who used the service told us staff were kind and patient. One person said, "They look after me really well." Another person commented, "If I have had a bad night I sometimes have a lie in; it's never a problem." One person, who told us the care was "Excellent," also said, "I really think it [the service] is the best in Yorkshire." A health care professional we spoke with told us that staff were, "Friendly and welcoming."

At our last inspection we met the independent living facilitator who supported people with their leisure and social activities. The independent living facilitator told us that as part of their role they encouraged people to maintain their existing interests, develop new ones and maintain a stimulating social life. We saw that people were encouraged to contribute further ideas for future events in meetings, which were held every two months. The newsletter was also used as a way to keep people informed about the service. At this inspection we heard this aspect of the service was continuing to develop and people told us they were asked what they would like to do with their time. For example, one person had been supported to go fishing, which they had enjoyed.

During the inspection there was a relaxed and pleasant atmosphere in the home. We observed staff interacted well with people and greeted people as they passed in the corridors. No one was rushed and there was lots of laughter and chatter in the various lounges and during the activity that was taking place in the afternoon. We saw there was a 'dignity notice board', which displayed the principles of dignity together with quotes and poetry to create interest. We were told the service had also held a recent dignity in care day celebration in which families, friends and staff could join in with a special lunch and entertainment. We looked at the comments / compliments book and saw that comments included, "Residents are treated with dignity and respect," "Always a pleasure to visit," and "Staff are helpful and happy to welcome visitors." People confirmed that staff treated them with dignity and respect. For example, they said that staff knocked on their doors before entering.

When staff spoke with a person they positioned themselves to be at eye level and spoke discreetly with people. Staff talked to people as they helped them and they explained what they were doing as they assisted people. This showed us that people's needs were met in a kind, compassionate manner. We observed that people looked clean, tidy and well presented. Most people sat in communal areas but some preferred to stay in their own room or sit quietly in a seating area in the entrance. People who used the service or their visitors could use the kettle, microwave and toaster situated in the dining room to make their own drinks and snacks if they wished.

Records showed relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people. We were told this was discussed and signed by the GP in consultation with the person and their family to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

## Is the service responsive?

### Our findings

At the last inspection we had concerns that records did not always accurately reflect people's care and support needs to ensure staff provided the correct care and support to people in the way the person wanted and needed.

At this inspection we saw that improvements had been made to ensure that records accurately reflected people's care and support needs so staff had guidance to provide appropriate care and support. People had a document entitled, "This is Me" in their care plans and this included some of their social history. However, these were not always as detailed as they could have been. We found care plans had not been developed to assist staff with the management of distressed behaviour, which some people displayed. This meant that staff did not have clear guidance on what to do to support people if they became agitated or distressed, with details of what might trigger the distressed behaviour and what staff could do to support the person. This meant the staff team could not be confident they were working together in a consistent way with the person, to help reduce the person's anxiety and distressed behaviour.

It was evident from our observations that staff were knowledgeable and had a good understanding of the care needs of one person who became anxious and distressed and we observed that the strategies they deployed worked well. However, for another person we were told that the service had received limited information with regard to their care needs before their admission. It was evident, both from our observations and from looking at records, that the registered manager had recognised that the service was not meeting this person's needs and staff were not equipped to do so effectively. We discussed the on-going care of this person with the registered manager who said they would contact the community mental health team for advice.

In the main we found that care plans focused on routine activities of daily living such as rising and retiring times, mealtimes, mobility, social care and support. When asked, the registered manager told us that further work was planned to improve person centred care planning; to ensure care plans were more personalised and reflective of individual outcomes and preferences.

We recommend that the provider look at best practice around the development of care planning for people who are living with mental health care needs including dementia related care needs.

Pre admission assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and preferred daily routines. Care plans were developed from these assessments that outlined how these needs were to be met. Records showed that monthly assessments of people's needs took place with evidence of evaluation that reflected any changes that had taken place. For example, changes with regard to nutrition, communication, mobility and falls and personal hygiene. Reviews included information about progress and well-being. The service consulted with healthcare professionals about any changes in people's needs. Staff also completed a daily record for each person and recorded their daily routine and progress in order to monitor their health and well-being.

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service. An independent living facilitator was employed and they knew about people's preferences and social interests. They spoke with enthusiasm about their role and could describe details of which person enjoyed each particular activity. Programmes of activities were displayed around the home together with evidence of previous activities, which people told us they enjoyed. These included sing along, arts and crafts, and trips out. During our visit we saw that people were playing a card game, which they were evidently enjoying.

We were told resident meetings were held every two months. People who used the service and staff told us the registered manager was approachable and they knew they could approach them at any time to discuss any issues. People said they knew how to complain. A person commented, "I'd tell the manager." The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure in the information pack they received when they moved into the home. A record of complaints was maintained and we saw those received had been investigated and resolved appropriately.

## Is the service well-led?

### Our findings

We found that the breach of regulation and areas for improvement identified at the last inspection had been acted upon and rectified by the registered manager and the management team. After the last inspection CQC received an action plan that detailed the action that was planned to improve outcomes for people who used the service.

The registered manager had maintained the improvements to the home to benefit people who lived there. These included improvements to reporting authorisations made under Deprivation of Liberty Safeguards, record keeping and improvements to the environment to ensure people's health and support needs were met safely and appropriately. All of the people we met with spoke positively about their experience of living at Springfield Garth. The atmosphere in the home was relaxed. People who used the service told us the manager and staff were approachable. One person told us, "I can raise any small matters with [the staff]. They always take time to listen and try to do what they can to help me."

There was a registered manager in post and staff said they felt well-supported by the registered manager and the wider management team. They told us they could approach them to discuss any issues. We observed members of the management team were a visible presence in the service and we saw them conversing with both people who used the service and with staff throughout the day. A staff member commented, "[The registered manager] is supportive."

Effective management systems were in place to ensure that incidents or accidents were investigated, recorded and dealt with appropriately. Regular monthly analysis of incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re-occurrence. Information was cascaded throughout the staff team via supervision, staff training and meetings. CQC records showed that the registered manager had sent us notification forms when necessary and kept us informed of any reportable events as required.

Members of the management team, including the registered manager and operations manager, completed audits in order to evaluate the quality of the service. The results of these were analysed and action points with timescales developed for any identified shortfalls. We saw examples of improvement throughout the environment, which made it appear more homely. We viewed audits and saw they included regular daily, weekly, monthly and annual checks for health and safety matters such as mattresses, passenger lifts, hoists and fire safety equipment.

Staff meetings were held at regular intervals, which provided staff with an open forum where they could receive new guidance, share professional ideas and discuss issues. Minutes were made available for staff who were unable to attend. Minutes from general staff meetings showed areas discussed included training, staff performance, record keeping, audits and communication. People who lived in the home also had the opportunity to meet and relatives could attend if they wanted. We saw that the future plans for the home had been discussed at meetings and were in the home's newsletter. This showed us that the provider was being transparent and open by keeping people informed about important decisions that were pertinent to

their future.

The registered manager attended meetings with other managers from within the organisation, which helped to maintain and enhance their knowledge and skills and allowed them to focus on best practice and service development.