

Mrs Mubashra Qadir

Springfield Nursing Home

Inspection report

191 Spendmore Lane
Coppull
Chorley
Lancashire
PR7 5BY

Tel: 01257470140

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Springfield Nursing Home is a nursing and residential home providing personal care to 35 people aged 65 and over at the time of the inspection. The service can support up to 40 people in one adapted building.

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

People told us they felt safe and they were supported by staff who helped them quickly if they needed this. Checks were completed to help ensure prospective staff were suitable to work with vulnerable people. Risk assessments were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed. Medicines were managed safely.

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.

People were cared for in a safe, clean and homely environment by staff who were caring, competent and knowledgeable about people's needs. Staff told us training and supervision was arranged to ensure they had the skills to carry out their role. People told us they were happy at the home and they felt cared for. They explained the food was good, enjoyable activities were arranged, and they were supported to access medical advice if they needed this.

People were treated with dignity and respect and staff we spoke with us told us how they respected people and ensured their privacy and dignity was maintained. Care was person centred, met people's needs and achieved good outcomes. People were cared for at the end of their life in line with their wishes.

Staff told us they felt supported by the management team and they were able to approach them if they needed support and guidance. People told us the management team were approachable and part of the team at the service.

People were consulted and asked their views on the service provided. Surveys had been completed by people who lived at the home. People told us they were happy at the home and were confident any comments or complaints they made would be listened to. Audits and checks were completed and actioned to drive improvement.

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

Rating at last inspection and update: This service was registered with us on 06/07/2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 23/01/2020.

Why we inspected

This was a planned inspection based on the registration date of the provider. 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 Nursing Home 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 re-inspection 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 Nursing Home

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 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 one inspector.

Service and service type

Springfield Nursing Home 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. A registered manager 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

This inspection was announced. We gave 24 hours' notice of the inspection so the registered manager would be available to support the inspection and so we could review the risk in relation to Covid-19 and work within the provider's risk assessments and processes.

What we did before inspection

We reviewed information we had received about the service. This included information we had received from the public and notifications sent to us by the provider. We sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, team leader, care workers and the laundry person. We also spoke with one visiting external health professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at environmental certificates and an investigation report. We spoke with one professional who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff administered medicines to people when they needed them.
- Arrangements were in place to ensure medicines that required refrigeration were stored safely.
- People were supported to take their medicines in a person-centred way. Staff consulted with people to ensure they were ready to receive their medicines.
- The provider ensured staff received training and their competency to administer medicines was assessed.
- We noted some records relating to the application of creams required more detail to support staff to administer them in accordance with people's needs. The registered manager reviewed the records and more detail was included prior to the inspection concluding.

Assessing risk, safety monitoring and management

- The provider had processes to follow to ensure the risk of avoidable harm was minimised. Risk assessments of nutrition, skin health and mobility were carried out. Staff could explain the help people needed to support their safety and we saw a person being supported with their mobility. Staff followed the care plan and risk assessment for the person, and this minimised the risk of avoidable harm occurring.
- Risk assessments were reviewed and amended as required and direction for staff was included within care records to help maintain people's safety.
- Equipment was serviced and checked to help ensure it remained safe for use.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured staff were trained in safeguarding. Staff we spoke with could explain examples of abuse and said they would raise any concerns with the provider, registered manager or the local safeguarding authority to ensure people were protected.
- People told us they felt safe and they trusted staff. People said they felt comfortable at the home and they would speak to staff or the management team if they wanted to do so.
- Contact details for the local safeguarding authorities were available within the home for people to access if they wished to raise concerns themselves.

Staffing and recruitment

- The provider deployed sufficient staff to enable people's needs to be met promptly. People told us they received help when they needed it and staff raised no concerns with the staffing arrangements. During the inspection call bells were answered quickly and staff were patient with people.
- The provider followed procedures to help ensure prospective employees were suitable to work with people who may be vulnerable. References and criminal record checks were carried out prior to prospective

employees starting to work at the home and interview records were kept to help assess prospective employees' suitability to work at the service.

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.
- 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.

Learning lessons when things go wrong

- Reviews of incidents and accidents took place and action was taken to minimise the risk of reoccurrence. For example, equipment to help people mobilise safely was introduced if this was needed.
- A relative shared how they had been involved in reviewing the risk strategies for their family member. They told us changes had been made to help ensure their loved one's safety.
- Staff referred people to health professionals if analysis of risk indicated specialist advice was required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Risk assessments and care plans contained details of how people should be supported.
- Information was available to share with other agencies and records of health professionals' involvement were up to date and accessible.
- Person-centred information was available in people's care records. These recorded the support people needed and their likes and dislikes.
- People told us they considered the care to be good. One person shared how they were supported by staff and this was a positive experience for them.

Staff support: induction, training, skills and experience

- The provider ensured staff undertook sufficient training to help them deliver person-centred and effective care. Staff completed an induction and shadowing before working unsupervised.
- Staff told us they received training to enable them to maintain their skills and competence. Staff told us they had supervisions, and they were able to discuss any concerns, training needs or seek clarity on anything they wished. The registered manager and staff explained these had currently fallen behind schedule but there was an action plan to ensure this was resolved.
- Daily meetings took place between the management and staff to ensure staff were able to seek guidance and discuss any concerns. Staff told us these were valuable as they remained up to date with information and were supported by the registered manager.

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

- Staff supported people to choose what they wanted to eat, and this was provided for them. People told us they were happy with the food and they could ask for an alternative if they wanted. One person described the food as, "Excellent."
- Staff helped people to eat and drink if this was required. Staff focused on the person they were helping and gave gentle encouragement and support.
- People were assessed for the risk of malnutrition and the outcome was recorded within care records.
- Staff offered people regular drinks and snacks throughout the day. Hot and cold drinks, biscuits and snacks were available between meals.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Assessments of people's mental capacity were undertaken for specific decisions and records of these were kept.
- Staff had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- People told us staff asked for their consent before they supported them.
- There was a system in place to ensure if changes were made to people's restrictions, this information was shared with other relevant agencies.

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

- The provider had displayed appropriate signage to support people to maintain their independence when moving around the home. We observed people using this and saw the signage was helpful to them.
- The home was bright and well-lit, people could personalise their rooms with their own belongings if they wished to do so.
- Seating areas were available in the garden and people could eat lunch outside if they preferred.

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

- Staff referred people to specialist professionals for support and guidance. If people had specific nutritional needs these were known by staff and accommodated.
- Staff supported people to attend hospital appointments. In the case of an emergency, person centred records were in place which were provided to health professionals to support decision making.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff supported people with dignity and respect and had a caring approach. Staff initiated appropriate contact and conversation with people and were gentle in their manner.
- People told us staff were caring. One person described staff as, "My best friends." A further person described staff as, "The salt of the earth."
- Staff said they supported people's rights to live individual lives and people told us they were supported to follow their own preferred routines.
- Care records recorded people's preferences and wishes, guidance for staff on how wishes and needs could be met was recorded.

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

- People were supported to decide their care needs and when appropriate, relatives were engaged in the care planning process.
- Staff asked people their opinions and views. We saw staff asked people to make day to day decisions such as where they wanted to sit at lunchtime, what drink they wanted and what they wanted to do.
- Documentation evidenced the involvement of local advocacy services if people needed support to express their views or make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on doors before they entered people's private rooms and we noted conversations were discreet when people's needs, and wishes were being discussed.
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, people were given choices and encouraged to make their own decisions.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's individual needs were assessed, and care records reflected people's preferences and wishes. People told us they were able to influence their care and for example one person told us they chose their routine and changed this as they wanted, and staff supported this.

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 service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs and preferences. People were supported to use their aids if they had sensory loss and staff interacted with people in a way that met their individual needs.

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

- Staff supported people to engage in meaningful activities. There was an events programme at the home and people told us they enjoyed the activities and they were encouraged to attend. A further person shared how they had a "little job" at the home and they enjoyed this, they felt supported and valued.
- Staff supported people to maintain and develop relationships that were important to them. Arrangements were in place to enable people to have visitors. One relative shared how they had participated in a celebration afternoon tea with their loved one and the joy this had brought them. This was in line with current government guidance.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly.
- People we spoke with told us they were happy with the service provided and they would speak to the management team if they had any concerns. One person commented, "You'll find no problems here." A further person said, "We just talk and things get sorted."

End of life care and support

- The service supported people to have a dignified and pain-free death. Plans were developed to document people's individual wishes and spiritual needs. Documentation we viewed evidenced that people, and their

relatives when appropriate, were involved in this area of care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The registered manager and management team carried out audits and checks at the service. These identified areas of improvement and action was taken to rectify these.
- Outcomes of audits and checks were shared with staff. The registered manager analysed information and the outcome of this was documented and available to staff. Staff told us discussions took place on the outcomes and if changes were required, these were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 worked openly and transparently, and supported people and staff to raise compliments, concerns and their views with them.
- People told us they felt confident in the management team at the home and they were able to share their views with them. One person praised the registered manager for, "The way they run the home."
- Staff spoke with pride of the culture at the home. They said there was teamwork and the registered manager was supportive, approachable and open.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Documentation showed people and relatives were involved in decision making about the care provided.
- External health professionals told us the management team and staff worked closely with them to help people achieve positive outcomes.
- Documentation we reviewed showed the registered manager provided detailed and analysed information to other agencies to support collaborative working.
- The registered manager spoke positively of their experiences of interagency working. They told us support from agencies such as the Local authority had helped them work safely during the COVID-19 pandemic.