

# North Yorkshire County Council

## Springfield Garth

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Springfield Garth is a residential care home for up to 25 people. The service was providing personal care to 11 people aged 65 and over at the time of the inspection; some people were living with dementia.

People's experience of using this service: The provider had not followed a recommendation made at the last inspection, to review best practice for care planning for people living with mental health and dementia related care needs.

Information about risks to people and their health conditions was not always well-documented in people's care records. Issues highlighted following health and safety checks were not followed up.

Medicines were not well-managed by the provider. It was not clear what support people required to take their medicines or that their medicines were being administered as prescribed.

The provider's auditing systems were not robust and effective in checking quality and safety issues. There had been a considerable delay in the provider's audit being given to the registered manager to action. Quality assurance systems did not identify the issues we found on inspection.

People's care records were not always complete and up to date.

The registered manager ensured people, relatives and staff were engaged in the service. The service was well-regarded in the local community.

Staff obtained verbal consent prior to supporting people. Written consent records were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were encouraged to reflect on their work and develop in their roles.

The provider had good working relationships with other professionals to help ensure people received effective care.

Relatives provided consistently positive feedback about the service. People were able to maintain relationships with their family members and attend family events.

People were treated with care, dignity and respect. Staff provided care at people's own pace and promoted their independence. They worked to improve people's wellbeing and quality of life. Staff knew about people's personal histories and lives.

For more details, please see the full report on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (published 27 September 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Enforcement: We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe care and treatment and good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. The overall rating at this inspection is requires improvement. We will continue to work with the provider to understand the action they have taken to improve the rating to at least good.

## 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 effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Springfield Garth

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** Two inspectors carried out this inspection.

**Service and service type:** The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 the information we had received about the service since the last inspection. This included details of incidents the provider must notify us about, such as serious injuries. We reviewed the Provider Information Return (PIR). The PIR is information providers are required to send to us to give key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We contacted Healthwatch England and the local authority commissioning and safeguarding teams. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection we reviewed a range of records. This included accident and incident reports and quality assurance checks by the registered manager and provider. We looked at the care files of five people who lived at the service and seven medication records. We looked at three staff files, including their recruitment and supervision documents.

We spoke with three people who used the service, four members of staff and the registered manager.

After the inspection, we spoke with three relatives and two professionals that work with the service; a social care worker and a worker from a voluntary organisation. We reviewed a sample of the provider's policies and procedures.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At the last inspection we found care plans had not been developed to assist staff with the management of distressed behaviour, which some people could display. A recommendation had been made for the provider to review best practice to develop care plans for people living with mental health and dementia related care needs. We found this had not been followed.

- Risk assessments and positive behaviour support plans were not in place to support people with behaviours that may challenge the service and guide staff in how to adopt a consistent approach.
- Falls were not always well-managed by the provider. Falls risk assessments and records did not always contain information to show how risks were being managed. Falls were not always being recorded. We could not be sure the provider was doing all that was reasonably practicable to mitigate the risk of falls.
- Following accidents and incidents the relevant risk assessments were not always updated
- Where people had health conditions, guidance for staff in how these could affect people was not always clear. For example, one person had been diagnosed with kidney disease, there were no details as to whether the person required treatment for this.
- Health and safety checks had been completed. However, when issues had been identified, such as following the electrical hard wiring and fire survey, these had not been actioned.
- Environmental risks had not been assessed by the provider. This included a cooker that people had unrestricted access to.
- Window safety guidance was not being followed. Window restrictors were not fitted in-line with guidance to reduce risks to people.
- The call bell system, which people used to alert staff should they require assistance, had not been tested regularly to ensure it was in good working order.

The evidence above shows there was a breach of regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were aware of risks to people.
- The registered manager took swift action following the inspection to address shortfalls identified.
- Personal emergency evacuation plans were in place to identify the level and type of support required should people have to leave the premises in an emergency.

Using medicines safely.

- Medication support plans were not in place to identify the assistance people needed with managing and taking their medicines. This went against the provider's medication policy and best practice guidance.
- It was not always clear that medicines, including topical medicines, were being administered as prescribed. Topical medicines are applied to the skin. One person was taking pain-relief medicine, but this was not on their Medication Administration Record.
- Some people took 'as and when required' medicines. Protocols were not always in place to identify when they may need these medicines.

The evidence above shows there was a breach of regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had identified some issues with the recording of topical medicines prior to our inspection and was working with staff to address these.
- Staff had completed medication competencies. These were reviewed annually as a minimum.

Systems and processes to safeguard people from the risk of abuse.

- Staff understood how to identify, record and report any concerns about suspected abuse.
- Staff were aware of where people may show changes in their behaviour, which may indicate concerns. One member of staff said, "Because we're a small number here, we build those relationships and that level of communication, so anything out of the ordinary we would detect."

Staffing and recruitment.

- There were sufficient numbers of staff on shift to support people to stay safe. Staff felt they had time to provide people with personal care at their own pace.
- People were able to request support from staff. One person said, "There is always someone there if you want anything."
- Staff recruitment had been a long-standing issue for the service. The registered manager considered staffing levels when assessing for new people to live in the service; safe recruitment processes were followed.

Preventing and controlling infection.

- Staff described having access to personal protective equipment throughout the service.
- Infection control information was displayed in appropriate areas, including in the medicines room.
- Infection prevention and control measures were discussed during staff meetings to share good practice.



# 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.

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; Ensuring consent to care and treatment in line with law and guidance.

- People's care needs were assessed prior to them moving into the service.
- Verbal consent was obtained from people prior to staff supporting them.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments and best interest records were in people's care files.
- The registered manager was aware of which people had relatives or representatives with the legal authority to make decisions about their care or finances.

Staff support: induction, training, skills and experience.

- New staff received an induction and had a probationary period. One member of staff said, "The induction was detailed, I was shown the routine for each person at different times of day."
- Staff received supervision meetings every two months and an annual appraisal to support their development. Staff had the opportunity to reflect on experiences they had and consider any additional training relevant to the needs of the people they supported to improve their knowledge and skills.
- Some staff had champion roles, including dementia, which were in development.
- Staff had completed mandatory training identified by the provider, including in fire awareness and first aid.

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

- People were satisfied with the food and drink offered. They enjoyed their meal time experiences, which were provided at a gentle, relaxed pace. One person said, "I think the food is very good, they ask what you want."

- Staff were aware of people's dietary requirements and preferences, including which people had vegetarian or diabetic options.

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

- The provider worked closely with other professionals involved with people's care, including social workers, to assess and review people's care arrangements. The provider worked in partnership with other services to address any concerns effectively.
- People's health care needs were met. The provider had strong links with health professionals in the local community.

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

- The service had a 'homely' feel. One member of staff said, "The lounge resembles someone's own lounge and has the décor they would probably pick themselves."
- People's bedrooms were personalised. One relative told us, "Mum feels at home and always says how much she loves her room."
- People could access different spaces around the service depending on the level of activity and interaction they wanted.

# 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.

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.

- Relatives provided consistently positive feedback about the service and staff. A person told us, "All the staff that come to me are kind." One relative said, "I can't speak highly enough of Springfield Garth, the staff are extremely kind and friendly."
- Staff engaged with people in very kind, patient and pleasant ways. One member of staff told us, "We treat people how we want ourselves treated, with kindness."
- People felt relaxed and at home. One person had written in a provider survey, "it would be difficult for the service to make improvements as it is extremely excellent and I feel very settled here."
- Care was provided at people's own pace. People's preferred routines were known and respected.
- Staff checked people were comfortable and anticipated where they may need additional support.
- Staff were aware of people's emotional needs. One person could become anxious when visitors came to the service or events happened. The registered manager ensured they were aware of our inspection and offered reassurance.
- Staff shared information effectively with relatives and involved them in their family member's care.
- Care records were written in respectful language, including around sensitive topics.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence.

- Staff were aware of people's communication needs, including difficulties with their hearing and sight, and supported them with this.
- Advocacy information was displayed in the service should people require this support.
- Staff respected people's dignity and privacy. One person told us, "They always knock on the door before they come in, they don't just walk in."
- Staff respected and promoted people's independence. They knew how to motivate people and build their confidence. One person said, "You have to be independent as long as you can be."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Not all care plans were fully recorded. For example, one person experienced constipation, which was not recorded in their care records. The registered manager gave an assurance to review records.
- Staff had a detailed knowledge of people's lives and interests. One member of staff told us, "Knowing this information makes a world of difference; we can have conversations with people about happy times in their lives."
- Relatives praised how staff worked to improve the quality of life of their family members and promoted their wellbeing. One relative said, "They've given Mum some of her life back; her health, emotional and psychological wellbeing is so much better."
- Staff supported people to maintain their relationships. They were aware of the complex relationships people may have and managed these sensitively.
- People were supported to attend family events. One relative said, "Staff supported [Person] to dress up and people at the wedding remarked on their appearance. Staff were supportive and all the family were able to enjoy the day."
- The service offered a range of activities including visits from entertainers and a local petting zoo. People were reminded of forthcoming events.
- Staff were aware who may be at risk of social isolation. One member of staff told us, "We try to find out what is going on for people and if there a reason they want to spend time on their own."

Improving care quality in response to complaints or concerns.

- The provider had a system for the management of complaints.
- Complaints, compliments and suggestions notebooks were available for people and visitors to note any feedback.
- People and their relatives knew how to raise concerns or complaints. On relative said, "I'm given lots of opportunities to give feedback."

End of life care and support.

- People could remain in the service for end of life care with support from health professionals.
- The provider was working to improve their end of life care plans in consultation with relatives.

## 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The provider's auditing systems were not robust or effective in checking quality and safety issues across the whole service; Internal communications about findings had been delayed. .
- Audits of care plans and medicines had been completed. However, these did not consistently identify the issues we found. When issues were highlighted it was not always clear how they had been actioned or how information was used to make improvements and learn lessons.
- Care records were not always complete and up to date.
- Where people were identified as being at risk of losing weight, information to guide staff was not always in their care records.
- The registered manager did not analyse information, including from accidents and incidents to look at patterns and trends across the service.

The evidence above shows there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- The registered manager was highly experienced and had received an award from the provider to celebrate 40 years of service.
- Relatives felt the registered manager was professional and approachable.
- The registered manager was supported by a deputy manager, team managers and senior care workers.
- Staff were supportive of one another. One member of staff said, "We all pull together, there's a good team behind me."
- The registered manager and senior staff were supportive of staff and recognised their efforts.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and their relatives received annual satisfaction questionnaires. All responses from the 2018 survey said the service was good or excellent.
- Resident and relative meetings were held on a two-monthly basis.
- Relatives received newsletters which included information about changes and events.
- Monthly staff meetings were held to share updates from the provider and support continuous learning and

improvement in the service.

- Staff felt involved with the running of the service. One member of staff said, "I definitely get a say in how things are done here."

Working in partnership with others.

- Staff worked with other organisations to ensure decisions about people's care were made jointly. A social care professional said, "When issues arise, the registered manager tries to manage everyone involved in a resident's care and their expectations."
- The service was held in high regard by the local community. A voluntary organisation worker said, "We have an excellent partnership with Springfield Garth."
- Staff held events such as a 'Dignity Day', promoting awareness of care and engaging people, their relatives and members of the local area. This encouraged a sense of community.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  (2)(a)(b)(d)(g) The provider did not effectively assess risks to the health and safety of service users, do all that was reasonably practicable to mitigate any such risks or ensure the premises were safe to use. Medicines were not managed properly.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  (1)(2)(a)(b)(c)(e)(f) Governance processes were ineffective in monitoring and improving quality and safety in the service. Record keeping systems did not assess and mitigate risks to people. Accurate, complete and contemporaneous records were not maintained in respect of each person using the service.