Care Quality Commission

Springfields Limited

Springfields Nursing Home

Inspection report

Rectory Road
Copford Green
Colchester
Essex
CO6 1DH

Tel: 01206211065
Website: www.springfieldsatcopford.co.uk

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21 November 2018

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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

This inspection took place over two days; 20 and 21 November 2018, the first day was unannounced.

Springfields Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates up to 37 people, providing nursing, respite, dementia care, end of life palliative care, and supporting people with complex health conditions. Springfields Nursing Home normally supports older people. However, at the time of the inspection the service was providing nursing care for 24 people, one of whom was under 65 years, as their needs could be accommodated.

The purpose built, single storey accommodation, is set in 12 acres of gardens, and offers single, en-suite bedrooms. The provider also has a second registered service within the same grounds, which was providing residential care.

There was a registered manager in post. 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.'

People told us they felt safe in the care of staff and were happy living in the service. There were systems in place to safeguard people from abuse and staff had been recruited using safe recruitment practices. Staff were aware of their responsibilities and knew how to report concerns.

Systems were in place to reduce or eliminate any risks. People received their medicines as prescribed and were supported to access healthcare professionals. Staff were prompt in referring people to health services when required.

People were being supported by staff who received training and supervision to enable them to provide effective support in meeting their needs.

Meal times were relaxed. People were given choice and supported to eat and drink enough as part of meeting their nutritional needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and people's consent was sought appropriately.

Staff were respectful and caring, supporting people to maintain their dignity and independence. The culture

within the service had improved. Views of the people living in the service, their relatives, and staff were being sought, listened to and used to drive improvements. We saw improvements in the range of activities to support people's emotional and social wellbeing.

People, and where applicable, their relatives were being involved in care planning to ensure it reflected their current needs. People were being consulted over their end of life care needs, which were documented and acted on by compassionate, caring staff.

People spoke about the approachability of the management, and told us the service was well run, and had good reputation locally. The managerial oversight in the service had improved. Audit and quality assurance systems were in place to ensure that the quality of care was consistently assessed, monitored and improved.

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 has improved to Good.

People were protected from unsuitable staff through safe recruitment procedures. Staff received training, and knew what action to take if they had concerns about a person's safety and welfare.

Staffing levels were sufficient with an appropriate skill mix to meet people's needs.

Risk assessments were in place and were reviewed regularly.

There were systems in place to manage medicines in a safe way.

Is the service effective?

Good

The service has improved to Good.

Staff received the supervision, support and training that they needed to provide effective care and support to people.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. People's consent was sought appropriately.

People were given choice, and supported to have sufficient food and drink to support their needs.

People were supported to maintain good health and had access to appropriate services which ensured people received ongoing healthcare support.

Is the service caring?

Good

The service remains Good.

People and relatives gave positive feedback about the caring nature of the staff. There were positive interactions between people using the service and staff.

People's privacy and dignity were protected and promoted.

People were able to express their views and be actively involved in making decision about their care, treatment and support.

Is the service responsive?

Good

The service has improved to Good.

Activities were available for people to stimulate and engage them. People were supported to integrate with the local community.

People's end of life wishes had been discussed with them, and documented.

The provider had a complaints procedure to advise people how to make a complaint.

Is the service well-led?

Good

The service has improved to Good.

People were complimentary about the running of the service and the approachability of the management team.

The management team and staff has continued to develop links with external professionals, to develop knowledge and keep updated with best practice. There was a culture of continuous improvement.

Managerial oversight had improved and the leadership was proactive. Audit monitoring systems were in place to ensure that the quality and safety of care was constantly assessed and monitored

CareQuality Commission

Springfields Nursing Home

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 is 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 comprehensive took place over two days: 20 November 2018 which was unannounced, and the 21 November 2018 which was announced. The inspection team consisted of two adult social care inspectors, who were joined on the first day by another adult social care inspector who was shadowing the inspection as part of their induction.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders including the local authority and members of the public and we reviewed the providers Information return. This is a form which asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from health and social care professionals who regularly visited the service.

We met people living in the service throughout the two days and spoke with six people to ask their views. We spoke with four relatives and a health professional who had contact with the service. We also observed the care and support provided to people and the interaction between staff and people.

We spoke with the nominated individual (the person who represents the company), the registered manager, area manager, and eight staff which included, nurses, care staff, the activity organiser and the chef. We looked at three staff records, which included staff recruitment, training and supervision records. We reviewed records relating to five people's care including observation checks, risk assessments, end of life care, pain management, 'This is me' and nutritional records.

We looked at three staff personnel files and records relating to the management of the service. This included the provider's systems for safe administration of medicines, minutes of meetings, fire safety, legionella and environmental risk assessments, training and systems for assessing and monitoring the quality of the

service.

Good

Is the service safe?

Our findings

At our comprehensive inspection of November 2016, we rated this key question, 'requires improvement.' We found improvements were needed in the auditing of medicines and the safe use of bedrails. At this inspection we found improvements had been made and the rating has improved to 'Good.'

People and their relatives told us they received safe care. One person told us they felt safe because, "All the staff are lovely, very happy here." A relative commented that the person had told them that they, "Didn't feel afraid here, someone always at hand," and how it had influenced their decision to move into the service. They told us it meant a lot to them personally, leaving at the end of their visit, "Knowing [the person] was safe."

Staff had received training in safeguarding, which a staff member described as being, "An eye opener," as it gave them an insight into the different types of abuse that can occur. Staff told us they would not hesitate in speaking up and taking appropriate action if they had any concerns that a person may be at risk. One staff member said if a person disclosed abuse to them, they would "Inform my manager straight away, or it involved my manager, I would go higher." Another told us, "I've no qualms about raising issues with the manager, or the owner as the welfare of the person always came first." Records showed where the management had worked with the external agencies responsible for investigating safeguarding, to protect a vulnerable person's interests.

Systems were in place to ensure any risks associated to the premises were assessed and measures put in place to ensure the environment was safe. Equipment, such as hoists, were checked and regularly serviced to ensure they were safe to use and fit for purpose. During the inspection we heard the weekly fire alarm test and checks being carried to ensure there were no problems with the alert system and automatic door closures.

To prevent the risk of people scalding themselves against a hot radiator if they touched, or fell against it in their bedroom, they had been encased. The uncovered radiators in the corridors were not always on but were regulated using a 'slide bar,' variable heat control to ensure they remained at a safe temperature. Although they had been risk assessed, one of the radiators which was on, was hot to touch. This was because it had been put too high. There were no people or visitors using this area however, it did identify a potential risk. On informing the registered manager, they acted straightaway; updated their risk assessment, and put warning signs on the radiators, requesting people not to alter the setting. The provider confirmed that they would source covers to go over the slide bar to prevent the risk of it being moved. This demonstrated the management's proactive approach to managing, and mitigating risk.

As part of reducing the risk of falls, we observed staff ensure that people had a call bell to hand, when they were left on their own. One person told us it was normal practice in case they needed to call for assistance. People's care records contained information on managing risks linked to their individual needs. This included risks associated with pressure sores, bed rails, choking, falls, assisting people to transfer; and action taken to reduce risk. Where people were in bed and had bedrails fitted, staff had ensured protective

'bumpers' were in place to prevent the risk of limbs getting trapped or bruised.

Staff told us they received training in moving people safely. This consisted of a mixture of online training and face to face. Systems were in place for staff to receive 'refresher' training to keep their knowledge and skills updated in best practice. A staff member spoke about how they had benefited from attending the refresher training, "I learnt new things about slide sheets [transfer aid] that I didn't know before."

The service had safe systems in place to ensure people receive their medicines as prescribed. One person told us that they, "Always receive them." Another person commented that it was an, "Important," part of the nurse's role. We observed nurses giving people their medicines in a safe manner.

Records showed that nurses received training and checks of their competency to ensure they were administering medicines safely. Where we identified one discrepancy in a person's medicine record the registered manager was confident that it would have been picked up in the forthcoming weekly audit check. Weekly audit checks enabled any discrepancies to be identified, investigated and addressed in a timely manner. Records showed previous actions taken to investigate and address shortfalls included extra training and competency checks to support continuous safe practice.

We received positive comments from people as to the cleanliness of the service. One person told us that staff, "Keep it clean every day." Policies and procedures were in place to minimise the risk of infections getting passed from person to person. This include the use of single use disposable gloves, and aprons.

Management and staff demonstrated a good understanding of how people's anxieties, physical and mental health could impact on a person's behaviour. In having this understanding, care records showed where staff were able to provide safe support, with empathy and compassion to ensure people's well-being. One relative described how the, "Excellent" support provided by staff in managing one distress. They also said that the management of their actions had resulted in the person changing from showing signs of being very distressed, to looking, "Relaxed and very happy… I'm so relieved."

The provider used a dependency tool to support them in allocating staffing levels. People felt there were enough staff to provide safe care. One person felt that the staffing levels had improved recently. This reflected the feedback we had received from a staff member; "If you had asked a couple of months ago I would have said no." The situation had changed with new staff starting. The registered manager said they had recruited extra staff to cover any planned absences, such as maternity leave.

Systems were in place to ensure people's safety, by carrying out appropriate recruitment checks prior to staff starting work in the service. This supported the service in appointing staff of good character.

Good

Is the service effective?

Our findings

At our comprehensive inspection of November 2016, we rated this key question, 'Requires improvement.' We found the service did not always make sure that people's capacity to consent to care and treatment was properly assessed and recorded to determine people's level of understanding in accordance with the Mental Capacity Act 2005. At this inspection we found improvements had been made and the rating has improved to 'Good.'

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. We found the registered manager was aware of their responsibilities in relation to DoLS and had made applications to the local authority where appropriate. Staff spoke about the training they had received to support them in understanding the principles of MCA and demonstrated an understanding of people's rights to make their own decisions. People's care records contained completed best interest decisions involving relevant people.

People were having their needs assessed, and their care and support planned and delivered in line with best practice by competent staff. Staff told us about the training they had completed to ensure they had the right competencies, knowledge and skills to support people's needs. This included new staff being inducted into the running of the service and receiving training to enable them to carry out their role effectively. A staff member told us they had been shadowing an experienced staff member for two weeks. This supported them into gaining an insight into people's individual preferences and care needs, services routines and paperwork, as well as the layout of the building. Another staff member described their induction as being, "In-depth…I was able to see other shifts with another carer and was shown how to use hoists."

People and their relatives said staff had the skills needed to provide the level of care and support they wanted. One person described staff as, "Very good," in carrying out their different roles; nursing, caring, activities, catering, domestic, administration, laundry, maintenance and gardening. This reflected other comments we received, covering all aspects of the service, which showed that staff having the right qualities and skills, had a positive impact on people's experiences.

Nurses were being supported to retain their professional registration and keep updated with best practice.

Recent training topics attended included supporting people with their PEG (Percutaneous endoscopic gastrostomy], and in monitoring people for signs of Sepsis, so they knew what action to take to ensure the person received prompt medical intervention.

Two relatives provided examples on how well staff had dealt with individual situations effectively. Their comments included, "Couldn't fault the things they [staff] did," and, "It was very distressing but the staff were excellent and sorted it out….I am amazed we found this place, I am so relieved." Both felt it demonstrated that staff have the required skills to improve the quality of the people's health and wellbeing.

Staff received feedback about their practice through supervision and yearly appraisal. Feedback from staff showed that some staff gained more out of the experience than others, depending who was carrying out their supervision. For example, where one staff member said they benefited from gaining feedback about their work, "Nice to know you're doing a good job," and gave them a chance to discuss how their role was evolving, including identifying any training needs. Another referred to it as being more of a tick box process. When we mentioned this to the registered manager, who said they would be sourcing further training to support staff who supervise, to build up their confidence. This will support all staff to have the same positive experience.

People were given choice, and supported to have sufficient food and drink to support their welfare. People and their relatives were complimentary about meals on offer. They told us staff knew about their likes and dislikes. One person commented, "Food is excellent, I am a vegetarian," saying that there was always a vegetarian option available. Another person told us, "The food is good, I enjoy it." They spoke about the choices they were given for breakfast, "I just have tea and toast, I could have had bacon and eggs, but that's what I like."

We observed people eating lunch in the dining room were supported by staff in an unrushed manner, as people chatted with each other, and to staff. To enhance the dining experience, the tables were pleasantly laid out, including fresh flowers and a copy of the menu.

People were asked for feedback on the food. The chef told us how the information would be used in developing the menus and enhancing people's dining experience. For example, where people felt the portion sizes were too big, reducing them to meet people's individual preferences.

Nutritional screening and monthly checks of people's weight supported staff in identifying where people were at risk of being underweight / malnourished. Where staff had identified concerns, advice had been sought from a dietician, and records showed their advice acted on. This included fortifying meals such as adding cream to mashed potatoes to increase the calorie content and offering snacks between meals. A relative commented that the, "Kitchen knows more about [person's] diet than I do, they know exactly what [person] likes, and they are not losing any weight which is a good sign."

People had been referred promptly to health professionals when required. This included the GP, mental health team, dietician and speech and language therapist. One person told us they had been, "Able to continue with their own doctor," as they had lived locally. People new to the area, were supported to sign up with the local practice. One person told us that the local GP regularly visits the service, "Comes once a week," as well as other times when needed.

The service used "This is me" booklets and hospital transfer letters, which supported people moving between healthcare providers, for example hospital, in gaining an insight into the person's needs, wishes and preferences. It included information about their communication needs, what could make them anxious,

and their capacity to make decisions about their care.

People told us that they liked living in the service and the layout met their needs, especially being on one level and having areas to walk around. Two people showed us their bedrooms. One person requested, "Come and look at my lovely room…nice room, nice view." The second person also told us that they were, "Very lucky," to have such a nice bedroom. Both enjoyed the access and views of the extensive gardens and visiting wildlife, Look at the peacocks…. There's the guinea fowl." Another person told us, "The gardens are kept beautifully, the gardener works hard to maintain them."

Discussions with people showed that they enjoyed accessing the gardens, where benches and tables provided seating areas, for people and their visitors. The raised pond, flower bed with sensory plants, which people told us they had been involved in planting, was supported of wheelchair users to be able to view / join in with gardening. The use of sensory plants also supported people with sensory loss and people living with dementia through smell and touch sensory stimulation.

Good

Is the service caring?

Our findings

At this inspection we found the service remained Good in this key question.

People and their relatives told us they got on well with staff, which contributed to the relaxed, homely atmosphere. One person commented that the provider seemed to employ staff with the right values; compassionate, kind and motivated. They pointed out a staff member to us who had helped them dress that morning, "Very helpful…got me dressed and was very kind."

A relative spoke about staff being intuitively caring and sensitive to people's needs, knowing when a person required extra support and encouragement. For example, when they had been upset, "Gave me a hug, made all the difference…Has to come from here [tapping over their heart] not the fact they get paid each month."

Thank you cards sent by relatives of people praised the kindness and compassion of staff. One family wrote, 'Thank you very, very much for all the kindness and care you showed to my [relative]…every one of you in your own way helped us through this dreadful time, we will never forget.' Another, 'Staff were always attentive and caring and we thank you form the bottom of out hearts.'

Two relatives spoke how the warmth of the welcome they received from staff, helped them with the transition of their relative moving into a care service. One told us that the staff member, "Was so nice when we came, I would be happy to approach them if there were any problems." Another spoke about the caring approach they received from staff, "So good to me, just think they are lovely…horrible to visit [person] in a home, but they made it much easier, like visiting friends." A third person told us, "They are very friendly to strangers here." In ensuring a good welcome, this promoted visits and supported people to maintain relationships with those that mattered to them.

People's visitors were seen coming and going freely during the inspection. One person said their visitors came when they liked, although management tried to discourage people's visitors at meal times, so it didn't impact on people's dining experience, which they felt was, "Understandable." A relative told us how being able to "Pop in," for short periods when they liked, which mirrored what they would have done if the person was still living in their own home.

We observed the positive impact of staff's interactions with people which supported each person's wellbeing. Staff acknowledged people when they entered a room or walked by, instigating conversations. Staff were smiling and using banter (when appropriate) when engaging with people which was being reciprocated. Interactions were natural, meaningful and supported people to feel valued. For example, a staff member was sitting opposite a person, asking them about their family. The two-way conversation showed the staff member knew about those who were important to the person.

People told us staff treated them with dignity, respect, listening and acting on what they said. One person said that at first, they had been some issues with staff not always listening, which had been resolved, "Now

the carers listen to me…very good." A relative said that staff understood when a person's illness could impact on their behaviour which resulted in them saying things out of character. They continued to say that staff never took offence and, "Just let it go over their head," and continued to treat the person with kindness and respect.

We observed people's privacy and dignity and independence being respected and promoted. Personal care was delivered in the privacy of people's bedrooms. Staff gained people's consent and involved the person before they provided care.

People were being supported to express their views on the care they received and action was taken to make any improvements where required.

Good

Is the service responsive?

Our findings

At our comprehensive inspection of November 2016, we rated this key question, 'requires improvement.' This is because further work was needed in developing the range and opportunities for people to participate in social activities, using feedback to improve the service and writing information in a more person-centred way. At this inspection we found improvements had been made and the rating has improved to 'Good.'

People told us there was now a range of activities to suit people's individual interests and hobbies. People and staff were complimentary about the activities organiser. One staff member said they would check on people who preferred to remain in their bedroom. One person told us, "Lovely, always comes to check I'm okay." A staff member said they felt the range of activities available met people's needs and said, "Activities are really good, we have a lot of people who are in bed, but the [activities person] goes around." This ensured that people did not feel isolated.

Photographs were displayed around the service, and a photograph album showed ongoing social activities people had participated in. This included a Wimbledon themed morning with the local nursery children, clog dancing, sunflower growing competition for the keen gardeners, and hat decorating for the Royal wedding street party.

People's care records and minutes of residents' meetings, showed that people were being asked their views on the activities, which were being listened to and acted on. This supported staff in continually adapting their activity programme to meet current people's interests. A new concept which had been introduced was the, 'Residents wishing tree', where people could attach a 'leaf' stating their wish. One wish which had been granted was for a visit to 'Beth Chatto Gardens' which the person shared, and enjoyed with others they had invited along.

The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. People and their relatives spoke about the support they had been given by management and staff during the pre-assessment process, answering any questions which helped them decide if the service could provide the care, support and environment they were looking for; which they told us it did.

People told us that staff consulted with them on how they wanted to be supported and checked to ensure the care they were receiving had been documented in their care plans accurately. One person told us staff would bring their care plan, and "Always ask if that's okay with you," when confirming what was written.

Care plans provided information and guidance to staff on what was important to the person, their preferred routines, likes and dislikes, and support they required from staff to ensure their health and well-being. There was information on what the person could do for themselves and where they needed support which supported staff to learn about the person and their wishes and be able to provide care in a person-centred way.

Staff were knowledgeable about people's individual routines and supported people in their preferred way. For example, one person liked to have a lie-in, breakfast in bed, and get up just before lunch and staff supported the person with this choice.

People were being supported at the end of their life to have a peaceful, dignified death. The service was working towards accreditation for the Gold Standards Framework; a nationally recognised set of standards designed to support staff in providing people with systematic, proactive, person-centred, co-ordinated, end of life care. Staff spoke about the positive impact of going through the training and accreditation, as it supported them in gaining an understanding the dying process and in knowing how to support the person both physically and emotionally along with those, those close to them. A bereaved relative spoke about the gratitude they felt to staff in helping them through a difficult time.

Comments seen in thank you notes from bereaved relatives, also reflected what we had been told. These included 'Always be very grateful to staff' for ensuring their relative's last few weeks of life, 'were made comfortable…surrounded by kindness.' 'I could not have been more confident that my [relative] was in very good hands, and receiving the best possible care.' 'Everyone of you in your own way helped us through this dreadful time, we will never forget.'

The complaints procedure was available in the service. People and relatives said they would be happy to raise a concern with the nurses and management, and felt confident that action would be taken. The registered manager viewed any complaints or concerns as an opportunity to learn and as a trigger to drive improvement. For example, where concerns have been raised about the peacocks soiling pathways, action had been taken to address and monitor the situation.

Good

Is the service well-led?

Our findings

At our comprehensive inspection of November 2016, we rated this key question, 'requires improvement.' We found further work was needed developing their quality assurance processes, to support them in identifying any shortfalls, and taking action to address them to support continuous improvement. At this inspection we found improvements had been made and the rating has improved to 'Good.'

A relative commented that the service was, "Pretty well run," and, "I have every trust" in the registered manager. People told us that the registered manager was actively involved with the day to day running of the service, which enabled them to observe and gain feedback on people's experiences of the service they were receiving.

People and their relatives also spoke about the 'good rapport' the registered manager had developed with their staff. One relative spoke about the service being able to retain staff which they said was, "A good thing." Another relative who had described the registered manager as "Good" commented, "They all seem to love her [registered manager] and staff have a laugh with them. I like knowing that." They felt management and staff got on well together, supported a friendly atmosphere for people living there.

Staff described the registered manager as being approachable and worked alongside the staff team. Comments from staff included, "So far so good, I find them [management] approachable." Another staff member felt the service was well led and said it was, "Because they are very approachable, and if there is an incident you aren't happy with, they deal with it. This home is like a home from home, any issues are managed."

Since our November 2016 inspection, the provider had added an extra tier to their senior management team with the appointment of an area manager. They visited the service regularly, carrying out quality audits of the service, and supporting the registered manager. This included carrying out their supervision, providing feedback from audits, producing action plans and prioritising work, as part of driving continuous improvement.

The senior management team encouraged open communication with people who used, and worked in the service. People, their relatives and staff told us they were all approachable, and had a presence in the service. A staff member told us, "I can chat with any of them. There was a problem once and I had an issue and it got sorted straight away."

Residents and relatives' meetings, along with the 'Springfields' newsletter provided forums to keep people updated on what was happening in the service. We saw they provided information and photographs on recent events people had taken part in, as well as upcoming events. People were encouraged to contribute to the resident's page, and the staff news page enabled the service to keep people updated on any staff changes.

Following feedback from residents and relatives' meetings, 'We are listening' posters were displayed in the

service, under headings of 'you said' and 'we did' showed what action had been taken in response to suggestions raised. For example, where people said that more trips out would be nice, the service had signed up with the community transport scheme which had allowed more outings to be arranged using a wheelchair friendly minibus. The provider had recently sent out a questionnaire to people, relatives or their representatives to ask their views of the service and were awaiting their return; when they would analyse the responses, and respond to the feedback given.

The provider and registered manager had a strong focus on continuous learning and development at all levels. They worked in partnership with external agencies and providers to support care provision. For example, working with the local hospice as part of the Gold Standards Framework accreditation.