

# Springfield Rest Home Limited

# Springfield House

## Inspection report

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Tel: 01684574248

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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 on 10 May 2018 and was unannounced.

Springfield is a residential care home for 20 people with dementia. There were 20 people living at the home at the time of this inspection. Springfield House 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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

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 living in the home told us they felt safe and that staff support and guidance made the home safe. People told us that staff assistance maintained their safety and staff understood how they were able to minimise the risk to people's safety. We saw staff help people and support them by offering guidance or care that reduced their risks. Staff understood their responsibilities in reporting any suspected risk of abuse to the management team who would take action. Staff were available for people and had their care needs met in a timely way. People told us their medicines were managed and administered for them by staff. Infection control measures were in place to prevent the spread of infections and where incidents or accidents had happened the provider had reviewed and made changes where needed to ensure that learning from these events took place.

Staff knew the care and support needs of people and people told us staff were knowledgeable about them. Staff told us their training courses and guidance from the registered manger helped to maintain their skills and knowledge. People were supported to have 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.

People had a choice of where they ate their meals, and enjoyed the meals offered. Where people needed support to eat and drink enough to keep them healthy, staff provided assistance. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People were seen talking with staff and spent time relaxing with them. Relatives we spoke with told us staff were kind and friendly. Staff told us they took time to get to know people and their families. Family members were updated about their family member's well being from staff. People's privacy and dignity was supported

by staff when they needed personal care or assistance. People's daily preferences were known by staff and those choices and decisions were respected. Staff promoted a people's independence and encouraged people to be involved in their care and support.

People's care needs had been planned, with their relative's involvement where agreed. Care plans included people's care and support needs and were reviewed and updated regularly. People told us activities were offered in the home which were of interest to them.

People and relatives were aware of who they would make a complaint to if needed. People told us they would talk through things with staff or if they were not happy with their care.

The manager provided leadership for the staff team and people had the opportunity to state their views and opinions. The provider worked in partnership with other local agencies to promote people's well-being. The provider had a range of audits in place to monitor the quality and safety of people's care and support. Action plans were developed to maintain the home and care of people. The provider's planned improvements were followed up to ensure they were implemented.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Springfield House

## **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.

Springfield House 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.

Inspection site visit activity started and ended on 10 May 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We reviewed the information we held about the home and looked at the notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority who are responsible for commissioning care for some people living in the home.

During the inspection, we spoke with 13 people who lived at the home and two visiting friends and relatives. We also spoke with three care staff, the cook and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the risk assessments and plans of care for three people and their medicine records. We also looked at provider audits for reviewing people's care, the home environment and maintenance checks, Deprivation of Liberty authorisations, complaints, an overview of the last two months incident and accident audits, staff meeting minutes and 'residents' meeting minutes.

# Is the service safe?

## Our findings

At the time of our last comprehensive inspection in April 2017 we rated this question as Good. Following this inspection the rating remains Good.

All of the people we spoke with felt the home offered a safe environment and they had no concerns about their well-being. One person told us, "They [staff] tell it like it is, they don't hide things." People's friends and relatives were confident that people were safe and staff ensured people remained safe. One relative told us, "I never worry about [Person]."

Staff we spoke with told us they would report to the registered manager any concerns about people's well-being if they suspected or saw something of concern. Staff understood their responsibilities to safeguard people and told us they were confident in the management to ensure people remained safe. One relative told us, "You can chat to any of them [staff] here, they are quite strong on it [responding to safety concerns]." The registered manager demonstrated they had acted upon concerns raised by notifying the local authority and CQC as needed.

Where people had risks associated with their care the required equipment had been identified and put in place. Where people needed support from staff to maintain their safety staff were available and knew the support and guidance to offer, for example we saw two staff assisting a person to walk. One relative told us, "No-one has to call for help as the staff are always around." Staff we spoke with knew the type and level of assistance each person required, for example, where people required the aid of hoists or specialist wheel chairs. We saw that staff supported people safely and offered reassurance when being hoisted. The equipment had been maintained with the use of external contractors and daily checks completed by staff.

People's care plans contained details of their risk and how staff should support people. Staff we spoke with were aware of people who may become anxious or upset, and how to provide their care to support the person to remain safe. Where an incident occurred, reviews of people's care needs including health professionals took place in order to try and determine why the incident may have occurred, in order to prevent further incidences. For example, one person had been referred to the mental health team to better understand their needs. All staff we spoke with told us that any changes were always addressed without delay and they were informed of any changes.

All people we spoke told us staff were available at the times they needed them. We saw that staff were available in the communal areas and responded to people's requests and call bells in a timely way. We saw staff assisted people without rushing and made sure nothing further was needed. One relative told us, "[Person's name] is never alone; there's lots of people [staff] and she hates being on her own." Staff told us they had time to spend with people and we staff were available to support people throughout the inspection.

People's level of need were assessed by the registered manager so they knew how many staff were needed to provide safe care to people. This was reviewed frequently or as people's needs changed such as end of

life care or a discharge from hospital.

All people were supported by staff to take their medicines every day. Staff who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. When people needed medicines 'when required' some information for staff about how to administer this in a consistent manner was available alongside the medicine administration records (MAR) folder. However, the registered manager agreed that further information would be added in relation as to why a medicine may be needed. Where a person has been assessed as not having capacity to decide upon their medication options, the provider had a covert medication record in place. This had been agreed through a best interest meeting with the involvement from the GP and medical practitioners. People's medicines records were checked frequently by management team to ensure people had their medicines as prescribed.

People and relatives felt the home was clean and staff were in post to maintain the cleanliness of the home. There had not been any infection control concerns and no infectious outbreaks had happened. The home was clean and odour free and a programme of re decoration was in place. We saw staff used protective equipment, such as gloves and aprons when needed.

The provider had systems in place to review and monitor incidents and accidents that happened. The registered manager reviewed each incident or accident and completed a monthly review to look for trends or emerging themes. Where needed, action had been taken to improve practice or make changes to the environment.

# Is the service effective?

## Our findings

At the time of our last comprehensive inspection in April 2017 we rated this question as Good. Following this inspection the rating remains Good.

People that we spoke with were happy that staff understood their care needs well and provided the care they wanted and needed. Relatives said that staff and management were knowledgeable about their family member's care needs and the support they needed. Care plans showed that people had been supported to have improved health outcomes such as people who had maintained a healthy weight and wounds that had healed. The registered manager had assessed each person's needs before they came to live at the home to understand and know they would be able to meet that person's needs. The staff also took advice that had been given by community nursing team and GPs.

Staff told us about the needs of people they supported and how they had the knowledge to support and respond accordingly. Staff we spoke with told us the training was focused on practical courses, such as first aid, caring subjects such as living with dementia and they had the opportunity to gain externally recognised social care qualifications. All staff we spoke with told us that the management team supported them in their role to provide good quality care for people. Staff told they had supervision (one to one meetings with their manager), which supported them in their understanding and development of their role of caring for people.

People told us they enjoyed their meals and were able to ask for an alternative to the menu. The chef provided a variety of meals that considered people's cultural, religious and health needs. Staff understood the need for healthy choices of food and were able to tell us about people's nutritional needs, such as soft options or assistance people required during meal times. People had access to drinks during the day or people were able to ask staff for them. One relative told us, "They [people] always have drinks out." People who were at nutritional risk were monitored to ensure they maintained a healthy weight and referrals were made to external professionals for advice and support when needed.

People had seen opticians, dentists and were supported to see their GP when they required it. One person said, "They [medical professionals] have all come in at various times." Records showed where advice had been sought and implemented to maintain or improve people's health conditions. The management team had developed good working relationships with local health care professionals. For example, the community nursing team had attended to provide people with specialised care. People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly.

People were able to move freely around the home and had many communal areas to choose from. These included a quiet lounge, sensory room and people accessed the outside garden area which was secure. People told they chose to spend their time in the communal areas or their bedrooms.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People had agreed to their care and support and had signed consent forms where needed. Where a person had been assessed as needing help or support to make a decision in their best interest this had been recorded to show who had been involved and the decision made. Where people had appointed a person to make decisions on their behalf, these had been involved in any decisions made. All staff we spoke with understood the MCA and that all people have the right to make their own decisions. Staff knew they were not able to make decision for a person and would not do something against their wishes.

DoLs authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person.

# Is the service caring?

## Our findings

At the time of our last comprehensive inspection in April 2017 we rated this question as Requires Improvement. Following this inspection the rating has changed to Good as there were improvements in personalised care for people.

People we spoke with told us about how they found living at the home and one person told us, "They [staff] are very nice people; you could not wish for more." People told us how the staff were kind, caring and attentive to them. One person told us, "It's a happy place." People were comfortable with staff who responded with fondness and spoke about things they were interested in. We saw one staff member chatting to a person about their favourite animals.

The atmosphere in the communal areas varied throughout the home from quiet and calm with staff and people enjoying their time together to more lively areas with people and staff singing and dancing. One person told us, "You've got company and they [staff] all know you."

We saw people and their family and visitors had developed friendships with the staff. We saw that visitors were welcomed by staff at the home who took time to chat with them. One relative told us, "[Person's name] has been made so welcome the staff interact with them all the time." Relatives told us there were no restrictions on visiting and came whenever they wanted.

People told us the staff involved them with the care they wanted daily, such as how much assistance they needed or if they wanted to stay in bed or their bedroom. People told us they were free to spend time where they wanted and their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff. One person told us, "I can have breakfast where I want. If I want it in bed, I can press the button."

All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first. Staff respected people's everyday choices in the amount of assistance they may need and this changed day to day. One person told us, "He [staff member] is a very nice man. He looks after us."

People told us about how much support they needed from staff to maintain their independence within the home. People told us staff offered encouragement and guidance when needed. People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. One relative told us staff were considerate of people's privacy and had been asked by staff to ensure that doors were closed if they were helping their family member with personal care. When staff were speaking with people they respected people's personal conversations or request for personal care.

The ethos of the home was to be inclusive and respectful of people and their families. The management team were involved with people and their lives. One person told us, "The people who own it, run it, have been very good to me." One relative told us, "The owner is lovely; he knows all the residents."

## Is the service responsive?

### Our findings

At the time of our last comprehensive inspection in April 2017 we rated this question as Good. Following this inspection the rating remains Good.

People we spoke with told us they received the care and support they wanted. In three care plans we looked at, they showed how people's health and well being had been reviewed consistently and improvements were noted in people's weight and skin conditions. One relative was particularly pleased that their family member's health and well-being had improved since living at the home. Relatives told us they were confident that their family member's health was looked after and were informed of any changes or updates. One relative told us, "The communications are brilliant" and that they always knew how their family member was and notified of any changes.

Staff told us they recorded and reported any changes in people's care needs to external professionals who listened and then followed up any concerns. People's needs were discussed when the staff team shift changed and information was recorded and used by staff coming onto their shift to ensure people got the care needed.

People told us about their hobbies and interests and the things they could do day to day and how they chose to take part in group activities. One relative told us, "If anyone's got a particular interest like [name of resident] and her knitting they make sure it happens. They play games and get them all into the garden for fresh air." On the day of the inspection visit a reflexologist attended to people and staff helped people with arts and crafts. On many occasions throughout the day there were impromptu singing and dancing which people were seen to enjoy. People were also supported with religious choices and received visits from local churches and had the opportunity to attend the local services.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. One relative told us, "I would tell anyone if I wasn't happy. They all listen, you don't feel you can't say anything." Staff and the registered manager said where possible they would deal with issues as they arose. The manager had recorded, investigated and responded to complaints and shared any learning with the staff team. This included replacing missing items and reminders at staff meetings and supervisions to ensure care documents are accurately completed.

The accessible information standard looks at how the provider identifies and meets the information and communication needs of people with a disability or sensory loss. It relates to keeping an accurate record and where consent is given share this information with others when required. Staff told us they addressed the needs of each person as an individual. The provider had equality and diversity policies and procedures in place, which staff knew about and told us the policies were easily accessible if needed. Staff were able to identify people's needs as part of the initial assessment process and during reviews with people.

We spoke with staff about how people were supported at the end of their life. An end of life care plan was available which was person centred and recorded the wishes of the person in the event of their death. Where

completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussions had been done in a timely and sensitive manner. DNACPR records shows medical staff the person wishes not to be resuscitated if their heart stops. In addition, relatives are invited to visit whenever they wish.

## Is the service well-led?

### Our findings

At the time of our last comprehensive inspection in April 2017 we rated this question as Good. Following this inspection the rating remains Good.

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 and their relatives were complimentary about the provider and the management team at the home and the positive relationships that had been developed. One person told us, "The manager is always around: very present." Relatives were informed of changes within the home and people who lived at the home had developed a newsletter that was shared with other people and family members. People, staff and visiting relatives we spoke with felt everyone in the home worked well together and everyone we spoke with said they would recommend the home to friends and family. The staff team told us that the management team and provider made sure people were cared for. Regular staff meetings were held and staff told us they were encouraged to make suggestions and were listened to. The staff team was led by the registered manager and the staff team told us they enjoyed working at the home.

There were regular meeting for 'residents and relatives' where they were able to discuss plans for the home such as wall colours in people's rooms, how best to improve ventilation at the home and the overall designs of the communal areas. People and relatives also told us they were encouraged to ask questions or raise concerns.

The provider had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. The registered manager had submitted these audits as reports to the provider. This ensured the provider was aware of how the service was doing and the provider made regular visits to ensure these audits were a true reflection of the home and the care provided. Where shortfalls were identified as a result of the audits, an action plan with timescales was put in place to ensure improvements were made. Any accidents and incidents were reported on and were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible.

The manager felt supported by the provider to keep their knowledge current. The provider also referred to CQC and Skills for Care for support in guidance about best practice and any changes within the industry. They also worked with specialists with the local area to promote positive working relationships. For example, the local authority commissioners and people's social workers. The manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the entrance hall way.