

Care Consortium (Biddulph) Limited

Springbank Nursing Home

Inspection report

Mill Hayes Road
Knypersley
Stoke On Trent
Staffordshire
ST8 7PS

Tel: 01782516889

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08 March 2016

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13 April 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 October 2015, and we found breaches of legal requirements. After the inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the way risks were assessed and managed, improvements to medicine administration and actions to be taken to ensure that the quality of the care provided was regularly assessed and monitored.

We undertook this focused inspection on the 8 March 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springbank Nursing Home on our website at www.cqc.org.uk

At this inspection we found that the provider had made the required improvements to meet the legal requirements in the areas we inspected, but further requirements were needed to ensure that the service were providing a good standard of care.

Some improvements were still needed to ensure that people who needed topical creams were supported with these as prescribed. Improvements were needed to ensure that staff had guidance to follow when administering 'as required' topical creams.

Improvements had been made to the way other medicines were administered and managed.

People's risks were assessed and managed. Staff understood people's risks and followed the assessed plans of care to protect people from harm.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service, but some further improvements were still required.

Some improvements were still needed to ensure that people who needed topical creams were supported with these as prescribed. Improvements were needed to ensure that staff had guidance to follow when administering 'as required' topical creams.

Improvements had been made to the way other medicines were administered and managed.

People's risks were assessed and managed. Staff understood people's risks and followed the assessed plans of care to protect people from harm.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve how the service was managed.

Improvements had been made to the way the service was managed and the provider had employed an external consultancy to ensure that improvements were made at the service and sustained by the newly appointed manager.

Systems were in place to assess and monitor the service provided and there was an improvement plan in place to continue to make improvements to the service.

Requires Improvement ●

Springbank 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Springbank Nursing Home on 09 March 2016, which was undertaken by one inspector. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 13 October 2015 had been made. We inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some of the legal requirements.

Prior to the inspection we reviewed information that we held about the provider and the service which included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns. We also spoke with local authority commissioners that had been involved with the service.

We spoke with five people who used the service, one relative, three care staff and two managers from an external consultancy company that had been employed to make improvements to the service. We observed care and support in communal areas and also looked around the home. We viewed six records about people's care and records that showed how the home was managed. We also viewed six people's medication records.

Is the service safe?

Our findings

At our last inspection on the 13 October 2015, we found that there were breaches in Regulation 12. We asked the provider to make improvements for people. We also asked the provider to make improvements to the way people's risks were managed and to ensure staff understood how these needed to be followed. We asked the provider to make improvements to the way medicines were managed. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that the provider was meeting the regulations, but there were some improvements that were still required.

We found that there were still some improvements needed to the way people's topical creams were recorded. We found that the topical cream charts had not always been completed by care staff when creams had been applied, which meant that it was unclear whether people had been supported with the administering of their prescribed creams. Further improvements were needed to ensure that there were clear guidelines for staff to follow for people who needed topical creams to be administered 'as required'.

We found that improvements had been made to the way medicines were administered. We observed the morning and lunchtime medicine round being carried out by the nurse on duty. We saw that people received their medicines on time and in a dignified way. For example; one person needed to be supported to have eye drops administered and they were asked if they would go to a private area. The Medicine Administration Records (MARs) had been improved and each person's record had a photograph to enable people to be identified easily if new staff or agency staff were on duty. We checked people's MARs against the amount of stock held at the service and found that people's medicines balanced, which meant that people had received their medicines as prescribed and improvements had been made to the way medicines were managed.

We found that people's risks were assessed and monitored. People had risk assessments in place, which we saw were followed by staff. For example; we saw that people who had been assessed as requiring a pressure cushion to lower the risk of developing a pressure sore had been supported to use the pressure cushion. We saw that where people were at risk of falls there were support plans in place, which had been updated when there had been any changes to lower the risk of further falls.

Staff explained how they supported people in a way that ensured people's risks were lowered and people had manual handling risk assessments in place. We saw that people were supported to move in line with their plans, which detailed the equipment required and the number of staff needed to support people safely. For example, we saw one person's risk assessment stated that they required assistance to mobilise with two members of staff and we saw this was carried out by two staff.

Is the service well-led?

Our findings

At the last inspection on the 9 October 2015, we found that there was a breach in Regulation 17. We asked the provider to make improvements to the way that the service assessed and monitored the quality of the care provided. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that improvements had been made.

We found that there had been some improvements to the way the service was managed, but further improvements were needed to ensure that these systems were imbedded and sustained by the new manager. For example, we saw that a newly implemented system for the administering of topical creams had been implemented. However, we found that there were gaps in the recording of the creams. We raised this with the consultancy managers who were unaware of these concerns. The consultancy managers told us that they were constantly improving the service and they would be supporting the service and the newly appointed manager to meet the standards required. We saw there was an improvement plan in place which showed that there were still some outstanding actions and the consultancy managers had a clear timescale to show when these would be achieved.

People and staff told us that improvements had been made at the service since the last inspection. One person said, "It's a lot better. I haven't got any complaints". Another person said, "I always get support when I need it". Staff told us the improvements at the service had given them motivation and they were able to support people better. One staff member said, "Things have really improved here for the residents. We have had a lot more training and the new management have steered us in the right direction. We now have more staff too which has been a really big improvement". Another staff member said, "I think it is a lot better and will continue to improve. Morale has been a lot better since the last time you [CQC] inspected". Another staff member said, "The home is a lot more relaxed and less chaotic because there is more structure and we know what is expected. The manager is relatively new but they seem like they know what they are doing". We saw that people were relaxed and staff were motivated and enthusiastic about their role, which created a positive atmosphere in the service.

Staff told us that they had received training which helped them to carry out their role effectively. We saw that there was a schedule of required training and staff had been observed carrying out their role which ensured they had understood and put into practice the training they had received.

The external consultants had implemented and maintained systems to assess and monitor the quality of the service provided. We saw that audits had been undertaken by the consultancy managers and any actions that needed to be taken had been recorded. These audits included checks on care records, complaints, safety checks on equipment and food and fluid charts. We saw that where issues had been identified action had been taken. For example; we saw that a person's food and fluid intake was poor and a referral had been made to the speech and language therapy team. The advice the service received was followed and the person was monitored to ensure they ate and drank sufficient amounts.

We saw that there was also a monthly audit to assess accidents at the service undertaken by the newly

appointed manager. These were monitored by the consultancy managers and we saw that there were comments recorded to ensure that the manager had completed the required actions. For example; where a person had fallen their risk assessments had been updated to lower the risk of further harm.

We found that the provider had implemented a system to assess the required levels of staff needed to meet people's assessed needs. We found that there had been improvements to the amount of staff that were available to meet the health and social wellbeing of people who used the service. For example; we saw there were enough staff to meet people's needs in a timely way, which was unrushed and kept people safe.