

HC-One Limited

Springwater Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected the service on 3 and 4 March 2015. Springwater Lodge is registered with the Care Quality Commission to provide accommodation for up to 60 older people with varying support needs including nursing needs and dementia care. On the day of our inspection there were 38 people living at the home.

The home had a registered manager. 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.

Summary of findings

People could not be assured their medicines would be managed effectively and they would be given these as they were intended to be given. There were some areas of the home where improvements regarding cleanliness were needed.

Staff knew how to keep people safe and to raise any concerns if they suspected someone was at risk of harm or abuse. Staff understood the risks people could face through everyday living and how they needed to ensure their safety. There were sufficient staff on duty to meet people's needs and any absences from work were covered.

Staff received training to ensure they had the knowledge and skills to provide people with safe and appropriate care. People's right to make decisions for themselves when they were able to was protected.

People were provided with sufficient food and drink to maintain their health and wellbeing, and they praised the standard of food provided. People were supported to receive any healthcare they needed and any healthcare advice provided was acted upon.

People were treated with dignity and respect and they felt staff were always kind and respectful to them.

People's care plans did not provide staff with all the information they needed to support people appropriately. People felt they could raise any concerns they had and we saw when they did these were acted upon.

People living at the home and the staff team had opportunities to be involved in discussions about the running of the home and they felt the registered manager provided good leadership. There were systems in place to monitor the quality of the service and identify what was working well, and if any improvements were needed.

Summary of findings

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.

People may not receive their medicines as intended due to errors in the handling and administration of medicines. Some areas of the home were not kept sufficiently clean.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

Care and support was provided when people needed it as there were enough staff available to meet their needs.

Requires improvement



Is the service effective?

The service was effective.

Training gave staff the skills and knowledge to effectively support people who used the service.

People were involved in planning their care and they were encouraged to make their own choices and decisions.

People enjoyed their meals and were encouraged to have a healthy and balanced diet. People's health was monitored and responded to appropriately.

Good



Is the service caring?

The service was caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs.

People's privacy and dignity was respected and promoted

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their changing needs and were supported with their interests and hobbies.

People who used the service were comfortable to approach the registered manager with any issues. Complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

The registered manager encouraged openness throughout the service and all staff had opportunities to review and discuss their practice regularly.

Good



Summary of findings

The registered manager and the provider were approachable and sought the views of people who used the service, their relatives and staff.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to make changes and improvements.

Springwater Lodge Care 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. We looked to see if improvements had been made in relation to staff knowing how to keep people safe and protect them from abuse.

We inspected the service on 3 and 4 March 2015. This was an unannounced inspection. The inspection team consisted of two inspectors, a specialist advisor, who had specialist knowledge of supporting people with dementia care needs, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and action plans sent to us by the provider. We reviewed information from members of the public and health and social care professionals. We also reviewed statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with 13 people who used the service, 11 staff, the registered manager and a senior manager. We also spoke with seven relatives of people who used the service.

We made general observations of care being delivered in communal areas. We looked, in detail, at the care records of three people who used the service and extracts from others. We also looked at staff training records and a range of records relating to the running of the service including quality audits carried out by members of the senior management team on behalf of the provider.

Is the service safe?

Our findings

People were not always protected against the risks associated with medicines because, although the provider had appropriate arrangements in place to manage them safely, these procedures were not always followed. We found the records made on the medicine administration records (MAR charts) to show when people received their medicines were inaccurate.

Out of the 14 MAR charts we checked we found 11 where people had not been administered one or more of their medicines correctly. When we looked at the medicines we saw that sometimes the medicine had not been given, and sometimes it had been given, but not signed for on the MAR chart. We also saw that there were no photographs on some of the MAR charts to help staff identify they were administering medicine to the correct person.

Additionally we found when people were administered creams and lotions, records to show these had been applied were not correctly completed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During a tour of the building we found that pieces of equipment and areas of the home were not kept to the standard of cleanliness required to control and prevent the spread of infection. Cleaning materials and equipment were not stored in a way that ensured they were free from any infection, so there was a risk they could contain an infection and pass this on. For example we saw some cleansing wipes were not kept in protective covers and some furniture was stained. We also found some maintenance issues had not been attended to which provided an opportunity where infection could manifest, such as a broken radiator cover and some broken tiles.

People who spoke with us said that the home was safe in terms of the environment and the level of care and support they received. One person told us, "I love it here. I definitely feel safe." Another person told us, "I think we are all safe here. Staff treat us very well."

Relatives spoke positively about the main entrance to the home being locked. One relative told us, "Security is very important nowadays. We don't mind waiting to be let in if it means people cannot just walk in off the street."

Staff had received training in protecting people from abuse. In conversations with us staff demonstrated a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the different types of abuse people may face and knew the signs to watch for to indicate this was happening. They also understood the process for reporting concerns. Senior staff knew how to refer incidents to the local authority safeguarding team if needed. The registered manager told us how they had made referrals to the local authority safeguarding team and worked with social care professionals to keep people safe. One staff member told us, "People are safe here and I believe that they receive a good service."

One person told us how they had been supported following a fall and helped back onto their feet. The person said, "I felt safe throughout although it was a new experience for me. Staff told me what they were doing every step of the way."

We observed staff supported people safely when delivering personal care. For example, staff took care to position people so they were sitting in an upright position before supporting them with food and drinks. A staff member told us, "We are careful with everyone but some people are a high risk of choking, and we want to keep them safe." We did not see staff using equipment to support people to move as a high number of people remained in bed, however staff told us that they received training to support safe moving practices and had the necessary equipment should they need to use it.

Staff showed a good understanding about promoting people's rights and choices while keeping them safe. They told us how people's safety was their priority but that they also supported people with their independence. They said that when this was an issue they worked with senior staff and approached health professionals for guidance and support. This showed that staff recognised their responsibilities in relation to offering a safe service.

Assessments of risks to people's health and safety were carried out and recorded in care plans. We saw assessments of a range of risks including, the risk of falling and developing pressure ulcers. We found that some assessments were lacking in detail, however staff were aware of what action they needed to take to keep people safe. We saw that accidents and incidents were recorded, monitored and reviewed. This meant that the registered manager could update support plans as necessary to keep

Is the service safe?

people safe. They could also identify any trends and make changes appropriately to ensure people's safety and wellbeing. We noted there had been few accidents and incidents suggesting that these processes were working well.

Procedures were in place to protect people in the event of an emergency, such as a fire.

People told us that they thought there were enough staff on duty at all times to meet their needs. They told us that mornings were a busy time and they may have to wait for a short while until it was their turn. One person said, "We know that some people need more support in a morning. We don't mind waiting."

We saw that the registered manager used a 'dependency tool' to identify staffing levels within the home. We saw that the tool currently reflected the number and needs of the people who used the service. The registered manager told

us that staffing levels were being constantly reviewed in response to changing needs and circumstances. People who used the service, staff and relatives all considered that there were sufficient staff on duty to meet people's care and support needs.

We looked at the recruitment files of three people who had recently started working at the home. We saw that required information to demonstrate that only suitable staff were recruited to support the people who used the service was contained in two of the three files reviewed. The third file was missing information that the registered manager needed to consider before making a decision about the staff member's suitability. This meant that not all new staff were properly vetted to ensure they had the right attributes to care for people and ensure their safety. The registered manager was fully aware of their role in relation to ensuring safe recruitment practices were followed and could not explain this oversight.

Is the service effective?

Our findings

Staff told us that the training they received was relevant to the type of work they did and relevant to help them understand the needs of the people they supported. Staff said that the majority of their training was completed 'online' through ELearning.

Some staff spoke of additional training they would like, including more in depth training on working with people living with dementia and providing end of life care. One staff member told us, "People need more care and support and we want to be able to support them effectively. Although training is available to us we would welcome more." A senior manager told us this training was available and staff would be able to access this. The registered manager reviewed what training staff had completed and followed up with staff who had not completed all the training they were required to.

Staff told us that they could make training requests when they met with the registered manager. This meant that staff could have an input into their training needs to ensure they offered effective care.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

Staff who spoke with us had received training in relation to the Mental Capacity Act 2005 and DoLS. They had a basic knowledge of its implications in practice and told us they were confident that there was no one currently having their liberty deprived at the home. This was confirmed by the registered manager and we did not see anything that we considered to be a deprivation of anyone's liberty.

Everyone we spoke with said that they were happy with the quantity and quality of the meals, snacks and drinks

provided. One person told us, "The food is lovely. There is plenty to eat and drink here." Another person told us, "The food is brilliant. Anything you don't like they get you something else."

We observed that staff supported people discreetly to eat and drink appropriately in communal areas. People received effective support and the mealtime in the main dining room was a relaxed and unhurried experience. People who chose or needed to have their meal in their rooms were provided with this, and any support they needed, after people in the dining room had been supported. A dietician had advised that a named person should be given some supplementary drinks. Although these drinks were on site staff had not started to offer these to the person.

People who used the service told us they saw health professionals whenever they needed to. Two people told us that they had been seen promptly when they were poorly. This offered reassurance that their health needs were being effectively met.

Relatives shared positive examples of how staff had worked with them to promote people's wellbeing when they became unwell. Relatives told us that medical assistance was always requested promptly and that staff spoke with them about keeping people safe.

When people were unable to tell us how their health needs were managed we looked at their care plans. These showed that when people's needs changed staff worked with healthcare professionals or other specialists for advice and support. We saw that changes were documented within people's care plans to ensure continuity of care. We spoke with four health professionals who were very positive about the way staff followed their guidance and asked for help when they needed it. The health care professionals felt that staff were responsive to people's changing needs and worked well with them to make sure that people received the best service.

Is the service caring?

Our findings

Without exception people who used the service and their relatives said that staff were extremely caring. One person told us, “I can’t fault the staff. They are all lovely.” Another person said, “Staff are always respectful and kind.” They went on to say, “You should see how they look after people when they are poorly. It’s lovely.” Another person told us, “This is a lovely, lovely home and the staff are kind, caring and thoughtful. I’m so glad I came here.”

We saw staff catered for people’s individual likes and preferences. For example, we saw a staff member made a drink for one person and remembered that they did not like milk. We saw another staff member asked a person where they would like to sit, and then accommodated that decision by making slight adjustments to the environment so that they could be comfortable.

People’s diversity was identified and respected. We saw people’s religious beliefs and cultural values were recorded in their care plans. We also saw that people’s significant family, friends or professionals were identified and their contact details documented. People told us that staff made sure their visitors always felt welcome when they visited, and this was important to them.

Visitors to the home told us that they were always made to feel welcome. We saw staff interact positively with visitors and offered them drinks and snacks. Staff also had time to speak with visitors in private sharing updates and progress reports. One family spoke to us about the kindness and support that staff had shown them during a particularly difficult time. They said that by working so closely and personally the person who used the service had received a high standard of care at all times. Relatives also shared examples of how staff’s attention to detail had made a positive impact on their ability to cope.

People told us that staff met their needs in ways that they preferred. One person told us how they had helped staff write their care plan. Another person said, “They did an assessment and then wrote everything down. I was able to say what I liked and more importantly what I didn’t like.”

Relatives told us that they were asked to support assessments and reviews to ensure that information was shared about things that were important to the person who used the service. One relative told us, “Their systems for involving us are effective and this can only be good for [name]”. Another relative told us that they had been fully consulted and involved in developing their family member’s care plan and had been asked about, “Little things that make a difference”.

People who used the service shared examples with us of how they had been supported sensitively and discreetly. One person told us, “They recognise your fears and they help you relax.”

We saw staff supported people appropriately at mealtimes. People were encouraged to be as independent as they were able to be, but support was available when they needed a little help or prompting. One staff member told us, “Some days people can manage but other days they need a little help. It depends how they feel. We help as needed. No two days are the same.”

We saw staff treating people with kindness and consideration. They spoke to people gently and at times engaged in light hearted conversation demonstrating people were relaxed and comfortable in staff’s company.

Staff told us how they respected people’s privacy and dignity. One staff member told us, “If my parents were in here, this is how I would want them to be treated.” The registered manager told us that these core values underpinned all training. We looked at the content of two courses and found this value base was promoted throughout.

Is the service responsive?

Our findings

People told us that they were supported safely when their needs changed. Everyone who received a service that we spoke with said that staff met their care and support needs effectively. One person told us, "I am very satisfied with the care and support that I get here." Another person told us, "Staff will do anything for you. Whatever you want, whenever you want it."

People had a plan of care that covered all aspects of daily living, although on occasions we found that these were not detailed enough to provide information to any staff member who had not supported the person before. We looked at three care plans in detail and found that they sometimes lacked detail, however staff told us that communication between teams was very good and that was how they shared the majority of required information.

On the day of our inspection we saw that activities were enjoyed by a number of people. There were group activities and staff were able to sit with people for one to one support. One person told us, "They keep you active here. There is always something going on." Another person said, "They do your nails here. I always used to have my nails done when I was younger and it's lovely to have them done again."

People told us that there was a range of social events on offer at the home. The staff responsible for arranging activities told us that they catered for people's likes, hobbies and preferences. On the day of our inspection staff were putting the finishing touches to a new activities room. People were looking forward to using this resource. One person told us, "The activities are great. We also have people in, which is great. I love to dance. It keeps you active. Staff make sure I get to dance." Other people shared positive experiences about activities and events that they had enjoyed suggesting there was a variety available to respond to different needs and preferences.

Some people chose to spend a lot of time in their room. One staff member told us that the registered manager was currently recruiting a second staff member to coordinate activities and they were confident that this would increase opportunities for everyone.

We saw how people were assessed prior to, and at the time of their admission to ensure that the service would be able to meet their needs. We saw how reviews of people's care and support took place after this to ensure that the staff team continued to be able to meet those needs.

People who used the service told us that staff were responsive to their needs and during our inspection we saw staff responded quickly and politely to people's requests for help and support. Four people who used the service told us that they felt fully engaged in the development and implementation of their care plan. One person told us, "They ask us how we like things but we can still change our mind. Staff will do whatever we ask." Relatives also told us that they felt involved in developing and reviewing care plans. One person told us that they had helped change support plans after their relative had a series of falls. They were confident about changes made and were satisfied that the registered manager and staff had responded appropriately and promptly to meet their relative's changing needs.

We saw the complaints procedure and people told us that they knew how to make a complaint and would be confident to do so. One person who lived at the home told us, "If I have anything to say I know where the office is." The person went on to say that they would be confident to speak with anyone who worked at the home if they had a worry or a concern.

We saw how compliments were also recorded and shared with the staff team. We saw compliments about the quality of the care and support received.

Is the service well-led?

Our findings

People told us that when they had shared their views about the service they felt listened to. One person told us that they regularly attended residents' meetings. They said, "If anything annoys us here, we say." The person went on to say that the registered manager always listened to them which gave them confidence that their views were important and they felt valued. Another person told us, "I feel like this is my own home. And that is very important to me".

People living at the home and their relatives told us that they were regularly invited to attend meetings in relation to how the service was run. There were also opportunities for people to make suggestions as to the running of the home. This meant that the provider could hear people's views (anonymously if preferred) and respond appropriately. One person said, "We go to the meetings. If anything annoys us we say. We back each other up and get things done."

People living at the home and their friends and relatives told us that the home was well led. Everyone spoke highly of the registered manager. One person told us, "She is lovely. She always pops in to see me."

Staff were equally as positive about the registered manager. Staff told us that the registered manager was approachable and their presence was reassuring. They told us that she was supportive and always listened to them. Staff had structured opportunities to meet with the registered manager and discuss their role, their training and their professional development. One staff member said, "We can go to her with anything. She will always help."

A senior manager, who was visiting the home at the time of our inspection, told us that they were confident in the registered manager's ability to provide effective leadership. We saw audits that were positive about standards within the home. We also saw action plans in place when issues were identified. The registered manager told us that they felt well supported in their role however they also felt that they could be autonomous and make decisions that directly affected the running of the home. They said that this had a positive impact in that issues could be resolved quickly and efficiently. The registered manager told us that they felt they had the skills to provide effective leadership within the home.

We saw minutes of team meetings where the registered manager had shared information, explained changes and reviewed practices. These records supported what staff told us and demonstrated that the home was well led by the registered manager.

We saw how the registered manager carried out a 'daily walk around' where she visited people who lived at the home. They also used the time to inspect the environment, review records and observe staff practice. We saw how accidents and incidents were monitored for trends and how care plans were updated following changes. This meant that staff could have access to up to date information to enable them to provide a good service. The registered manager had used this information to identify people who were at increased risk of injury. Notes accompanying these records showed what actions they wanted the staff to take.

There were systems in place to monitor the quality of the service provided. Audits were completed by the registered manager and senior managers to assess, monitor and improve the service. The audits identified areas where the home was performing well and also areas where improvements were required. We did note that the auditing system had not identified improvements were needed in the management of medicines and infection control.

We saw that when shortfalls were identified action plans had been developed to address them. Timescales were identified for these actions and the registered manager recorded how she followed up on issues. This demonstrated that the registered manager was responsive to the changing needs of the home.

We saw how checks were made to the environment and to equipment to ensure it remained safe and suitable. Records showed that remedial actions were taken promptly when repairs or maintenance were identified.

The home had regular visits from senior managers within the organisation who liaised with staff and people who lived there to monitor the quality of the service provided. We saw records of these visits. The latest visit had picked up some issues in relation to recording and an action plan had been completed to ensure that this improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person must ensure the proper and safe management of medicines.