

Springfield Manor UK Limited

Springfield Manor Nursing Home

Inspection report

Hogsback
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Springfield Manor Nursing Home provides care and accommodation for up to 30 people; some have nursing and physical needs and some people are living with dementia. On the day of our inspection 28 people were living at the service.

People's experience of using this service and what we found

There were sufficient staff at the service to support people with their needs. Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care. People received their medicines when needed and the management of medicines was safe.

People felt safe with staff and staff knew what to do if they suspected abuse. Incidents and accidents were reviewed, and actions were taken to reduce further occurrences.

There was a robust system in place to assess the quality of care provided. People, relatives and staff thought the leadership of the service was good and felt supported by them. Notifications were sent to the CQC where it was appropriate to do so

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was Requires Improvement (published 9 February 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection sufficient improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 7 and 18 December 2020 and breaches of legal requirements were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they were now meeting legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well Led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Springfield Manor Nursing Home on our website at www.cqc.org.uk.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner. We will continue to work with the local authority to monitor progress.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Springfield Manor Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Our inspection was completed by one inspector.

Service and service type

Springfield Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and health care professionals that work with the service. We used this information to plan our inspection. We had a call with the Registered Manager and Provider, we also spoke with three people that used the service about their experience of the care provided. We looked at policies and quality assurance records.

During the inspection

We spoke with five members of staff including the registered manager and the deputy manager. We reviewed a range of records including four people's care records and medicine records. We also spoke with one relative and observed interactions between staff and people.

After the inspection

We reviewed information gathered from the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection of the service, we found the provider had not ensured risks associated with people's care was being managed in a safe way. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management;

- People told us they felt the risks associated with their care were managed well by staff. One told us, "They are very careful with me." Another told us, "In the morning I have a shower and they are always there with me. It reassures me and makes me feel safe."
- Assessments were undertaken to identify risks to people and protect them from harm. These included the risks associated with people's mobility, safe evacuation in the event of an emergency, risks of dehydration and malnutrition and risk of choking. The registered manager told us, "Any new admissions I do the pre-assessment of any client. Once I have gathered all the information, I do a handover with the staff to talk through the risks. We then review that to see what the reality is. We implement the clinical risk assessments."
- Risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, one person was at risk of falls. The person had a sensor mat and crash mat in their room. They had a walking aid and staff were supporting the person when using this. One member of staff said, "We keep an eye on people at risk of falls, we use sensory mats and bed rails." Where bed rails were used there were assessments in place to ascertain any risk of entrapment.
- Where clinical risks were identified, appropriate management plans were developed to reduce the likelihood of them re occurring including around wound care, diabetes care and other health care concerns. The deputy manager told us, "I review risk assessments and care plans on each month or sooner if needed. I talk through the risks with staff at meetings."

Staffing and recruitment

- People told us there were enough staff and that they received support when they needed. One person told us, "I never not get staff when I need them. When I use my call bell I don't wait that long." Another told us, "I do think there is enough staff, they are in and out all of the time. I called someone last night and they came straight away."
- Since the last inspection the provider had recruited a new registered manager and a deputy manager who was also the clinical lead. They were able to provide additional support to the nurses who were then able to concentrate more fully on the clinical needs of people. During the inspection we saw that where people needed support this was provided by staff straight away.
- Staff fed back that the staff levels had improved, and people's needs were being considered in relation to the staff levels. There had been two recent admissions to the service and the registered manager was increasing staff levels to ensure that people's needs remained to be met safely. One member of staff told

us, "At the moment I think there are enough (staff)."

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- People were supported to take their medicines as prescribed and medicines were managed appropriately. One person told us, "I get my medicines on time and if I need pain killers, they always give them to me." Another told us, "My pain relief is given quickly."
- Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.
- There were methods and protocols for assessing and managing pain in people who could not verbally express their needs. There were protocols in place for staff for when they needed to offer people 'as and when' medicines.
- Competency checks were undertaken with staff as part of the training process and informally after that to ensure they were administering medicines safely. The registered manager told us they were moving to electronic medicine administration records for quicker, safer and efficient recording and reporting.

Learning lessons when things go wrong

- Incidents and accidents were recorded with action taken to reduce further occurrences. The registered manager told us they used a falls safety tracker to identify people that were at risk and whether there were any themes or trends to prevent any further occurrences.
- We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. For example, where people when people had falls, they were referred to the appropriate health care professionals and monitored for a period of time.
- Staff knew what to do in the event of an accident or incident. One told us, "I would ring the call bell and ring the nurse. I would write an incident report." They told us any changes to the person's needs as a result of the incident would be discussed at handover.

Systems and processes to safeguard people from the risk of abuse

- People looked relaxed and comfortable in the presence of staff. People told us they felt safe with staff. One person said, "I have never worried about staff, they are very good, every one of them." Another said, "They don't interfere when I don't want them to. The girls (staff) are great, they couldn't care more. They give you all the time in the world." A relative told us, "I feel she (their family member) is very safe. I am very comfortable with the staff there."
- Staff understood what they needed to do to protect people from the risk of abuse. One told us, "We raise anything with the manager. We report to the safeguarding, the contact details are on the board and in the office."
- We observed that staff were vigilant when people showed anxiety and stepped in to ensure people's anxiety was not directed towards other people that were around them.
- Staff received safeguarding training and there was a whistleblowing policy that staff could access.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the previous inspection we found that there was a lack of leadership and systems and processes were not established and operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection there had been sufficient improvement made and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the previous inspection we identified that the auditing and governance was not robust which meant that the quality of care was not reviewed appropriately. Since the last inspection a new manager and deputy manager had been recruited and we found the oversight of the quality of care had improved
- People fed back positively about the registered manager. Comments included, "(Registered manager) is lovely, really nice and friendly. Listens to me and helps me with anything" and "(Registered manager) is lovely, she is always helpful and considerate. She always has time for me."
- The manager wanted to create a culture of openness and support within the service. This was evident in the feedback we received from staff. One member of staff said, "She (the registered manager) is approachable, if I need help she will stop and help me." Another told us, "She is good, she is always visible. She is on the floor. She helps out if we call her."
- The registered manager and the senior management team led by example which influenced staff's attitude to work in a positive way. Throughout the inspection the management team took time to speak and engage with people and to 'walk the floor' and observing care interactions. One relative told us, "I can't fault anything. The manager is always visible. The culture here is very caring."

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

- People were given opportunities to talk about things they would like at the service through regular resident's meetings and surveys. One person said, "I do feel listened to and its important, otherwise they wouldn't know what's going on in your mind." Another person said, "I am asked my views and I do give them. It was about who should be carer of the month." One relative told us, "I always feel listened to, they act on anything you feed back."
- Staff attended meetings and were invited to contribute to the running of the service. One member of staff said, "I feel listened to, we are on the same page. I explain why I need certain things. The respect is there."

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

- The management team undertook audits to review the quality of care being provided. These included audits of people's skin integrity, falls, infection control audits, medicine audits and health and safety audits. Actions plans were recorded and followed up on.
- It was identified in a provider audit in May 2021 that two of the bedrooms required redecoration and we saw that this had taken place.
- There was a clear staffing structure in the home. Staff knew who to report to and felt they could get advice at any time should they need it. There was a handover across shift changes to ensure continuity of safe and effective working. One member of staff told us, "We put the residents first, our priority is the residents. They are like our parents."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider took steps to drive improvements at the service. Each day the heads of each department attended a flash meeting where they discussed people's needs and any changes that might be needed.
- In addition to discussing people's needs they talked through what staff could do differently to improve care. The deputy told us, "We have one to one discussion (with the nurses). I want them to be able to express themselves. We put in place a monitoring form (as a result of feedback) on the MAR chart so we know who has checked and signed that they have checked the records."
- Both the registered manager and provider were putting plans in place to improve the environment to suit better the people who were living with dementia. There were also plans to replace furnishings and redecorate the service to create a brighter and fresher environment.
- Health care professionals were complimentary about the joint working they undertook with the service since the last inspection. A social care professional feedback they had noted improvements at the service particularly with their communication and staff training.