Annesley (Oldercare) Limited

Springfield Care Home

Inspection report

Lawton Drive
Bulwell
Nottingham
Nottinghamshire
NG6 8BL

Tel: 01159279111
Website: www.springfield-carehome.com

Date of inspection visit:
14 August 2017
24 August 2017

Date of publication:
13 October 2017

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 14 and 24 August 2017 and was unannounced.

Springfield Care Home was last inspected in August 2015 and was rated Good. At this inspection, the service remained Good.

The provider is registered to provide accommodation for up to 40 older people living with or without dementia in the service over two floors. There were 24 people using the service at the time of our inspection.

A registered manager was in post and was available throughout the inspection. 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.

Staff knew how to keep people safe and understood their duty to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Medicines were managed safely and staff generally followed correct infection control practices.

Staff received induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink but their mealtime experience could be improved. External professionals were involved in people's care as appropriate but further adaptations could be made to the design of the home to better support people living with dementia.

Staff were kind and knew people well. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People generally received care that respected their privacy and dignity and promoted their independence. However, some dignity issues were observed.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs, though activities could be further improved. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising concerns with the management team and that

appropriate action would be taken.

The registered manager and provider were meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Springfield 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 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 inspection took place on 14 and 24 August 2017 and was unannounced.

The inspection team consisted of an inspector 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and Healthwatch Nottingham to obtain their views about the care provided by the service. This information was used to help us to plan our inspection.

During the inspection we observed care and spoke with seven people who used the service, five visiting relatives or friends, a visiting healthcare professional, the maintenance person, the cook, a cleaning/laundry staff member, three care staff, the registered manager and the nominated individual of the provider. We looked at the relevant parts of the care records of eight people who used the service, three staff files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. A person said, "I feel safe as the [staff] are very caring and help us as much as they can." A visitor said, "Oh yes, [my family member]'s well looked after. I have that peace of mind she's okay."

Staff were aware of safeguarding procedures and the signs of potential abuse. They knew what action to take if they suspected abuse. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was available to give guidance to people and their relatives if they had concerns about their safety.

People told us they were not unnecessarily restricted. A person said, "I can walk wherever I like in here and go down for my meals in the lift." Another person said, "I can walk round the building where I like using my frame." We saw that people walked round the home without unnecessary restriction.

People we spoke with told us that staff handled them safely and that they had the equipment they needed. A visitor said, "They use a wheelchair to move [my family member] around and transfer her into her lounge chair. It's all done the right way."

We observed people were mostly assisted to move safely, however, we saw that one staff member did not support one person appropriately to minimise the risk of avoidable harm. We raised this with management who told us they would remind staff to ensure they used safe moving and handling practices at all times.

Risk assessments were completed to assess risks to people's health and safety and to identify actions to be taken to minimise those risks. Risk assessments were reviewed regularly and in response to falls. For example, we saw completed documentation relating to accidents and incidents and it was clear what action had been taken to minimise the risk of them happening again. This included referral to relevant professionals for advice or the introduction of safety measures to reduce the risk of falls.

A visiting healthcare professional told us that staff provided good care for a person at high risk of skin damage. Pressure-relieving mattresses and cushions were in place for people at high risk of developing pressure ulcers and they were functioning correctly. Records were fully completed to show that a person received support to change their position to minimise the risk of skin damage, in line with their assessed needs, as set out in their care plan.

We saw that the premises were generally safe and well maintained and checks of the equipment and physical environment were taking place. However, heavy wardrobes were not fixed to the walls which meant that they could be a risk to people. We also saw that panel heaters recently fitted were not covered and could pose a risk to people when the surfaces became hot. The registered manager told us that they would take action in these areas.

There were plans in place for emergency situations such as an outbreak of fire and personal emergency

evacuation plans (PEEP) were in place for all people using the service. This meant that staff would have sufficient guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place and available for staff to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People we spoke with told us that they felt staffing levels were generally good. A person said, "I think there's enough [staff] on at a time." A visitor said, "I think there's enough staff on usually. You see them being around for people." Staff felt that they had sufficient time to complete their work effectively. A staff member said, "We don't feel rushed. It takes as long as it takes." During the inspection we observed staff promptly attending to people's needs and call bells were responded to within a reasonable time. Staff were also present in lounge areas at all times in order to monitor those people who would be at risk if left unsupervised.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. This helped reassure people and their relatives that staff were of good character and were fit to carry out their work.

People we spoke with told us that their medicines were well managed. A person said, "[Staff] make sure we take our medication." Medicines were well organised and safely managed by staff at the service. Medicines administration records (MAR) contained a photograph of the person to aid identification, a record of any allergies and people's preferences for taking their medicines. We checked MARs and found they had been fully completed.

Medicines were stored securely in locked trolleys, cupboards and a refrigerator within a locked room. Temperature checks were recorded daily of the room and the refrigerator used to store medicines. Processes were in place for the ordering and supply of medicines. Staff told us they obtained people's medicines in a timely manner. Protocols were in place to provide additional information about how medicines should be given when they were prescribed to be given only as required, for example, pain relief medicine. Staff received medicines training and had their competency to administer medicines assessed regularly. That helped to ensure people received their medicines in a safe way.

People told us the home was clean. A person said, "I must say, the standard of cleanliness and laundry is excellent." A visitor said, "It's a very good standard of hygiene here." During our inspection we looked at all bedrooms, toilets, shower rooms and communal areas and found that the environment was generally clean and staff mostly followed safe infection control practices. We raised a couple of minor infection control issues with the registered manager who agreed to take action to address them. One bathroom also required refurbishment to ensure that it could be effectively cleaned.

Good

Is the service effective?

Our findings

People felt staff were competent in their role. A person said, "I find the staff very nice and very capable." A visitor said, "Staff are excellent and know what they are doing." We observed that generally staff competently supported people throughout the inspection.

Staff felt supported by management. They told us they had received an induction which prepared them for their role and records confirmed that staff completed an induction process. A staff member said, "It was a good induction. I was ready to start." Staff also told us they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role. Training records showed that staff attended training which included equality and diversity training and was updated regularly.

All staff were working through Care Certificate workbooks to improve their skills and knowledge. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to.

Staff also told us they received regular supervision and appraisal and records we saw confirmed this. Staff received supervision as a group and also on a one-to-one basis. This meant that staff were supported to maintain and improve their skills in order to effectively meet people's needs.

People told us staff explained what they were going to do and checked with them before providing care. One person said, "They will always ask me things first." Another person said, "They explain before doing anything so I can say 'Not that way please'." We saw that staff generally asked permission before assisting people and gave them choices. However, this did not always take place at mealtime where clothing protectors were put on people without giving the person the opportunity to say whether or not they wanted to wear a clothing protector.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS. We checked whether the service was working within the principles of the MCA.

We found mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. Staff had an appropriate awareness of MCA and DoLS. DoLS applications had been made appropriately. We checked an authorised DoLS which had conditions in place. These conditions were being met by the service.

A visitor said, "[Staff] manage the difficult people well." Care records contained some guidance for staff on how to effectively support people at times of high anxiety. However, they could be improved to provide guidance for staff on a more personalised approach to supporting people when in distress. Staff were able to explain how they supported people during periods of anxiety and generally responded well to people in distress. However, we observed a person became annoyed with a staff member who kept encouraging them to eat their meal. This staff member could have given the person more space and time before going back to them or asked another staff member to approach the person. We raised this with the registered manager who agreed to discuss this with staff member concerned.

We saw the care records for people who had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. We saw that DNACPR forms had generally been fully completed, however, one form had not. The registered manager agreed to contact the relevant healthcare professional to ensure the form was reviewed.

Feedback on the quality of the food was positive and people told us they had choices and their nutritional needs were met. One person said, "We get a choice and it's very nice. They're feeding me too well! If we want something different, they will get us it." A visitor said, "We joined [my family member] for Christmas lunch and it was very good. She eats well and has diabetic meals. Her diet is so well controlled, she's no longer on insulin."

We observed the lunchtime meal in the dining room and the lounge area. The mealtime experience could be improved. Food looked appetising and a person requiring a gluten free diet received food that met their needs. Assistance for people was generally appropriate though one staff member kept encouraging a person to eat when they clearly did not want to at that time.

Staff did not always explain food and drinks when giving them to people despite both main meals looking similar. We did not see people being offered a choice of dessert though people were given an alternative if they asked for one. No menus were on tables and no background music was playing to make the mealtime experience more pleasant. Both the main meal and dessert were put out on trolleys downstairs for ten minutes before they were taken upstairs. We discussed these issues with the registered manager who agreed to take action in this area.

People told us that they had sufficient to drink. A person said, "We get tea and coffee on demand. You just have to ask." A visitor said, "[My family member] gets plenty to drink. She needs lots of water." We saw people were offered drinks throughout the inspection. Records showed that people were weighed regularly and appropriate action taken if people's weights were of concern.

People told us they were supported with their healthcare needs. A person said, "I have a nurse who comes in monthly for my heart checks. I've had the optician and chiropodist here." A visitor said, "They get the doctor out when [my family member]'s needed it. She's had the dentist and optician visits here and gets the chiropodist every six weeks. She likes the hairdresser here." A visiting healthcare professional told us that staff asked for guidance if required and followed any advice given.

Care plans contained a record of the involvement of other professionals in the person's care, such as the GP and community nurse. We saw that a person living with diabetes was supported to have the appropriate health checks. We were informed by staff that this person's condition was well managed and as a consequence they no longer received insulin to manage their condition.

People were generally happy with their environment although they felt that the layout of the premises was

not ideal. A person said, "It's a good place. Just the garden access is not brilliant." A visitor said, "The dining room is in an odd location and the conservatory in the basement isn't used."

Further adaptations could be made to the design of the home to better support people living with dementia. Not all bathrooms and toilets were clearly identified though bedrooms were. People sitting in one of the areas did not have easy access to the current day, date and time to allow them to orientate themselves to time and we observed a person asking staff a number of times for this information. While some areas of the home had been recently refurbished, some bedrooms and bathrooms were tired-looking and the garden area did not have any flowers or areas of interest for people to enjoy. The lift controls were not easy to read and required replacement.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. A person said, "I know all their names and we can ask for anything. They're very friendly." A visitor said, "They're very kind, caring people."

People told us they were comfortable with staff. A person said, "I do feel at ease with the [staff] – very nice and caring with me." Staff had a good knowledge of the people they cared for and their individual preferences. We observed staff interacting well with people and visitors and talking in a kindly, friendly manner. Staff gave some people an occasional hug or reassurance by holding a hand or putting an arm round a shoulder. Staff effectively responded to people showing signs of distress offering them reassurance and kind words.

A person said, "I do my own finances still. They ask how I am and if I'm content." Another person said, "I do my own care paperwork. They have a chat with me on how my care's going." A visitor said, "I've seen her care plan and they ring us for medication reviews."

Care plans indicated that people or their relatives were involved in the development of their care plans and in their review. Care records contained information regarding people's life history and their preferences. People signed their care plans to show their agreement and involvement in the process.

When people were unable to communicate easily, care plans provided information about the gestures or body language people used to communicate with and how staff could better understand them. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

People told us staff respected their privacy and maintained their dignity. A person said, "[Staff] are very good and always knock first. I can have privacy in my room if I want some quiet to read." We observed staff knocking on bedroom doors and respecting people's privacy by closing doors during personal care. A staff member said, "I always knock on doors and make sure doors are shut. I never want to make that person uncomfortable. I have the same level of dignity and respect for them as I do for my own family."

However, we noticed that one shower room did not have a working lock which meant a potential risk that people's privacy would not be protected. We informed the registered manager who told us that they would address this.

The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner. We saw that staff generally treated information confidentially and care records were mostly stored securely. However, we did note that a staff member left food and fluid charts

unattended for a period of time and a person picked them up and started looking though them.

All staff were dignity champions. Dignity champions pledge to challenge poor care and act as good role models in the area of dignity in care. We saw that most staff respected people's dignity, acting quickly when a person started to take their clothes off in a public area and placing blankets over people's legs to protect their dignity. However, we observed one staff member did not always respect people's dignity and we raised this with the registered manager who told us they would take immediate action to address this.

People told us that they were encouraged to be independent if they were able and to ask for help if required. A person said, "[Staff] let me help with my strip wash for bits I can reach. I can eat by myself so they let me manage." Staff also told us they encouraged people to do as much as possible for themselves to maintain their independence.

People told us there was no restriction on when they could receive visitors. A person said, "My family come and go as they like." A visitor said, "There are no set visiting times here." Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. Information on visiting was in the information guide for people who used the service.

Good

Is the service responsive?

Our findings

People told us that they felt they received support that was responsive and personalised to their needs. A person said, "We go to bed when we want." Another person said, "I like to read in bed so go up when I'm ready and the same in the morning. I have total choice in the day." A third person said, "I like a shower and can just ask for one." Another person said, "I love a bath and can get one when I like." A staff member said, "People get up as they choose to, we will get people up early if they want to. People go to bed when they want to."

In the morning, we heard a staff member talking in a bedroom with a person who had gone back to bed after being up for breakfast. There was good interaction by the staff member, who respected that the person wanted to have a lie-in now and told her that it was a lovely idea and that she would look forward to seeing her later.

No concerns were raised about call bell response times or unacceptable waits. A person said, "They [Staff] come quite quickly whenever I ring." Another person said, "You can use the bell to ask for anything. They come very quickly. I pressed the red by mistake and they all came running in 2 seconds!" We observed that staff responded to people promptly and call bells were responded to within a reasonable time.

People gave mixed feedback on activity provision and told us that it was usually in the afternoons if anything happened. No outings were arranged and there appeared to be minimal use of the garden. A person said, "We do a few games. I like snakes and ladders and draughts. I'd like to go to the shops or a bus ride if I could." Another person said, "We do some games and snakes and ladders. We do something every day and people can choose to join in. One thing we don't do is go in the garden."

We saw a list on a noticeboard of day by day activities planned for a week. These included chair exercises, drawing, singalong, ball games, puzzles, dominoes, board games, bingo and a film afternoon. There was no outside activity or outing mentioned.

We observed some group activities took place during the afternoons of our inspection. We were told that no activity co-ordinator was employed and instead, staff worked from a daily programme of activities. Activities were not timetabled to take place during the morning and generally took place in the afternoon. Few external entertainers visited the home. The registered manager and provider acknowledged that more work needed to be done in this area. On the second day of our inspection, we talked with two staff who had been identified as responsible for activities going forward and they had started to plan a much improved activities programme.

Care plans were in place to provide information on people's care and support needs, including healthcare needs. Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. People told us that any preferences for same sex care staff when receiving personal care were respected.

People told us they knew how to make a complaint. A person said, "The manager's a nice person. Any problems, I'd see her." Another person said, "My daughter would be quick to complain for me but nothing needed yet. I've no complaints, it's a lovely place."

Complaints had been handled appropriately and responded to promptly. Guidance on how to make a complaint was displayed in the home and in the information guide for people who used the service.

There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain how they would respond to any complaints raised with them.

Good

Is the service well-led?

Our findings

Most people and relatives could not recall meetings or questionnaires where they were asked their views of the service. However, people felt involved in their care and felt that staff were approachable and kept them informed. We saw meetings for people took place where comments and suggestions on the quality of the service were made. Comments were positive. We saw completed surveys were also very positive on the quality of the service being provided. We also saw that a person using the service was part of the recruitment panel for interviews of prospective new staff.

A whistleblowing policy was in place and staff told us they would be prepared to raise issues using the processes set out in the policy. The provider's values were displayed and staff were generally observed to act in line with them during our inspection.

A person said, "It's a nice feeling here." Another person said, "I love the place." A staff member said, "It a good atmosphere, fun, not a stressful atmosphere." Another staff member said, "It's a nice atmosphere. We all pull together and work as a team." We found the home to be relaxed, warm and friendly.

People told us that the registered manager was approachable and listened to them. A person said, "She's lovely. If you want to know anything, she'll sort it." A visitor said, "She's lovely. Very easy going and helpful and keeps us informed." A visiting healthcare professional told us that the registered manager was very approachable.

Staff told us that the registered manager was very supportive and representatives of the provider were approachable. A staff member said, "I don't think you could ask for a better manager." Another staff member said, "Fantastic [registered] manager. Always got a listening ear and will put things right. A hands on manager." We saw that monthly staff meetings took place and the registered manager had clearly set out their expectations of staff. Staff told us that they received feedback in a constructive way. A clear management structure was in place and staff were aware of this.

A registered manager was in post and was available throughout the inspection. They told us that they felt well supported by the provider. The current CQC rating was clearly displayed. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and representatives of the provider. Audits and checks were carried out in a range of areas including infection control, medicines, health and safety, kitchen, housekeeping and care records. However, the infection control and medication audits could be more detailed in order to more thoroughly check practice in these areas. A mealtime experience audit would be helpful to focus observations of mealtimes carried out by the registered manager in order to better identify and address those issues we identified in that area at this inspection. Actions had been taken where issues had been identified by audits or from inspections by external organisations.

The provider also provided regular guidance and updates for the registered manager and staff regarding developments in social care practice. The service had signed the Social Care Commitment and was working through its action plan. The Social Care Commitment is an agreement between employers and employees, where both sides sign up to seven clear commitments to develop skills and knowledge within their workforce. By signing up, employers and their workers are pledging to continually deliver high quality care, making sure the public have confidence in the services provided.