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Springfield Lodge Care Home

Inspection report

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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

We inspected the service on 22 March 2016 and the inspection was unannounced. Springfield Lodge Care Home offers accommodation and support with personal care for up to 15 people. On the day of our inspection 14 people were using the service.

The service is managed by the registered provider, so does not require a registered manager. Registered providers are 'registered persons' who have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff listened to them. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to follow their hobbies and interests.

People were involved in giving their views on how the service was run and there were 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?

Good ●

The service was safe.

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

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions, due to their mental capacity, these were made in their best interests.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good ●

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. People were supported to follow their hobbies and interests.

People were supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Good ●

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Springfield 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 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.

We inspected the service on 22 March 2016. The inspection was unannounced and was carried out by two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed 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.

During the visit we spoke with six people who used the service and the relatives of two people. We spoke with two members of support staff, the manager, deputy manager and the administration manager. We looked at the care records of two people who used the service, medicines records of eight people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and registered provider.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. People we spoke with told us they felt safe and the relatives we spoke with also felt their relations were safe in the service. One person told us, "I feel safe here. I didn't feel safe before I came here." A relative told us, "I think [relation] feels safe here. [Relation] felt very unsafe in some previous places, [relation] is much more settled here." We saw there was information on display, written in a format people would understand, giving people information on what to do if they did not feel safe.

People lived in a service where there were systems in place to minimise the risk of abuse and keep people safe. The manager told us in the PIR that the service would not tolerate abuse or neglect in any form and where abuse was suspected, or witnessed, then immediate action would be taken. Records showed staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm. They understood how to escalate concerns to the manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the management team would be dealt with straight away.

The manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example, two people were at risk of choking on food and there was information in their care plans guiding staff on how to minimise the risk. Different aspects of people's daily lives were assessed and information recorded in people's care plans detailing how staff could reduce the risk, for example in relation to people's mobility and risks of falls.

People lived in an environment which was safe. Records showed that the fire systems in the service were regularly tested and serviced. Care plans contained information about how staff should support people in the event of an emergency, such as a fire and staff had been trained in relation to health and safety and how to respond if there was a fire in the service.

People received the care and support they needed in a timely way because there were sufficient numbers of staff available. One person we spoke with told us there was always a member of staff available if they needed support. Another person said, "There is always someone (staff) around if I need anything." A relative told us, "[Relation] is never kept waiting, if [relation] ever needs anything staff are always there within minutes, if they are busy they come and tell [relation] how long they will be." On the day of our visit we observed there was a sufficient number of staff available to meet the requests and needs of people.

The deputy manager told us that staffing levels were determined on the needs of people and that staffing was planned in advance so that extra staff could be used if they were needed, for example if people had

healthcare appointments. The deputy manager told us that the use of agency staff was minimal as staff employed by the service usually covered extra shifts and that if agency staff were used, the same staff were always requested to ensure consistency of care. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service. One member of staff told us, "We have enough staff and have time to do things like activities with people."

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to and we saw there was guidance for staff on how to give each person their medicines appropriately.

We found the medicines systems were well organised and that people were receiving their medicines as prescribed. The deputy manager carried out regular checks and audits of the medicines to ensure they were being managed appropriately. We saw medicines were stored appropriately and staff were following safe protocols. Staff had received training in the safe handling and administration of medicines and had their competency assessed on an annual basis to ensure they were still following safe practice.

Is the service effective?

Our findings

People using the service felt that staff were well trained and had a good understanding of their care and health needs. We observed that staff had a good understanding of people's support needs and had the skills and knowledge needed to provide effective support. We saw a training provider had recorded in the comments book, 'Worked with a fantastic group of staff. Knowledgeable and keen to learn.'

People were supported by staff who had the skills and knowledge to support them safely. Staff told us that they were given training to support their development and enable them to provide a good service to people living at Springfield Lodge. One member of staff told us, "I have found the training really helpful." We saw training records which showed that staff undertook a comprehensive training programme including safeguarding, infection control and moving and handling. Staff were also given training in the specific support needs of people using the service such as dementia, epilepsy and schizophrenia. Staff told us that they felt confident asking the management team for additional training if they needed it.

The deputy manager told us that new staff had an induction where they shadowed experienced staff and received training. Records we saw confirmed this was happening in practice. We spoke with a recently recruited member of staff and they told us they were given time to learn about the people they were supporting during the induction period through a combination of shadowing and reading care plans. The new member of staff had a good knowledge of the needs of people who used the service and we saw they were able to use care plans to find additional information as needed. The deputy manager told us that all staff were working towards the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

People were cared for by staff who received support and formal supervisions from the management team. Staff told us they were given regular supervision meetings and this was supported by our observation of supervision plans. The deputy manager told us that supervisions took place regularly. The supervisions focussed on what was working and not working and also used as an opportunity to test staff knowledge of procedures in the service.

People were supported with decision making and we observed staff spoke with people and gained their consent before providing support or assistance. The registered provider demonstrated a personalised approach to gaining consent that was based upon people's individual needs, for example one person using the service chose not to sign any paperwork but provided consent verbally to staff. We observed signed consent forms in people's care plans. One relative told us, 'Staff are very particular when involving [relation] in choices, I couldn't fault them.' We saw in care records that information was recorded to ensure staff knew what choices people were able to make themselves and what they would need support with.

Where people lacked the capacity to consent we saw evidence that the provider had used the Mental Capacity Act (2005) to assess the person's capacity to make the decision. 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.

For people who were assessed as lacking capacity to make certain decisions we saw evidence of how staff had worked with other professionals and family members to make a decision in the person's best interests. For example, we observed records relating to a person who was unable to consent to having their food cut up into small pieces. We saw evidence of how staff had worked with the person, their family and other professionals to come to a decision in their best interests. Staff we spoke with were aware of this and how to support the person. Staff had a basic knowledge of the MCA and demonstrated that they knew where to find information relating to mental capacity in care plans. Staff had received training in the MCA and the deputy manager told us there was further training planned for this.

The management team had an understanding of the Deprivation of Liberty Safeguards (DoLS). 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. However they were not aware of the impact of recent changes in DoLS legislation. Although we did not see any evidence that people who used the service were being restricted, there was a risk of this happening in the future. Following our inspection the manager informed us they had raised awareness of DoLS with all of the management team and had contacted the granting authority to ensure people's liberty was not being restricted.

People were supported to eat and drink enough. People we spoke with were happy with the choice of food available. One person said, "The food here is good." We observed that the food was freshly made and menus provided by the home showed a wide variety of healthy food. People told us that if they wanted to request something different from the menu they could put in a request and where possible staff would provide it.

People told us that they had enough to eat and drink and we observed people using the kitchen to prepare drinks and snacks between meals. One person told us, "I made my own breakfast; I had two lots this morning." People told us that they could ask for a drink or snack at any time. People were relaxed at mealtimes and able to eat at their own pace.

People's dietary needs and preferences were catered for, including vegetarian meals. We observed where people had been assessed as requiring a soft diet, this was given to them. We observed that some people had adapted plates, cutlery, cups or non-slip place mats to assist them in eating or drinking independently. People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs.

The manager told us in the PIR that staff maintained food and fluid records for people who were identified as being at risk of malnutrition, dehydration and when there had been unexplained weight loss. They told us they made referrals to healthcare professionals if there were concerns about people's nutrition. We saw this was the case and one person had been referred to a healthcare professional when staff were concerned about their nutritional intake.

People had their nutrition assessed regularly to ensure any unplanned weight loss or gain could be acted on. We saw that two people were at risk of choking and there was guidance in their care plans detailing how staff should support them and minimise the risk of them choking. The care plans did not detail how to recognise symptoms of choking or how to respond if the person was choking. We discussed this with the manager and the information was added to the care plans following our inspection.

People were supported with their physical and mental health. We observed people talking to staff about health concerns and staff taking immediate action to arrange health appointments. People and their relatives told us that they were able to see a doctor when they needed to. One relative told us, "They (staff) have been really good in supporting [relation] with health needs, especially when [relation] was in hospital." Another relative told us, "Staff always observe [relation's] health carefully and always pursue anything out of the ordinary."

The deputy manager informed us that they had good relationships with local health professionals including GP's and district nurses and we saw that care plans incorporated advice from health professionals such as Speech and Language Therapists (SALT) and dieticians. Care plans also contained clear records of health appointments including treatment, outcomes and referrals to health professionals. Staff handovers were used to ensure that staff are aware of the most up to date information about people's health and support needs. One member of staff told us, "We read the cardex in handover. Important information is written in red so that we don't miss anything."

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service and commented positively on the staff who supported them. One person said, "They (staff) are all nice. I like it here." I am happy. I like it here." Another person told us, "They (staff) made me a birthday cake. No one has ever done that for me before. I am like a different person now I live here" The relatives we spoke with were also positive in their comments and said, "Staff are very encouraging, they always give [relation] the opportunity to get involved with things and sometimes just sit with [relation]. We saw a healthcare professional had written in the comments book, 'Lovely home. Helpful staff and happy residents.'

People lived in a service where staff went the extra mile to accommodate their wishes and meet their needs as an individual. One person had wanted to live more independently and the manager told us they had sacrificed one bedroom in the service to create a separate bedroom and an adjoining sitting room to facilitate the person's wishes.

We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. People looked relaxed and comfortable with staff and one person who had recently moved in told us, "There is always someone here to talk to, I am not lonely anymore."

We saw one visiting healthcare professional had written in the comments book, 'Residents cared for with respect and compassion. Carers have a lovely relationship with their residents.' Observations and discussions with staff showed that staff clearly knew people's needs and preferences. We saw in people's care plans that their likes, dislikes and what was important to them was recorded.

We saw staff recognised people's emotional support needs and responded to this in a caring and compassionate way. For example, one person who lived with a dementia related illness, had displayed anxiety around how they would pay for their accommodation in the service. Staff had discussed this and implemented a regular wage slip for the person in an attempt to provide them with assurance that they had a regular income.

People were supported to make choices and to decide what they did each day. One person told us, "We do what we like when we like." Another person told us, "I went to bed at 2am this morning, I go when I want." We observed that people got up when they chose to on the day we visited and people told us this was always the case. Meal times were flexible and we observed that people who had got up late and had a late breakfast were able to have a later lunch. One person's relative told us, "They (staff) serve dinner from about 4pm and [relation] is not used to eating so early, so chooses to have tea at 6pm, they are pretty flexible like that."

We saw that people were asked for their opinions and suggestions in relation to food menus. There was a comments book for people to complete with any suggestions they had and there was also a request slip for people to use daily to request a meal alternative. One person told us, "If I don't like what is on the menu I just fill one of those slips in and I can have something else." We saw that where people had recorded suggestions, these had been responded to by the deputy manager to show their suggestions had been

acted on.

The deputy manager told us that none of the people who used the service were currently using an advocate. They told us that if the need arose then support would be given to access the appropriate advocacy service. We saw there leaflets on display giving people advice on advocacy services and how they could contact an advocate. This meant that people had access to advocacy services when they needed it. Advocates are trained professionals who support, enable and empower people to speak up.

The manager told us in the PIR that people were able to exercise their own choice and encouraged to maintain contact with family, friends, representatives and the local community as they wished. People told us they were supported to maintain relationships with their friends and family. Relatives told us they were made to feel welcome when they visited. One relative told us, "They (staff) always make us feel really welcome, especially my kids. It has made it so much easier for them."

People were supported to have their privacy and were treated with dignity. The people we spoke with told us they felt staff were respectful. We observed people were treated as individuals and staff were respectful of people's preferred needs. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. We observed people being given their mail to open and people went to their bedroom if they wanted time alone.

One of the management team was a dignity champion and told us they regularly undertook observations of staff supporting people who used the service to offer guidance if improvements were needed. Staff told us they were given training in privacy and dignity values and we saw these were displayed in the service to remind staff of how people should be treated. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity.

Is the service responsive?

Our findings

People and their relatives were involved in planning and making choices about their care and support. We observed one person having a meeting with the manager to review their care plan and the person told us, "I have just reviewed my care plan, I've done that a few times now." Another person told us they were involved in their care plan reviews and said, "It is important. I can decide how I want to be supported." Records showed that when people's medicines were changed, following advice from the person's doctor, this was discussed with the person to ensure they understood the reason for the change.

People had care plans in place which detailed their preferences and how they wished to be supported. The staff we spoke with clearly knew people well. Staff were given information about people's support needs in care plans which detailed information about people's physical and mental health needs and guided staff in how to support them. People were assessed regularly when there were concerns they were at risk of developing a pressure ulcer. We saw two people had a current pressure ulcer and staff had sought advice from healthcare professionals and were following the advice given, such as ensuring both people used pressure relieving equipment. We saw the management team completed regular reviews of people's care plans and these were adjusted to meet people's changing support needs.

People were supported to follow their interests and take part in social activities. The manager told us in the PIR that the service endeavoured to maintain a flexible range of activities and events which were sufficiently varied to suit people's expectations and preferences. People told us they were supported to maintain their hobbies and interests. One person described their love of wildlife and said they had been supported to develop this interest since living in the service. They described their favourite place to go to study the wildlife and said they went there regularly. Another person told us they went to a local arts group as they had always been interested in art. They told us they were also attending college to learn about using computers.

A minibus was owned by the service and people described the different places they were supported to go such as local country parks, restaurants and other places of interest. Posters were displayed in the service informing people of activities they could get involved in. We saw these included activities such as weekend 'interactive exercise.'

Staff told us they felt people were supported to do enough to stimulate them. They described how they had worked with one person who had not been confident enough to leave the service before and that the week prior to our visit the person had gone out with support from staff and had enjoyed it so much they now wanted to do this regularly.

We saw there were activities planned for Easter which included an Easter egg hunt and party with egg decorating and other activities. The deputy manager showed us photographs of people enjoying a recent 'pizza party' where people had been supported to make their own pizza for the event. People told us they had enjoyed this and we saw information displayed telling people about a planned 'burger party'.

People knew what to do if they had any concerns and felt these would be acted on. The people we spoke with told us they would speak to staff or one of the managers if they had a problem or concern. They told us they felt they would be listened to.

People could be assured any comments they made would be responded to. The manager told us in the PIR that all complaints would be fully investigated, handled sympathetically and confidentially. They told us their aim was to deal with complaints efficiently and fairly, and, wherever possible, to achieve a resolution which is satisfactory to both the complainant and the home. One person had informed the manager that they had received the incorrect laundry and we saw the manager had recorded this as a concern. Records showed the manager had acted on the concern and taken steps to prevent a similar occurrence and made sure the person was happy with the way it was resolved. Staff were aware of what to do if anyone raised a concern and how to escalate these if they were not acted on by the management team. Staff told us they felt any concerns would be taken seriously and acted on without delay. We saw there was information on display, written in a format people could understand, detailing how people could raise concerns and how their concerns would be responded to.

Is the service well-led?

Our findings

People we spoke with commented positively on the service and told us they felt the management team were approachable and our observations supported what people had said. One person told us, "I love it here." We observed interactions between the management team and people who used the service and saw that positive relationships had been built. There was mutual warmth between people who used the service and the management team. Following an interaction with the manager one person smiled and said, "She is lovely; the most beautiful person here." We saw an external healthcare professional had written in the comment book held by the service, 'Management seems excellent.'

The manager, who was also the registered provider, was aware of their responsibilities and ensured that they fulfilled these. The manager had sent us a notification when the need arose. A notification is information about important events which the provider is required to send us by law. The manager worked daily in the service and had employed a deputy manager and an administration manager.

People lived in a service where an open and inclusive environment had been developed. We saw positive relationships had developed between the management team and this in turn filtered down to other staff working in the service. We observed staff working well as a team. They were cheerful, efficient and communicated well with each other. The management team promoted an open and honest atmosphere and the deputy manager told us that staff were encouraged to approach the management team as needed to discuss and resolve issues. Staff told us that they were supported by the managers and felt comfortable raising any concerns or issues with the management team. One member of staff told us, "The managers here are amazing." Staff were praised by the management team for the work they did and we saw staff were given awards for example, for going above and beyond in their professionalism.

People lived in a service where their views were sought and information was shared with them to ensure they were included. One person we spoke with told us they felt involved in the service and said, "It is mutual co-operation." We saw a newsletter was sent to people on a regular basis with information about changes in the service along with any activities people could get involved in. We saw from the most recent newsletter that people were reminded that they were welcome to attend forthcoming staff interviews and have their say. There were regular meetings held for people who used the service and one person we spoke with told us, "We all get a chance to speak." We saw that the next meeting was planned and there was a poster up informing people of the date and asking for any agenda items they wished to discuss.

There were systems in place to gain people's views of the service and any suggestions for improvements. We saw people had been given the opportunity to complete a service satisfaction survey and the results of this had been very positive. There was also a suggestions book in place and two suggestions had been recorded, one for a piece of equipment and one for extra art material and both of these suggestions had been acted on.

People could be confident that the quality of the service would be monitored. There were systems in place to monitor the quality and safety of the service. We saw the management team carried out regular audits in

the service. These included audits of the cleanliness and safety of the environment. We saw the audits were effective and the service was clean, hygienic and well maintained.