

Springfield Manor Gardens Ltd

# Springfield Manor Gardens

## 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Springfield Manor Gardens is a nursing home providing personal care to 54 people at the time of the inspection. The service is registered to support up to 58 people within three units on three floors.

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

Documentation related to one person's medicine did not reflect their prescription. We have made a recommendation about this. Staff were recruited safely. Safeguarding procedures were in place to protect people from the risk of abuse by staff who understood and were trained on how to recognise and respond to concerns. Infection control systems and audits continued to ensure a clean environment.

The registered manager ensured staff received training that met people's needs. Feedback showed most people were happy with meals and quantity of food provided throughout the day. One person said, "The food is good." People received support with their healthcare needs. The environment was maintained to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team were clear about their roles and responsibilities. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. The registered manager used a variety of methods to assess and monitor the quality of the service. This ensured the service continued to be monitored and improve.

Rating at last inspection and update: The last rating for this service was requires improvement (published 11 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We received concerns in relation to recruitment, staffing and governance. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield Manor Gardens on our website at [www.cqc.org.uk](http://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 re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Springfield Manor Gardens

## 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.

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

Springfield Manor Gardens 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with five people who used the service and one relative about their experience of the care

provided. We spoke with fifteen members of staff including the provider, director, registered manager, assistant manager, care workers, housekeeping staff, maintenance staff and agency staff on shift when we visited.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the management and administration of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Not everyone received their as and when required medicines as documented. One person requested pain relief sooner than the recorded instructions. Records indicated this had been requested and administered against guidance on several occasions. The nurse on duty liaised with the person's G.P. to amend the instruction to reflect the person's wishes and meet their needs.

We recommend the provider consider current guidance and take action to ensure their administrations records related to as and when required medicines meets best practice and people's wishes.

- People received their scheduled medicines as prescribed. One person told us, "I get my medicine on time."
- We observed the person-centred administration of medicines. People were given time to take their medicines.
- Controlled drugs were stored and recorded correctly. Controlled drugs are medicines that are tightly controlled by the government because they may be abused or cause addiction.

### Staffing and recruitment

At our last inspection we recommended the provider consider current guidance on their deployment of staff. The provider had made improvements.

- Enough staff were deployed to meet people's needs. However, we still received mixed feedback on how responsive staff were. One person told us, "At the weekend I was in a fix, and staff could not find anyone to help. I waited 45 minutes." A second person commented, "Plenty of staff around when I need somebody." One relative said, "There are staff about if you need them."

At our last inspection we recommended the provider consider current guidance on their recruitment of staff. The provider had made improvements.

- Staff were recruited safely. The provider had robust recruitment checks in place; pre-employment checks were completed including checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with people who may be vulnerable. One staff member commented, "I know everything had to be in place before I started here."

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Springfield Manor Gardens. One person commented, "I feel safe, especially at night, knowing staff are here." A second person said, "I am very safe here, staff visit me to check I am alright."
- Staff were provided with training in safeguarding and knew how to identify and report concerns. One staff member told us, "If I had concerns, I would go to [member of the management team]. I know they would deal with it."

#### Assessing risk, safety monitoring and management

- All contracted staff had received moving and handling training. However, one person did not feel the risks related to their moving and handling were managed safely. They stated, "I have no confidence in the staff." The registered manager was aware and had investigated the person's concerns.
- The home had assessed risks to people's safety and wellbeing. Guidance around managing people's risks was contained in their care records for staff to follow.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured, in case of a fire, staff had guidance on how to support people in an emergency.
- Checks of the premises and equipment had been completed as required, with certification in place to confirm compliance. A fire risk assessment was in place and was due to be updated to reflect the environmental changes that had taken place within the home.

#### Preventing and controlling infection

- We looked at infection control processes and procedures and observed staff practice. We were assured the service were following safe infection prevention and control procedures to keep people safe. One visiting relative confirmed they had to be tested before they visited their family member. One staff member commented, "We have good infection control training in place."
- 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.
- Springfield Manor Gardens had a food hygiene rating of five. This means the hygiene standards are very good and fully comply with the law.

#### Learning lessons when things go wrong

- The provider had worked with the local authority on reviewing the quality of the service delivered. The registered manager said, "It has been good sharing information, I have learnt a lot about policies and



procedures."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to take timely action to deliver care and treatment in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team were in the process of reviewing all paperwork related to any restrictions people had in place. This was completed during our inspection, ensuring they were working within the requirements of the MCA.
- Staff had received training related to the MCA. We observed people being offered choices and supported with their decision making by care staff.

Staff support: induction, training, skills and experience

- There was a reliance on agency staff to support the service. One person questioned staff competency and experience in supporting people with their personal care. The registered manager was aware of these

concerns and some actions had been taken and a review of the concerns was ongoing. The registered manager stated that recruitment was ongoing so agency staff would not be required. They also said they booked regular agency staff in advance to provide continuity. A staff member commented, "They [management] are employing more staff."

- Staff told us they had the skills to complete their roles. Senior carers were required to complete additional training to reflect their additional responsibilities. One staff member commented, "The training is full on."
- Due to the Pandemic the provider was reliant on computer-based training. The registered manager had recognised not all staff had completed their mandatory training as required. They had scheduled time to focus on staff training and encourage staff participation. After the inspection they shared, 'We had identified that staff were finding it difficult to complete the training within the time required, also due to peoples different learning abilities and I.T. skills we are supporting and aiding the staff to complete the online training 'in house' in the month of May, with the support from Senior Management team.'
- Staff said they received individual and group supervision to guide them in their roles. One staff member stated, "The management are supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- We received mixed feedback on the quality of the food and people's experiences. One person told us on one occasion they had been served frozen food. They said, "The chef apologised, took it away, microwaved it and returned it still frozen." A second person commented, "The food is delicious, three course meal at lunchtime. I can't eat the suppers it is too much."
- People had access to food and snacks 24 hours a day. People were able to request additional food at mealtimes to snack on later to supplement the drinks and snacks already available. The deputy manager told us, 'If a person's not eating well, we set up a 'snack box' for them to enjoy at their own leisure – which include their personal favourite foods.'
- Where people required a modified diet, this was provided in line with guidance. One relative told us, "[Family member] gets everything she needs."
- Each person had a mealtime passport. This is a document that shared dietary risks, preferences and nutritional information with kitchen staff.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- One person's rehabilitation needs had not been addressed in a timely manner. The registered manager stated they were unable to refer to community-based therapists until the person had been discharged from the care of the hospital. This had caused a delay in seeking support.
- The registered manager worked with healthcare professionals to ensure people's healthcare needs were met. They worked with services including G.P.s and community-based health and social care professionals. One relative told us they had accompanied their family member in the ambulance when they attended hospital for an appointment.
- Staff had a good understanding about the current medical and health conditions of people they supported.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information gathered during assessment was used to create people's care plans. People's likes, dislikes and preferences had been captured and used to inform the care planning process.
- We saw the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. Care and support for people was reviewed regularly or when people's needs changed.

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.
- Communal areas were provided where people could relax and spend time with others. We observed one person enjoyed spending time in the onsite pub.
- Corridors were free from clutter which promoted people's independence.

# 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 has now 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not met their regulatory responsibility to have effective systems to have oversight of and manage the service delivered. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team had clear roles and areas of responsibility. Daily handovers took place so that individual needs and concerns could be addressed and discussed in a timely manner
- Systems were in place which continuously assessed and monitored the quality of the service. Staff meetings and supervision sessions were used to ensure continuous learning and improvements took place.
- When areas of improvement had been identified, the provider took swift action to address the concerns raised. Strategies had been implemented to promote good practice and areas of responsibility and key duties had been delegated to staff allowing regular oversight of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Management worked together promoting a shared vision, engaging with people, relatives and staff. One staff member commented, "The management are very good to me." A second staff member said, "Really good firm to work for. The management are supportive."
- We saw the management team had sought and acted on feedback from people.
- The service worked in partnership with healthcare professionals and other agencies to ensure they could continue to meet people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their duty of candour responsibilities. They actively participated in frank and honest conversations volunteering information on areas that could be improved.

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

outcomes for people

- We received mixed feedback on people's experience of the service. One person told us they had not been empowered and lacked confidence in the service and the staff skills stating, "There is so much wrong here." The registered manager was aware of and investigating the person's concerns. A second person stated, "I love it here, the staff are lovely, all friendly and will do anything for you." One relative said, "They [staff] do very well, they know [family member] well. [Family member] gives [staff member] a big smile." One staff member commented, "[Member of management team] always listens and talks to me with dignity and respect."
- Onsite face to face visits had commenced to promote people's wellbeing. These visits were in accordance with government guidelines and best practice.