Springfield Care Services Limited

Springfield

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Springfield is a residential care home that was providing personal care to 59 people aged 65 and over at the time of the inspection.

People's experience of using this service:
People told us they felt safe at the service. Incidents were investigated and reported appropriately.
People gave us mixed feedback on staffing levels however there were enough staff to meet people's needs and staff were recruited safely.
People received their medicines as prescribed, and arrangements for ordering, storing and recording medicines were safe.
People told us the service was clean and well maintained.
We were told staff had the right levels of training to meet people's needs. Staff told us they felt well supported through training and supervision.
People were supported to eat and drink enough to maintain a healthy lifestyle. We found people's nutritional needs were monitored where necessary, with appropriate input from health professionals.
People told us staff were kind, caring and compassionate.
Staff supported people to maintain their independence. People told us staff respected their privacy and dignity.
Care plans contained variable levels of quality person centred information, and this information was not always easily accessible. Relatives told us they did not always have access to care plans or that they were not always involved. We have made a recommendation around people's care plans.
People knew how to make complaints and complaint were responded to appropriately.
There were quality assurance measures in place to monitor and improve the effectiveness of the service.
Staff said the registered manager was approachable. The registered manager gathered and used feedback from people and their relatives to improve the service.

Please see more information in Detailed Findings below.
Rating at last inspection: The service was rated Requires Improvement at the last comprehensive inspection in January 2018. There were no breaches of the Health and Social Care Act (2008) identified.

Why we inspected: This was a planned inspection based on the service's previous rating.

Follow up: We will continue to provide ongoing monitoring of the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Springfield

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by two inspectors and two Experts 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.

Service and service type:
Springfield is a 'care home'. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided. Both were looked at during the inspection.

The service had a manager registered with the CQC. 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 first day of the inspection was unannounced.

What we did:
Before inspection we reviewed information we held about the service with regards to incidents and events the provide is required to tell us about. We used information sent by the provider in the provide information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback about the service from the local authority who monitor the care and support people receive, and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with eight people who used the service and eight relatives of people who used the service. We spoke with six staff including the registered manager, senior staff, medicines lead, a

member of the provider's training team and care staff. we observed support and care being provided in communal areas. We observed a mealtime experience. We reviewed a range of documents relating to the maintenance of the estate, governance arrangements and people's care. We also spoke with a visiting healthcare professional to gather their feedback about the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.
- People were protected from harm. The service had policies and procedures in place to safeguarding people from the risk of abuse. Staff received training in safeguarding vulnerable adults.
- Staff we spoke with were able to describe different types of abuse, what signs to look for and how to report their concerns. Staff were also aware of anonymous whistleblowing procedures.
- There was a record of safeguarding alerts with relevant correspondence and investigation reports. Where incidents had occurred, action was taken to suspend staff, investigate the incident and where necessary take disciplinary action.
- People and relatives we spoke with told us they felt the service was safe. Comments included, "It's safe here", "It's alright here, nice and safe. They look after you well."

Assessing risk, safety monitoring and management
- Risk assessments were completed for every person with guidance for staff to help reduce risks to people's health and wellbeing. These included falls risks, nutritional and hydration risks, skin integrity risks and manual handling risks.
- There were a range of safety checks and inspections carried out to ensure the premises and equipment used by people were safe, including fire risk assessments and hazardous waste risk assessments. There were valid safety certificates in place to show that gas, electricity and water systems met national safety standards.
- People had individual personal emergency evacuation plans in place with guidance for staff on how to evacuate each person safely. There was also a business continuity plan in place with guidance on how to respond to a significant event such as an environmental incident or power cut.

Staffing and recruitment
- There were generally enough staff on duty to safely meet people's needs.
- Staff we spoke with told us they felt there were enough staff. Comments included, "It seems to be fine. We have a few agency staff, but they come here all the time", "I think there could be more but it's the case everywhere. We are alright though."
- People and relatives we spoke with gave mixed feedback on staffing levels. Comments included, "Sometimes short staffed but staff are wonderful. Do get agency staff in if they are short", "Staffing generally seems to be good. Agency staff come in sometimes" and "There are some empty rooms here at the moment that's why staffing is okay."
- We reviewed staffing rotas and dependency calculations and found they matched the planned staffing levels.
- Systems and processes for recruiting staff were safe. We reviewed staff personnel files and found there

were appropriate background and identity checks in place.

Using medicines safely

● Medicines were safely administered in line with the provider's policies and procedures. Staff received training in medicines administration and were assessed for their competency to administer medicines by senior staff.

● The systems for storage, disposal and stock control of medicines were safe. This included medicines which required temperature control and medicines which were controlled under the Misuse of Drugs Act 1971 and associated regulations.

● People we spoke with told us they received their medicines on time. One relative we spoke with said, "They administer medicines for him, they stand there and make sure he has taken them. They tell me if he has had any problems."

Preventing and controlling infection

● The service was clean, staff received training infection prevention and there were sufficient infection prevention items such as personal protective equipment and anti-bacterial hand gels available.

● Comments from people included: "It is very clean here, there are never any nasty smells" and "The cleaning here is never ending. They are always cleaning something."

Learning lessons when things go wrong

● There were systems in place to record and investigate accidents.

● Where accidents had occurred, there were actions undertaken to reduce the likelihood that they would reoccur.

Good

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
- People's individual needs had been effectively assessed prior to them moving into the care home. There were detailed questions to ensure people's personal background, medical history, professional and social networks were considered.
- Staff provided care and support in line with national guidance and best practice guidelines.

Staff support: induction, training, skills and experience.
- Staff were provided with an appropriate induction, programme of training and ongoing support to ensure people's needs were met. This included directly observed practice, competency assessments and one to one support meetings and supervisions where staff were able to discuss their training needs.
- People and relatives we spoke with generally agreed staff were well trained. Comments included, "I'm sure they are trained, they seem to know what they are doing", "I think staff are trained, I can't fault them" and "Staff are well trained."
- Staff training needs were monitored by the registered manager using a training matrix. Staff told us they felt well supported by the training programme in place, senior staff and the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet.
- People were supported to eat and drink enough to maintain a balanced diet. Staff considered people's preferences as well as their health needs, for example some people were prescribed specific diets or food textures.
- Where necessary, staff recorded people's food and fluid intake. Staff also recorded people's weight regularly and consulted with healthcare professionals where appropriate.
- We tasted the food and observed three mealtime experiences during the inspection. Food was well cooked and appealing.
- People and their relatives told us the food was good. Comments included, "You get plenty of everything here, the food always looks nice", "The food is pretty good, not like home cooking but nice" and "Food is great, wonderful."
- There were plenty of fresh, labelled water jugs and snacks available for people during the day.

Staff working with other agencies to provide consistent, effective, timely care.
- People's care was effective and consistent. The service had links with local healthcare professionals such as the local authority, GP surgeries and the local pharmacy. Staff knew how to raise concerns and arrange referrals to healthcare professionals where necessary.

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

● The design of the service generally met people's needs. The environment was clean, free from odour and well maintained. People's bedrooms were personalised.
● There was dementia friendly signage in the building and pleasant decoration, however we noted one floor which did not have dementia friendly signs, and it was decorated with adhesive pictures which had been picked away. We raised this with the registered manager who told us they would consider the redecoration of that floor.
● Access to the building was secure.

Supporting people to live healthier lives, access healthcare services and support.
● People were well supported with their health needs. People and their relatives told us that the service proactively helped people to access healthcare professionals when needed. Comments included, "It's very easy to see a GP, staff call one out if you are poorly", "It's very easy to get a doctor. Our family GP visits here" and "I believe it's easy to get a doctor."
● We spoke with a visiting health professional who told us that staff were responsive to their input and that they were confident staff were monitoring people's health needs effectively.

Ensuring consent to care and treatment in line with law and guidance.
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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles. No bullets to these paras.
● People's mental capacity was effectively assessed and managed. Capacity assessments and best interests decisions were made in line with best practice.

● The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.
● People were treated well. People and relatives we spoke with said that staff treated people with kindness and respect. Comments included, "The staff are wonderful and kind", "I'm very happy, they sit and talk to you", "Some are very kind. [Staff name] visited my relative in hospital on their day off to give me a break. I am always made welcome" and "Staff are very approachable, you can ask them anything. They listen to what you say and are very kind."
● People's diverse characteristics were recorded in their care plans so that people's cultural, religious and other important needs could be met.

Supporting people to express their views and be involved in making decisions about their care.
● People were supported to express their views and make decisions about their personal preferences and daily routines.
● One person we spoke with said, "I usually go to bed about 9 o'clock and watch TV. Sometimes I get up at eight or nine o'clock, depends how I feel". Another person said, "They are very good here, listen to me. Told them I had a headache this morning and they asked if I wanted to go back to bed."
● There was information on how to access an advocate available, and they were appropriately included in people's care. We spoke with a relative who said, "I am [Name's] advocate and I was involved in setting up their care plan."

Respecting and promoting people's privacy, dignity and independence.
● People were well respected. Staff understood how to protect and promote people's privacy, dignity and independence.
● People and relatives told us they felt their dignity, privacy and independence were respected. Comments included, "I need help to shower, I try to dress myself, but staff help if need be" and "Staff here are most respectful, as they always shut the door when they take me to the toilet."
● Comments from people and relatives included, "They always shut the door when they take me to the toilet", "Staff are really good, they help my husband with personal care. They are very respectful".
● People were supported to maintain relationships with family and friends that were important to them. One relative said, "We are always made to feel welcome, and are offered a cup of tea."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
● The quality of care plans were inconsistent in terms of the quality of information recorded. Some care plans we reviewed contained high levels of good, person centred detail however some care plans did not. For example, people's preferred mode of address, and people's repositioning needs. Where one person had an end of life care plan with the district nurse, this was not available on the electronic system.
● The service had migrated care plans onto an electronic format. This enabled staff to use handheld devices to read and update care plans. However, information such as risk assessments for specific behaviours were held separately on paper copies which were locked away. This made access to all relevant information more difficult. Staff we spoke with were aware of individual risks to people.
● Relatives we spoke with gave mixed feedback on care plans. Comments included, "We set up a care plan, but we had to do another as the original was lost. We requested a copy but have not had one" and "No, I've not been involved in any reviews."
● We spoke with the registered manager who agreed to review how care plans were written. They told us the service was going to make changes to its systems around writing and storing care plans.

We recommend the service review systems and processes around care planning.

Improving care quality in response to complaints or concerns.
● Complaints were responded to appropriately and investigated in line with the provider's complaints policy.
● There were a number of complaints relating to the laundry system as a number of personal items had gone missing. In response the registered manager had introduced a new system. Relatives we spoke with felt this had led to improvements. One relative we spoke with said, "We had some problems with clothes going missing, but it has got better."
● People and relatives told us they knew how to raise concerns. Comments included, "Any complaints, I would tell the staff" and "There's a notice telling you how to complain or you could always speak to the manager."

End of life care and support.
● People nearing the end of their lives had appropriate plans in place.
● We spoke with a visiting health professional who said that staff supported them to ensure people were well cared for at the end of their lives.
● Where people had made advanced decisions, such as a DNAR (Do Not Attempt Resuscitation, a document issued and signed by a doctor) these were documented clearly in people's care plans.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- There were a range of quality assurance and audit processes in place. These included daily walk rounds by the registered manager, random night shift spot checks, cleanliness audits, medicines audits and visits by the provider's own quality assurance team.
- Staff we spoke with were positive about the leadership and culture of the service. Comments included, "The manager is polite, approachable, always there when you need a chat anytime" and "Once you get to know the manager, it feels like they've been here all the time. They are approachable, easy to get on with and acts on any issues."
- Planned improvements to the service included a redesigned main lounge and garden, and a new medicines storage area so refused or returned medicines could be catalogued and moved more efficiently.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Services which are registered with CQC are required to notify without delay certain events that happen such as events which stop the running of the service or changes in registration. The registered manager understood their role and they submitted notifications to CQC as required.
- Accidents and incidents were recorded and investigated.
- It is a legal requirement for a service's most recent CQC inspection rating to be displayed at the service and on the provider's website, so that people can be informed of our judgements. This requirement had been complied with.

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

- The registered manager gathered feedback from staff and people who used the service.
- This included annual surveys, staff meetings and resident and relatives' meetings. Feedback from these meetings was used in the improvement and development of the service.
- Relatives we spoke with said, "We always get plenty of good information. The deputy manager emails me", "They send us a monthly newsletter telling us what's happening, what's being organised".

Continuous learning and improving care.

- The registered manager collected and analysed information about the service, for example incidents and falls, and used this information to create an action plan to reduce or mitigate identified risks. For example,

we saw where one person had recurrent incidents this triggered a best interest meeting where the suitability of the service to meet the person's needs was discussed.

● The registered manager acted on feedback from local authority visits.

Working in partnership with others.

● Staff worked closely with local healthcare providers such as the GP surgery, district nurses and the local pharmacy. Staff worked in partnership with local authority commissioners, social services and safeguarding team members where necessary.