

Springfield Care Centre

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Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This inspection was unannounced.

Springfield is a nursing home registered to provide accommodation and nursing care for up to 80 people. At the time of the visit there were 77 people using the service. The service was arranged into six units accommodating 10 to 15 people.

At our previous inspection in February 2014, we found the provider was meeting the regulations we inspected.

Summary of findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that the administration of 'as required' medicines were not always available or the information contained within them was not adequate. This meant there was not always guidance for staff about when it would be appropriate to administer some medicines such as a medicine used for agitation or laxatives. This was a risk to the health and well-being of people who used the service.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

People told us they felt safe using the service. Staff were trained in safeguarding adults and the service had policies and procedures in place to ensure that the service responded appropriately to allegations or suspicions of abuse. The service ensured that people's human rights were respected and took action to assess and minimise risks to people. Staff had received training on behaviour that may challenge and the service consulted with other professionals about managing aspects of behaviour safely.

All of the people we spoke with said that staff were approachable, they could chat with the staff and that they were listened to. Throughout our inspection we observed that staff were caring and attentive to people. Staff showed dignity and respect and demonstrated a good understanding of people's needs.

People's views about the staffing level varied. Some people told us there were not enough staff but others felt that staffing level was adequate. However, all people we spoke with made positive comments about the staff. Their comments included, "[Staff] are very caring and treat everybody as an individual. The carers are always treating people nicely. They are very caring and polite."

Staff had access to information, support and training that they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff were able to provide care and support that met people's needs.

Care plans and risk assessments were completed and reviewed regularly. This ensured that there was appropriate care and support that reflected and met each person's needs.

The provider worked with relevant social and health care professionals. This ensured that there was good communication and co-ordination between relevant people to work together to meet people's needs.

Summary of findings

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 not safe. Even though there were adult safeguarding systems in place, people who used the service were not safe because protocols for the administration of 'as required' medicines were not always available or the information contained within them was not adequate. This meant people's health and well-being was at risk because there was not always guidance for staff about when it was appropriate to administer some medicines such as a medicine used for agitation or laxatives.

We found the provider met the requirements of the Mental Capacity Act (2005) code of practice. Staff we spoke with understood what processes to follow if someone lacked capacity to make decisions or was likely to be deprived of their liberty. The manager had made deprivation of liberty safeguards (DoLS) applications for all people using the service and two of these had been granted so far.

Requires Improvement



Is the service effective?

The service was effective. There were systems in place to ensure staff had support to carry out their duties. Staff told us their line managers were "supportive, approachable and easy to talk with". Staff supervision enabled staff to discuss their practice and to identify any learning or development needs. We saw evidence of staff supervision in the staff files we checked.

People told us the food provided at the home was "very good". One person said, "You can order something not on the menu. They are accommodating." We checked the menu and saw there were two options which people could choose from.

Staff were present to assist people with their meals at meal times. We observed lunchtime and saw staff helped people who required assistance with their meals. We saw staff were not hurried and asked people if they wanted assistance with their meals. We observed staff asking people questions including, "What drink would you like? Do want me to give you a hand." This ensured people were offered an opportunity to say if they wanted to receive support with their meals.

Good



Is the service caring?

The service was caring. Visitors told us staff looked after people with compassion. Comments by relatives included, "[Staff] are very caring and treat everybody as an individual. The carers are always treating people nicely. They are very caring and polite." We saw staff were friendly and caring when interacting with people and when supporting them with meals.

Good



Summary of findings

People told us staff respected their privacy and dignity. One person said, “The Carers are good, they treat me with respect and dignity that I deserve.” Another person said they were happy with staff because they “ask me what I want to do and support me [with my needs]”.

Is the service responsive?

The service was responsive. We noted a GP visited once every week to review people’s medicines and healthcare needs. People were also referred to health professionals when they were unwell or when they suffered incidents such as falls

All the care plans we looked at were reviewed and up to date with information. This enabled staff to respond to people's needs. Staff also kept daily notes of their contact with people and significant events.

We found that people who used the service had the opportunity to participate in some planned activities organised and provided by staff. The activities provided were games, singing and quizzes.

Good



Is the service well-led?

The service was well led. Various aspects of the service were regularly checked by the manager. This ensured that the facilities and equipment used by people were suitable and appropriate to use.

Relatives and staff had regular meetings in which they discussed issues relevant to the service. This ensured there was opportunity for to talk about various common issues.

The service had a registered manager who, people told us, was “approachable” and listening to people. Staff had regular supervision and support from management.

Good



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Detailed findings

Background to this inspection

We visited the service on the 7 and 8 August 2014. The inspection team on 7 August 2014 consisted of one adult social care 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 service. The adult social care inspector carried out a second day of inspection on 8 August 2014, and a pharmacy inspector visited the service on 12 August 2014.

During the inspection we spoke with 16 people using the service, nine visitors or relatives of the people, three social care and one healthcare professional, four care staff, the registered manager and the area manager.

We looked at 11 people's care records and six staff files. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We also looked at records kept for staff training and staff rota.

Before the inspection we reviewed the information we held about the service. This included the provider information

return (PIR), notifications, safeguarding alerts and outcomes and information from the local authority. The PIR 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. The PIR also provides data about the organisation and service.

At our previous inspection in February 2014, we found the provider was meeting regulations in relation to outcomes we inspected.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

During our visit we found that protocols for the administration of 'as required' medicines were not always available or the information contained within them was not adequate. This meant there was not always guidance for staff about when it would be appropriate to administer some medicines such as a medicine used for agitation or laxatives. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We also found that medicines were not always obtained in time for people. There were problems at the beginning of each monthly cycle ensuring that all medicines requested had been supplied. The delivery of the medicines did not always allow the provider adequate time to check for discrepancies before the medicines were due to be administered. We looked at the records of 15 people living in the home and saw that this had led to 26 missed doses of nine different medicines for four separate people. There was evidence that the provider worked with the supplying pharmacy when this occurred however people were seen to miss doses of their prescribed medicines. This was a risk to the health and well-being of people who used the service.

Medicines were being kept securely and only accessible to staff authorised to handle medicines. Controlled drugs were being appropriately stored and checked daily. Medicines that required cool storage were being stored in the refrigerator. The temperature of the clinical rooms where medicines and medicine trolleys were stored was being monitored and the temperature of the refrigerators including the minimums and maximums were being recorded to ensure they remained within safe limits. Eye drops, creams and liquid medicines had the date of opening on them.

Medicines were administered by a qualified nurse. Arrangements were in place to identify people with their photographs before administration of medicines. However, there were four cases where photographs were not available to identify people. Out of these three had refused to be photographed. Allergy status was available in all cases. This ensured people were not given medicines that were not suitable for them.

The service had a robust recruitment system in place. All the staff files we checked contained evidence of police checks, written references and training certificates. This indicated people who used the service were supported by staff who were appropriately vetted.

The provider had a safeguarding procedure including what steps to take to report any incident of abuse. We were informed that all staff had attended safeguarding training. Staff records, which we checked, and staff we spoke with confirmed that staff had attended safeguarding training. When we asked staff their understanding of safeguarding they were able to tell us what it meant and what actions they would take to record and report any incident of abuse. This showed people were supported by staff who knew about adult safeguarding.

Our records showed the service had made appropriate safeguarding referrals when this had been necessary and had responded appropriately to any allegations of abuse. We noted the provider had liaised with the local authority, relatives and professionals and taken actions, when these were necessary, to deal with any allegations of abuse. This meant that people could be reassured that safeguarding concerns were appropriately investigated and people were protected from harm.

We found the provider met the requirements of the Mental Capacity Act (2005) code of practice. There were policies and guidance available to staff about the Mental Capacity Act and Deprivation of Liberty Safeguards. We noted staff had undertaken training and knew the key requirements and their responsibilities. Staff we spoke with understood what processes to follow if someone lacked capacity to make decisions or was likely to be deprived of their liberty. A member of staff explained their understanding of this by saying that people who used the service had the same rights as any person and they should not be stopped, unless it was assessed and recorded in their care plans, from going out. We saw the manager had made deprivation of liberty safeguards (DoLS) applications for all people using the service and two of these had been granted so far.

All the care plans we reviewed contained risk assessments including the risk of falls. We saw that these were reviewed monthly or following any changes to people's needs. The risk assessments provided clear information about risks to people and what was needed to manage them. This ensured that risks people were identified and minimised.

Is the service safe?

We looked at the staff rota and noted that there were three care staff and one nurse on shift in each of the four units with fifteen people. The other two units where ten people lived had two carers and one nurse each with one person in one of these units also having a one-to-one care staff in the morning shift.

When we asked visitors about the staffing level, one person said, "They are not enough." A professional we spoke with

also said, "During the weekend, they are a bit short [of staff]." However, people using the service told us that staff were available to support them. A person using the service said, "When I call, they do come, it is great here." Relatives of people told us the home was "safe". For example, a relative of a person using the service said, "It is very safe here."

Is the service effective?

Our findings

Staff told us they had attended "lots" of training, which included health and safety at work, adult safeguarding, moving and handling, palliative care, basic food hygiene, customer care and dementia awareness, fire safety and infection control. Three of the four care staff we spoke with confirmed they had attended training on Mental Capacity Act (2005) and one member who had not yet attended this training told us they were booked to attend the training.

The provider's training records showed staff had attended various training programmes related to their roles. We noted new staff had completed an induction programme which involved shadowing more experienced staff and completing a workbook of learning objectives. Staff training consisted of in-house training within the organisation and external training. Mandatory courses included safeguarding, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, infection control, fire safety, food hygiene, first aid, moving and handling, health and safety, handling medication and communication.

Relatives of people we spoke with told us that they felt staff were good and caring. One person said, "Staff are great". Another person said, "The staff here are caring. I think the carer quality is good." Relatives told us staff were knowledgeable about the importance of asking people for their consent to care and treatment. A relative said, "Carers always ask mum politely before any procedure." This ensured that people had a say in their care. However, one relative of a person using the service told us some carers needed to have more training on Alzheimer's disease. The manager told us that this was one of the training areas being provided for staff.

Systems were in place to ensure staff had support to carry out their duties. Staff we spoke with confirmed they had received supervision from their line managers. All the staff we spoke with told us they were supported by their line managers and the registered manager. They told us their

line managers were "supportive, approachable and easy to talk with". Staff supervision enabled staff to discuss their practice and to identify any learning or development needs. We saw evidence of staff supervision in the staff files we checked.

People told us the food provided at the home was "very good". One person said, "You can order something not on the menu. They are accommodating." We checked the menu and saw there were two options which people could choose from. We noted people were asked to choose what they preferred. People's care files showed the provider assessed and monitored people's nutritional needs. We saw care plans contained information about people's food preferences, including their cultural choices and personal likes and dislikes. It was evident from discussion with relatives and people's care records that people's weights were monitored and advice sought from dietitians regarding their diets. This ensured that people's nutritional needs were met.

Staff were present to assist people with their meals at meal times. We observed lunchtime and saw staff helped people who required assistance with their meals. We saw staff were not hurried and asked people if they wanted assistance with their meals. We observed staff asking people questions including, "What drink would you like? Do you want me to give you a hand?" This ensured people were offered an opportunity to say if they wanted to receive support with their meals.

People's healthcare needs were regularly monitored. Visitors and staff informed us that the GP visited weekly on Thursday and as needed. Records confirmed that people had been referred to hospitals and community based healthcare professionals and received appropriate treatment. Records showed people's needs were re-assessed and appropriate care put in place for them when they were discharged from a hospital. This ensured people's needs were recognised and met by the provider.

Is the service caring?

Our findings

Visitors talked positively about how staff provided care. For example, a relative of a person said, "Mum is looked after extremely well." Another visitor told us staff treated people as individuals, with compassion, and were polite when interacting with them. We saw staff were friendly and caring when interacting with people. We observed staff sat by people's side and communicated with them when supporting people with their meals. We noted people were relaxed when interacting with staff. People told us staff "listened" to them. This showed staff were caring and meeting people's needs.

Staff maintained relationships with people's families and friends. For example, two relatives of people said, "[Staff] keep us informed [about people's well-being]." They said staff contacted them by telephone to tell them information about people's care or appointments. They said they were "confident" people were "well looked after" by staff. Relatives said they talked to staff about people's support needs and this enabled them to be involved in the care and treatment people received.

All people's care files we checked were detailed and contained information about their needs and how staff should support them." We noted information about

people's needs and how staff should support them was outlined in the care plans. The care plans were reviewed and signed monthly by staff. We noted from discussion with people and the care files we checked that people were involved in their care plans. This ensured that changes in people's needs were identified and met by staff.

People told us staff respected their privacy and dignity. One person said, "The carers are good, they treat me with respect and dignity that I deserve." Another person said they were happy with staff because they "ask me what I want to do and support me [with my needs]". The person told us they attended a place of worship and did a voluntary work. They told us the provider was "accommodating" in providing care and support that reflected and met individual people's needs. We noted people attended "residents' meetings" and discussed matters relating to the service.

We observed staff were caring and polite when interacting with people. Staff were not hurried when supporting people with activities or their meals. A member of staff told us how they ensured people were well cared for in the home. They told us the care people received was "good" and they were "happy for my family member to use this service". This showed staff confidence in the quality of care people received.

Is the service responsive?

Our findings

People were referred to health professionals when they needed medical care. For example, a visitor told us that staff had "called a GP when [a person] had infection". Records we saw and the manager confirmed that a GP came every Thursday to check people's healthcare needs. This insured people who used the service received appropriate medical care because their healthcare needs were reviewed regularly.

We found the registered person had an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments. This meant people using the service were confident that their concerns and comments were taken seriously and dealt with by the manager. The manager told us that they monitored complaints on a monthly basis to check how many complaints had been received and responded to. We were informed complaints were seen as a tool to help improve the quality of service. We noted the complaints policy was displayed on the wall for people to see and use.

People told us they knew who to speak with if they had a concern. A person using the service said, "I am very happy here. I know who to talk to." A relative of a person told us, "The manager is approachable." Another person told us that they were satisfied with the way their complaint had been handled and responded to by the provider.

People's preferences, for example, the meals they liked and how they wanted to be supported were detailed in their care plans. We saw the care plans provided a pen picture ("My Life Story"), which assisted staff to know about each person and respond to their needs. This indicated that the care and support provided was person centred.

People's social and healthcare needs were met because the provider communicated and worked with other professionals. Three healthcare professionals we spoke with told us that their "working relationship [with the provider] is very good" and they had been invited to and attended people's reviews. They told us an example of a person who had "made a lot of improvement" through joint reviews with care staff and referrals to appropriate healthcare practitioners such as physiotherapists, GPs and speech therapists.

We found that people who used the service had the opportunity to participate in some planned activities organised and provided by staff. The activities provided were games, singing and quizzes. Most of the people we spoke with told us they enjoyed the activities. However, two people told us they would like to go out of the home occasionally but this did not happen for them. We discussed this with the manager and were informed that they would look into how people would be supported to access community based facilities such as parks and shops.

Is the service well-led?

Our findings

The registered manager had a check-list for auditing various aspects of the service. For example, audits of care documents, review of pressure ulcers, and exterior and interior parts of the building. We saw the check-list. The registered manager told us how the check-list had been used. They said they observed the service, interviewed staff, examined the records and spoke with people using the service and visitors. People and visitors we spoke with told us the manager had asked them how they felt about the service. This showed people had opportunity to voice their opinions about the service.

Appropriate arrangements were in place for checking the safe use of medicines by the care home manager. There was a monthly audit and records of medication incidents were being kept. We saw that there was a training programme provided by the supplying pharmacy for nursing staff working at the home with regards to medicines management and administration. Appropriate reference material was provided by the home for the staff to use when administering medicines.

We noted the relatives had regular meetings in which they had an opportunity to discuss issues relating to the service. We saw the minutes of the last such meeting which took place on 29 May 2014. This showed people were able to discuss and influence the quality of the service.

The manager also facilitated regular staff meetings. Records we saw confirmed that the last meeting was on 16 May 2014. Staff we spoke with told us they had attended meetings. They also told us they worked as a team. They said they were happy working at the home. A member of

staff said, "I am happy working here. I am happy to recommend anyone, including my family to live here. I feel free to talk to the manager." Another member of staff said, "I get supervision from my manager." This demonstrated staff felt confident and supported by management.

The relatives of the people we spoke with told that they found the manager to be "approachable". A relative of a person using the service said the manager was "wonderful". Another relative of a person informed that the manager "listened" to people and dealt with any complaints they had.

The registered manager had a good working relationship with other social and healthcare professionals. During the inspection we spoke with health and social care visitors. Their comments included, "[This is] one of the good homes in Redbridge]. Working relationship is very good. No problems with communication [with the staff]." The visitors told us that a lot of improvements had been made through working together with the service. They gave examples of how they jointly reviewed and referred people to a more suitable service. This indicated that there was a system in place for assessing and meeting people's needs through the involvement of relevant professionals.

We noted that there was a system for gathering people's views about the quality of the service. We saw a sample of satisfactory survey questionnaires which had been sent to stakeholders including people using the service. The manager had collated, analysed and published the outcome of the survey questionnaires. A copy of the report was displayed for people to see. The manager told us the service used satisfactory questionnaires as a tool for improving the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	People who used services and others were not protected against the risks associated with unsafe use and management of medicines because protocols for the administration of 'as required' medicines were not always available or the information contained within them was not adequate.
Treatment of disease, disorder or injury	