Springfield Residential Home Limited

Springfield Residential 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

Overall summary

This unannounced inspection took place on 19 August 2015. We returned on 24 August 2015 as arranged with the registered manager.

Springfield Residential Home is a care home providing personal care to a maximum of 34 older people who may also have a physical disability. At the time of our inspection there were 31 people receiving a service.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate processes.

Summary of findings

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

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 safe.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were safely managed.

Good

Is the service effective?
The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

People said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Good

Is the service responsive?
The service was responsive.

Care files were personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Good

Is the service well-led?
The service was well-led.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

Good

Summary of findings

A number of effective methods were used to assess the quality and safety of the service people received.

Springfield Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 19 August 2015. We returned on 24 August 2015 as arranged with the registered manager.

The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with 10 people receiving a service and 10 members of staff, which included the registered manager.

Some people who used the service at Springfield Residential Home had a dementia and were unable to tell us about their experiences. To help us to understand their experiences we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences

We reviewed four people's care files, four staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from a GP and social worker.

Good

Is the service safe?

Our findings

People felt safe and supported by staff. Comments included: "If I had any concerns I could talk to the staff"; "I would speak to a senior or the management if I was worried about anything" and "I like living here. I feel safe."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management, moving and handling, personal care and skin integrity. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included providing the necessary equipment to increase a person's independence and ability to take informed risks.

People confirmed that staffing arrangements met their needs. Comments included: "My needs are met when needed"; "There appears to be enough staff" and "There are always staff available." Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. We observed during our visit when people needed support or wanted to participate in particular activities, staff were promptly available. Staff were seen to spend time with people, for example, chatting with people about subjects of interest.

The registered manager explained that at a minimum there was five staff on duty during the day time. At night there were two waking night staff and three staff who slept on site. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall so people's needs could be met by the staff members that understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they had been checked in by a senior member of staff and the amount of stock documented to ensure accuracy.

Medicines were kept safely in locked medicine cupboards. The cupboards were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. One person commented: "I get my medicines when I need them." Medicines recording records were appropriately signed by staff when administering a person's medicines.

Good

Is the service effective?

Our findings

People thought the staff were generally well trained and competent in their jobs. One person commented: "The staff seem to know what they are doing."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People confirmed they were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP, district nurses, mental health practitioner and speech and language therapists. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a three month probationary period, so the organisation could assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, diabetes, dementia awareness, medicines management and first aid. Staff had also completed varying levels of recognised qualifications in health and social care.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. No-one was subject to DoLS at the time of our visit.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. Where staff were concerned a person was making unwise decisions due to a possible lack of capacity, they had worked closely with other health and social care professionals. For example, a person wanting to return to

Good

Is the service effective?

their home which was not safe due to their self-neglect. There was supporting evidence of how people's capacity to consent had been assessed and best interest discussions and meetings which had taken place.

People were supported to maintain a balanced diet. One person commented: "The food is very nice." There was a rolling five week menu which took into account people's likes and dislikes. Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being.

Staff were good at assisting individuals with eating and encouraging others to eat. Staff recognised changes in people's nutritional intake with the need to consult with health professionals involved in people's care.

People had been assessed by the speech and language therapist team in the past. As a result, people were prescribed specific diets, such as food being pureed or thickened. Speech and language therapists work closely with people who have various levels of speech, language and communication problems, and with those who have swallowing, drinking or eating difficulties.

Good

Is the service caring?

Our findings

People felt cared for by staff. Comments included: "I like living here. The staff are so kind and caring" and "The staff are so caring, nothing is ever too much trouble."

People felt they were treated with dignity and respect when being supported with daily living tasks. Comments included: "The staff treat me very well" and "My dignity is respected at all times." Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Comments included: "The staff encourage me to do as much for myself as possible" and "I am encouraged to be as independent as possible." Staff recognised how important it was for people to be in control of their lives to aid their well-being. For example, offering people choices about whether they have a bath or shower and what clothes they would like to wear.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, how one person enjoyed staff talking to them about things of interest to them and how this provided them with reassurance.

Staff relationships with people were strong, caring and supportive. People commented: "The staff are caring and very nice. We can have a laugh" and "The staff really care about me." Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, when a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they were treated as individuals when care and support was being planned and reviewed.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. People's comments included: "I recall having a care plan" and "My personal needs are met by staff."

People were involved in making decisions about their care and treatment through their discussions with staff. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, people said they were encouraged and supported by staff to identify specific goals they wanted to achieve. They felt this aided their sense of purpose and value. Comments included: "We get to go out on trips that we like" and "I feel involved in my care and make my own decisions with staff support."

Care files included personal information and identified the relevant people involved in people's care, such as their GP and district nurses. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them. Such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, mobility, skin care and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People engaged in activities within the home, such as baking and arts and crafts and spent time in the local community going to specific places of interest, shopping and afternoon teas. Outside entertainers visited the home. These included musicians and birds of prey. Staff commented: "It's about offering choice and promoting independence" and "Important to tap into people's skills to promote life fulfilment." People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends.

There were regular opportunities for people, and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. One person commented "I would speak to staff if I had any concerns." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure.

Good

Is the service well-led?

Our findings

Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff commented: "We work as a team" and "You can always go to the management team about anything, however small. They encourage us to be open about anything which is bothering us."

Staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via memos and conversations with senior members of staff. Informal meetings took place on a regular basis as part of the home's handover system.

People's views and suggestions were taken into account to improve the service. For example, resident meetings took place to address any arising issues and the registered manager ensured they spent time with people on a regular basis. For example, to identify particular activities and food choices. In addition, surveys had been completed by people using the service and relatives. The surveys asked specific questions about the standard of the service and the support it gave people. One survey response asked for the activities timetable to be made available to them so they could talk to their relative about the activities they had been doing. As a result of this request, the activities timetable was made readily available to people. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Springfield Residential Home through talking to people using the service and staff and looking at records.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and district nurses. Regular medical reviews took place to ensure people's current and changing needs were being met. Health and social care professionals confirmed that the service worked well with them and took on board everything requested.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Audits and checks were completed on a regular basis as part of monitoring the service provided. For example, the audits reviewed people's care plans and risk assessments, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed, additional moving and handling equipment sourced and maintenance jobs completed.

The premises were adequately maintained and a maintenance programme was in place. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. This demonstrated that people were protected because the organisation took safety seriously and had appropriate procedures in place.