

Springfield Health Services Limited

# Springfield Nursing and Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Springfield Nursing and Residential Home is a 'care home'. The home accommodates up to 65 older people living with dementia or nursing needs across two adapted buildings. At the time of the inspection there were 48 people living in the home.

What life is like for people using this service:

- The provider lacked effective governance systems to identify concerns in the service and drive improvements. At times there was a lack of clear and accurate records regarding people's medicines, mental capacity, support needs and any potential risks to them. The provider had not always notified CQC about incidents they are required to by law which meant these could not be monitored.
- People told us they were treated with dignity and respect, however we identified that improvements were required to ensure that there was a positive and person-centred approach to the language being used when staff were referring to people. We have made a recommendation about this.
- People were happy living at Springfield Nursing and Residential Home and people told us they felt safe. People were supported by staff who were kind, caring and who mostly understood their likes, dislikes and preferences. Where they needed external health input they were supported to receive this.
- People and their relatives knew the registered manager and felt able to speak to them if they had any concerns. Most staff told us they were well supported by the registered manager. Staff received training and people thought the staff were skilled and knowledgeable. The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

Rating at last inspection:

Requires Improvement (Report published 5 January 2018)

Why we inspected: This was a planned inspection based on our last rating. At the last inspection the provider was rated as Requires Improvement.

Follow up: The overall rating of the service remains Requires Improvement. At the last inspection, the provider was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found that these breaches remained. An additional breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014 was also identified at this inspection. This is the second consecutive time the service has been rated as Requires Improvement and we will request a clear action plan from the registered person on how they intend to achieve good by our next inspection. We may decide to meet with the provider following receipt of this plan. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 not always safe

Details are in our findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our findings below.

**Requires Improvement** ●

# Springfield Nursing and Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

Two inspectors and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance their experience was in services for older people.

#### Service and service type

Springfield Nursing and Residential Care Home 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. At the time of this inspection 48 people were living there.

The service had a manager registered with the Care Quality Commission. 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

We inspected Springfield Nursing and Residential Care Home on 20 and 21 March 2019. The inspection was unannounced.

#### What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications

received by the Commission. A notification is information about important events which the service is required to tell us about by law. We reviewed the provider information return. This is information we request to provide some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people, four relatives and two health professionals. We spoke with the registered manager, the home services manager and nine members of staff. We looked at the care records for ten people, the medicines records for six people, four staff recruitment records; staff supervision and training records and records relating to the quality and management of the service.

During the inspection we requested information including the supervision and training matrix which was received after the inspection.

# Is the service safe?

## Our findings

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

Records relating to medicines and risk management needed improving. One safeguarding incident had not been reported to other agencies as required. This increased the risk of harm to people.

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

- Safeguarding concerns had been reported to the local authority and CQC as required except for one incident. Further information about this is in the well-led section of the report.
- Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns.
- People and staff told us they thought the service was safe. One person told us, "Yes, there's someone at the end of the buzzer. It's 24-hour care."

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and well-being. This included risks associated with health conditions, mobility, choking and skin integrity. Where people were assessed as being at risk, guidance on how to reduce these risks was available to staff. At times, we found that this guidance could be more detailed. For example, one person was at risk of skin breakdown but the guidance in the person's care plan was limited to, 'Staff are to cream (Name's) legs twice daily'. We discussed our concerns with the registered manager who told us this detailed guidance for staff would be included in the new electronic care plans that were soon to be implemented.
- Despite this lack of recorded guidance, staff demonstrated a good knowledge of the risks associated with people's conditions and could tell us what plans were in place to mitigate these risks.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Using medicines safely

- The management of medicines was mostly safe. However, some people had topical creams applied and gaps were identified on the topical Medication Administration Records (MAR). This meant people may not have had their creams applied as prescribed. We discussed our concerns with the registered manager who told us they would put systems in place to ensure the topical MARs would be accurately completed in the future.
- Other MARs were accurately completed which demonstrated people received these medicines as prescribed.
- Protocols were in place to guide staff on the use of medicines prescribed 'as required'.
- Arrangements for ordering, receiving, storage and disposing medicines were safe.
- Staff completed medicines training and their competencies had been checked.

Staffing and recruitment

- Although rotas demonstrated that there were sufficient staff on duty according to the provider's

dependency tool, people told us there was not always enough staff to meet their needs. Comments included, "There's too few [staff]. They [staff] are always complaining there's too few." And "There's never enough [staff] anywhere."

- Staff told us they felt there was usually enough staff although they were occasionally short staffed when staff sickness occurred. Staff told us that this did not impact on people's needs. One member of staff told us, "Residents don't go without, we just work harder."
- Our observations demonstrated that people were responded to in a timely manner.
- The registered manager told us they adjusted the staffing levels regularly to match people's changing dependency needs. They had recently increased the staffing levels at some points of the day following feedback from people. They told us they would continue to review the staffing levels to ensure people's needs were met.
- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

#### Preventing and controlling infection

- People were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was clean were completed.
- Staff had received training on infection control and told us they wore personal protective equipment when appropriate.
- The environment was clean and free from bad odours.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded, acted upon and analysed for learning to prevent similar incidents from occurring again. For example, a falls sensor was put in place for one person who had fallen at night.

## 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 not consistently good. The provider did not always follow the principles of the Mental Capacity Act 2005.

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. The authorisation procedures for this in care homes and hospitals are 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.

- The application of the MCA was not always clear and records regarding mental capacity were sometimes conflicting. For example, one person told us they did not want to sit on their hoist sling but staff told them they should. We looked at this person's care plan which stated they were able to consent and make choices about their care, however, when we discussed this with the registered manager, they told us the person's mental capacity fluctuated. There was no capacity assessment around this decision. Additionally, best interest decisions had sometimes been made without a mental capacity assessment having taken place for this person and a relative had been involved in making decisions on this person's behalf without the legal right to do so. This meant the principles of the MCA had not always been adhered to.

- Although staff had receiving training about the MCA, we found that some staff did not have a good understanding of what it meant and how to apply this in practice.
- We discussed our concerns with the registered manager and clinical lead who began reviewing records regarding mental capacity at the time of our inspection. They also told us about the improvements they would make regarding staff knowledge.

The failure to work within the principles of The Mental Capacity Act was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our concerns regarding the application of the MCA, people told us that staff asked their consent before carrying out personal care. We also observed that staff mostly gave people choices throughout the inspection.
- The registered manager had ensured that DoLS authorisations had been applied for where necessary and



these were reviewed when required.

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

- People were cared for in an environment where adaptations had been made to meet their needs.
- The outside of people's rooms was personalised with information about them to show the room belonged to the person. This contained photos and other items of interest especially relating to the person. People were able to personalise their rooms as they wished.
- Consideration had been made to ensure the environment supported people who lived with dementia. However, there was a lack of signage to help people orientate themselves around the building. We discussed this with the registered manager who began putting up signs during the inspection.

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

- People's needs were assessed before they moved into the home. Once this information was gathered, it was used to develop people's support plans and risk assessments.
- Staff completed regular assessments of people's ongoing needs using recognised tools for areas such as nutrition and skin integrity.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

#### Staff skills, knowledge and experience

- Staff received a variety of supervisions, some were on a one to one basis, others were in a group and others through meetings.
- Staff had received training the provider felt was relevant to their role. The provider had plans to change the way staff received training as they felt this would enhance staff's knowledge around certain topics.
- People and relatives told us they thought staff had the skills to support them effectively. One person told us, "They're [staff] very friendly and good at their jobs. Without exception."

#### Eating, drinking, balanced diet

- People's dietary needs were met. People were provided with a nutritious and balanced diet. People were positive about the food. One person told us, "The food is good, it's the most I've eaten in a while."
- People were provided with a choice of meals and drink, one person told us, "There's a choice, I'm a fruit and cheese eater and they supply that."
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.

#### Staff providing consistent, effective, timely care

- People were supported to maintain good health and had access to appropriate healthcare services. People's records confirmed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs.
- Healthcare professionals were positive about the way the service worked with them to provide effective care for people.
- Staff completed daily records and shared information at each shift change to keep up to date with any changes concerning people's care and support. This helped ensure any new concerns or issues relating to people's welfare were recorded and passed on.

# 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 treated with dignity and respect although improvements were required to ensure staff used positive language about the people they supported. People were mostly involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they promoted people's dignity. However, improvements were required to ensure that there was a positive and person-centred approach to the language being used when staff were referring to people. For example, on occasion people who displayed behaviours that others may find challenging were referred to as 'aggressive', 'argumentative' and 'rude'. On one person's management plan, it stated 'Staff are to explain this behaviour is not acceptable and leave the room'. This demonstrated a lack of understanding about people who have conditions that may cause behaviours. Additionally, staff sometimes spoke about people as being a "Double" rather than saying they required two people to assist them. We discussed our concerns with the registered manager who immediately put measures in place to help staff understand what language was appropriate for staff to use when talking and writing about the people they supported. We recommend the provider monitors the language that is used about people to ensure people are consistently referred to in a way that is positive and promotes dignity and respect.
- People's right to privacy and confidentiality was respected. For example, staff were consistent in knocking on doors before entering people's rooms. One person told us, "They always pull the curtains and close the door and cover me over."
- Staff helped people to remain as independent as possible. One person told us, "They help me to eat. They prop up my arms so I can feed myself."
- Relatives told us that they could visit the service at any time and were made to feel welcome.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choice in everyday situations such as where they would like to sit and what they would like to eat. We have detailed the one exception of this in the effective section of the report regarding the person who did not wish to sit on their hoist sling.
- The service was working within the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information about people's communication needs was in care plans. Staff understood people's communication needs and used this so people could make decisions in their day to day life.

Ensuring people are well treated and supported

- People were complimentary about the staff. Comments included, "They're excellent." And "They are nice, very, very friendly."
- There was a friendly, welcoming atmosphere and our observations of staff interactions with people

showed that people were treated with kindness, compassion, dignity and respect. People chatted with staff, sharing humour and conversation about their day.

- Staff demonstrated they knew people well and understood their likes, dislikes and preferences. People told us they felt valued and listened to.
- The registered manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Whilst they did not always ask questions about all protected characteristics during the assessment stage, they told us they would ensure they looked at any specific needs during care planning. The registered manager was confident people's protected characteristics would be supported and that no discrimination would take place or be tolerated. Staff confirmed this.
- Staff placed value on the relationships they formed with the people within the home. One member of staff told us, "The best thing about my job is the relationships I make with the residents, I like bringing happiness, laughter and brightening up their day."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs  
People's needs were mostly met through good organisation and delivery.

### Personalised care

- People had individual care plans that provided staff with information about their needs, preferences for support and background history. Some care plans were detailed and personalised. However, others needed more information so staff had sufficient guidance on how to support people in the most person-centred way. For example, on one person's care plan it stated that they got anxious, however there were no details around what may make them anxious or what staff could do to alleviate this.
- Where people's needs had changed, care plans were not always updated. For example, one person had seen a medical professional and was at risk of their blood clotting and another person had been diagnosed with depression but their care plans had not been updated to include this information. The risk of records not being updated was mitigated because staff knew people well. However, new or unfamiliar staff may not have up to date information about people so they could be supported in the most effective way. The registered manager told us they were soon moving to electronic care plans and this transfer would prompt the inclusion of more detailed information about people and would ensure they were updated following a change in need.
- Despite some areas of care plans lacking personalised and up to date information about people, people and their relatives felt staff had a good knowledge of the needs of those they supported. One relative told us, "Staff really knows (Name) as a person. She was ill and down and now she's getting better. We've got (Name) back."
- The registered manager told us that people were involved in reviewing their care plans. Although there was a lack of documented evidence that people had been involved, most people told us they felt involved in decisions about their care.
- Activities were available every day and planned by the social carers. Information about activities was advertised around the home and people were given a newsletter about upcoming events. Activities on offer included quizzes, pet therapy, exercise sessions and music.
- Most people were complimentary about the activities. One person told us, "I go to all of them. I really enjoy the quality of the singers. I like the quizzes." Some people enjoyed being able to continue with their preferred activities. Two people had their pet in the home which brought them comfort and another person was supported with meaningful activities around the home. However, one person's records demonstrated they had a passion for art but staff members confirmed they had not been supported to continue with this interest. Another person expressed a wish to "pick up photography again" but told us they did not partake in this hobby. We discussed this with the registered manager who told us they would adapt activities to ensure they were person-centred for all people in the future. The service also had planned to start an initiative where people could tell staff their wishes and they would endeavour to make these come true.

### Improving care quality in response to complaints or concerns

- A system was in place for people and their representatives to raise concerns and make complaints. The complaints procedure was displayed in the home for people.

- People told us they knew how to complain. One person told us they had made a complaint and it had been promptly resolved.
- We viewed the complaints file and these records demonstrated that complaints were investigated and people were responded to. The registered manager told us they learnt from complaints and used these to improve the service.

#### End of life care and support

- The service supported people and their families in relation to end of life care. People's preferences and choices were detailed in care plans if they wished.
- A relative had contacted us before the inspection and told us about concerns regarding the availability of anticipatory (end of life) medicines. At this inspection, we found the service had anticipatory medicines in place for people reaching end of life care. These were reviewed by a GP on a regular basis.
- Some staff were undertaking the 'six steps' programme. This is a nationally accredited course which aims to develop staff knowledge and enhance end of life care for people.

# 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

Quality assurance systems were in place but these did not always pick up on the concerns identified at inspection. Improvements were needed with records. The provider had not notified CQC of one incident as required.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements: Continuous learning and improving care

- At our last inspection in November 2017 we found the provider had failed to notify CQC of significant events that happened in the service. At this inspection we found one notifiable incident that had not been reported to us regarding an allegation of abuse. The registered manager told us they did not feel it was necessary to notify CQC at the time because they had investigated the allegation of abuse and concluded it was not substantiated. Following a discussion about this the registered manager acknowledged that all allegations of abuse should be notified to CQC.

This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- At the last inspection in November 2017 a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified because records were not always accurate or up to date. At this inspection, we continued to identify concerns with records.
- For example, records regarding the MCA 2005 were conflicting, topical MARS were not complete, risk assessments had not always prompted a detailed care plan with guidance for staff to reduce the risk and some care plans needed to be more detailed and person-centred. We have reported on this in more detail in the Safe, Effective and Responsive domains of the report.
- The provider had a number of systems in place to assess and monitor the quality and safety of the service. These included but were not exclusive to; audits of medicines, care plans, infection control and incident and accident recording and monitoring. When actions for improvement were identified these were mostly carried out and checked for completion. However, we found that these systems had not identified all the concerns and areas for improvement that we found during this inspection. For example, the application of the MCA 2005, maintaining accurate and detailed records for people and to ensure notifications were sent to CQC as required.
- The registered manager told us that the nominated individual and directors were involved in the service and were frequently there. However, they went on to confirm that they did not carry out any formal quality assurance checks to ensure the safety and quality of the service.
- This was the second consecutive time the service has been rated as Requires Improvement with repeated breaches of regulations. This demonstrated the provided had not put effective measures in place to learn from the outcome at the last inspection.

The failure to have effective systems and processes in place to ensure the safety and quality of the service and to maintain an accurate, complete record in respect of each service user was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear staff structure throughout the service and the registered manager had developed lines of delegation with the senior staff for the day-to-day running of the service.

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

- At the last inspection in November 2017, concerns about the lack of support, staff received from the management team were identified. Since then, the registered manager told us they had worked hard to address this. They told us they had ensured they were available to speak with staff at any time, had brought in initiatives such as staff enhancements and reward systems and that they felt this was working. We asked staff if they felt supported by the management team and most staff told us they did. The registered manager told us they would continue to ensure staff felt supported.
- The culture of the home was positive and people lived in a homely and friendly environment. People and relatives told us they received personalised care and were happy with the service. One person told us, "It's very good. Overall, it's the best place I been in and I've been in a few."
- Most staff told us they enjoyed working at Springfield Nursing and Residential Home. One staff member told us, "There's a good atmosphere here, I feel welcome, it's well run and I enjoy my job."
- The provider had a policy about the duty of candour and although this had not needed to be used since the last inspection the registered manager had a good understanding of it.
- The registered manager was responsive to our feedback and told us about some of the changes they were going to implement following the inspection.

Engaging and involving people using the service, the public and staff: Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive. For example, a relative had written 'Dad has improved since being here, I feel in health and cleanliness.' Where people identified areas for improvement, these were acted on.
- Staff were also given the opportunity to engage in the running of the home through surveys and meetings. Records demonstrated that where they had made suggestions for improvement, measures were put in place to address this. For example, staff provided feedback that they did not always feel appreciated when they covered shifts and we saw that enhanced pay was provided for this. Most staff felt listened to when they provided feedback. The registered manager told us they would continue to support staff so they felt valued and listened to.
- The provider engaged with external health and social care professionals when needed. The health and social care professionals we spoke with during the inspection told us the home worked effectively with them to provide good outcomes for people.
- The provider had established and maintained good links with the local community.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The failure to notify the Commission without delay of relevant incidents. Regulation 18(1)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	Care and treatment was not always provided to protect people's rights under the Mental Capacity Act 2005. Regulation 11(1)(2)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	A failure to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2)(a)(f)  The failure to maintain an accurate, complete record in respect of each service user. Regulation 17 (2)(c)
Treatment of disease, disorder or injury	