

Springfield Rest Home Limited

Springfield House

Inspection report

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Malvern
Worcestershire
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Tel: 01684574248

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16 December 2019

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07 February 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Springfield House is a residential care home providing personal care and accommodation for up to 21 people aged 65 and over, some of whom live with dementia. At the time of our inspection visit, there were 21 people living at the home.

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

The provider and registered manager had quality assurance systems and processes in place to monitor the quality and safety of people's care however, these needed to be further enhanced. The storage of some potential hazardous items required improvement to ensure people's safety and daily infection control practices needed to be strengthened.

People were supported to take and manage their medicines safely. The registered manager was aware the temperature room checks where medicines were stored required further improvement so these were consistently completed.

People were supported to stay as safe as possible by staff who understood what actions to take to reduce individual risks to their well-being. This included reducing risks to people's physical health and mental well-being. Relatives and staff were confident if they had any concerns for people's safety the registered manager would put plans in place to help them. There was enough staff to meet people's care needs.

Staff had received training in, and understood, how to identify and report abuse. Prospective staff underwent pre-employment checks before they started work at the home.

Relatives described the positive relationship they had with the registered manager and felt the home was well-managed. Staff and the registered manager sought to work together with community health and social care professionals to ensure people's care needs were monitored and met.

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

Rating at last inspection

The last rating for this service was Good (published 03 July 2018).

Why we inspected

We received concerns in relation to the management of people's care needs. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

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

key questions were used in calculating the overall rating at this inspection. The overall rating for the service has deteriorated to Requires improvement. This is based on the findings at this inspection.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield House on our 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Springfield House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors on 16 December 2019.

Service and service type

Springfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The inspection visit was unannounced.

What we did before the inspection

We looked at information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spent time with people and spoke with two people who lived at the home and a person's visitor about their experience of the care provided. We also spoke with the registered provider, registered manager, cook, housekeeper and two care staff.

We looked at a range of records. This included two people's care records and multiple medication records. In addition, we looked at a variety of records relating to the management of the service, including quality checks, incident records, complaints and minutes of meetings held with people, relatives and staff.

After the inspection

We spoke with seven relatives about their experiences of the care provided. We also looked at additional information sent to us by the registered provider in relation to the quality checks they undertook.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Whilst the provider had procedures in place to enable them to assess, monitor and manage the risks to people. On the day of our inspection these had not been followed in some areas. For example, the door to where the cleaning products were stored was left open. The inspectors closed this door, so this was not a potential hazard to people who liked to walk around their home environment.
- The inspectors informed the registered manager of the door being left open and other areas which could pose a risk to people from avoidable harm. These included a cupboard in a communal bathroom which held items of toiletries was left unlocked and some electrical items were also in this area. The registered manager took immediate action to ensure practices were consistently promoting people's safety such as removing the electrical items and locking the cupboard.
- Relatives spoke positively about the support staff provided and felt their family member's risks had been identified and met. A relative described how staff always made sure their family member had the aids they required to support their balance when walking.
- Individual risks to people's safety had been assessed, monitored and managed so people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to manage the risk of falls.
- The registered manager completed and arranged regular checks on the premises and equipment to ensure these were safe for people to use. This included recommendations by fire safety authorities had been acted on and equipment had been serviced and tested in line with manufacturer's instructions.

Preventing and controlling infection

- People were not always protected against the risk of infections. A communal bathroom and shower room required some attention to ensure effective prevention of the spread of infection and the registered manager took immediate action to address this. This included the registered manager reminding staff about their daily infection control and prevention practices.
- Relatives were complimentary about the cleanliness of the home environment and arrangements were in place to maintain this.
- Staff had completed training in infection control and food hygiene.
- The registered manager had the lead role for infection control and prevention and was responsible for quality checks and sharing best practice on infection prevention. During our inspection the registered manager reminded the registered provider they had to wear protective clothing when in the kitchen area when we identified this had not happened.
- Staff were provided with protective equipment such as gloves and aprons. They used these appropriately

to help reduce risks of cross contamination when providing care.

Using medicines safely

- Medicines had been stored securely and disposed of safely. Improvements were necessary to ensure staff consistently recorded the room temperatures where medicines were stored, and the registered manager was aware of this. This is important to ensure medicines remain effective.
- A fan which was used in the medicine room had been missed when electrical items had been tested. The registered manager took immediate action to remove and replace this.
- Medicine administration records detailed people had received their medicines as prescribed.
- Written guidance was in place to enable staff to safely administer medicines which were prescribed to be given 'as required.'
- Staff who administered and managed people's medicines had received training and had been observed when administering medicines to ensure they had the correct skills.

Systems and processes to safeguard people from the risk of abuse

- People looked at ease in the presence of staff who supported people in a caring manner. When we asked one person whether they felt safe they commented, "I'm safe with all them" as they pointed to staff members. Another person told us, "All the girls [staff] are nice here," which made them feel safe.
- Relatives we spoke with felt their family members were safe in the care of staff. One relative described staff as being, "Excellent, they [staff] look after [family member who] seems to be loved." Another relative told us, "They [staff] treat [family member] like [they] are one of their [staff] own."
- People's safety from the risk of abuse was promoted. Staff received training in how to recognise the signs of abuse and had a good understanding of what to do to make sure people were protected from the risk of harm.
- The registered manager knew what their responsibility was in reporting potential abuse to the local authority for assessment and possible investigation in line with set protocols.
- We also noted that the registered provider had established systems to assist people who needed help to buy personal items in order to protect people from the risk of financial mistreatment.

Staffing and recruitment

- There were enough staff on duty to safely meet people's individual needs.
- Relatives and staff felt there were enough staff to meet people's needs safely.
- The registered manager told us they monitored and adjusted staffing requirements in line with people's current care and support needs.
- When recruiting new staff, the provider completed pre-employment checks to ensure they were safe to work with people. This included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS searches police records and barred list information to help employers make safer recruitment decisions.

Learning lessons when things go wrong

- Records were kept in relation to any accidents or incidents that had occurred, including falls. The registered manager checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again.
- Learning from any incidents or events was shared with staff, so they could work together to reduce risk.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement. This meant the quality assurance systems and procedures on a daily basis were not always effective in identifying and mitigating risks to people.

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

- The provider and registered manager had quality assurance systems and procedures in place to monitor the quality of the service. However, we identified a number of shortfalls in infection control practices and the management of risk within the home environment which should have been highlighted through daily quality and safety checks.
- The registered manager was open and responsive to the shortfalls we identified. They addressed and rectified each concern promptly and was committed to continually improving the service and providing high quality care.
- Staff praised the support they received from the registered manager. They told us they had the training, information and resources needed to provide good care. A staff member commented on the support they received from the registered manager and stated, "She [registered manager] will tell me if I need to improve anything."
- The registered manager felt supported in their role by the registered provider and was clear in their aim to learn and continually improve the quality of service people received.

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

- The registered manager was a visible presence in the home and chatted to people which through their facial expressions and body language brought enjoyment.
- Relatives also valued the 'hands on' approach of the registered manager and spoke positively about their relationship with them and the overall management of the home. One relative commented they had a, "Very good professional relationship with the manager and owner, I feel listened to and supported." Another relative told us how impressed they were that the provider regularly visited and spent time speaking with people.
- There was consistency in relatives describing how they were able to contact staff and the registered manager whenever they needed to discuss their family member's care. Relatives also spoke about how they valued being kept up-to-date with any changes in their family members health or needs.
- Staff were positive about their work. One said, "I love it, it's rewarding helping people." Another staff member told us, "It's a brilliant team. I'm here for the residents [people who live at the home.]"

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

- The registered manager was open and transparent; they understood their responsibility to apologise to people and give feedback if things went wrong.

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

- The provider and registered manager had sought to engage effectively with people, relatives and staff and involve them in the service. Relatives spoke about how they appreciated and valued this. One relative commented, "[Registered manager] keeps me updated and I can read the notes too." Another relative said, "There are newsletters and I'm always made welcome and invited to meetings."
- Meetings were regularly organised to enable people and relatives to have their say about their care and how the service provided could be improved for them.
- Staff meetings had been arranged on a regular basis to provide staff with opportunities to put forward their views and suggestions about the service. Staff described how they felt listened to with their suggestions put into action by the registered manager.
- The provider had a system whereby staff could vote for employee of the month. Staff voted for the registered manager on the last occasion and a staff member commented, "[Registered manager] gets in there, mucks in, gets her hands dirty."

Working in partnership with others

- People's care records showed staff and the registered manager worked with a range of community health and social care professionals to ensure people's needs were monitored and met.