Springfield House (Oaken) (2001) Limited

Springfield House Residential Home

Inspection report

Oaken Drive
Codsall
Wolverhampton
West Midlands
WV8 2EE

Tel: 01902844143
Website: www.brighterkind.com/springfieldhouse

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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

Summary of findings

Overall summary

Springfield House is a residential care home that is registered to provide accommodation and personal care for up to 35 people who may be living with a physical disability and/or dementia. At the time of our inspection, there were 21 people using the service.

At our last inspection on 12 April 2016, we rated the service overall Good. The key questions Effective, Caring, Responsive and Well-Led were rated good. The key question Safe was rated Requires Improvement as medicines were not always managed safely and people were not always protected from the risk of abuse. At this inspection, we found that improvements had been made and sustained and now Safe is rated as Good. We found that that evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating has not changed since our last inspection.

Staff understood their responsibilities and knew how to keep people safe from harm and abuse. People had received their medicines safely, and on time as prescribed. There were enough suitably trained staff to meet people's needs and risks were managed effectively in line with their care plans. People were protected from the risk of the spread of infection.

People were encouraged and supported to make choices about the way in which they received their care and staff supported people in the least restrictive way possible. People had their nutritional needs met and people had the necessary access to healthcare. People were treated with kindness and compassion and people had their privacy respected and dignity upheld.

People had their needs assessed and planned for and people received care that was personalised and responsive to their individual needs. People participated in meaningful activities and end of life wishes were considered and planned for.

The registered manager understood the conditions of registration with us and people felt that the registered manager was friendly and approachable.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service has improved to Good

People felt safe and the service had systems in place to protect people from harm and abuse.

Medicines were managed in a safe way and people received their prescribed medications on time.

There were enough skilled staff to meet people's needs and manage people's risks effectively.

The environment was clean and people were protected from the risk of the spread of infection.

Lessons were learned when things went wrong to make improvements for people who used the service.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Springfield House 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 inspection took place on 6 November 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. We reviewed the Provider Information return (PIR). This is a form that asks the provider to give us some key information about the service such as what the service does well and any improvements they plan to make. We also looked at previous inspection reports and notifications. A notification tells us important information about events that by law the registered manager is required to inform us about such as safeguarding concerns, serious injuries or deaths that have occurred at the service.

During the inspection, we spoke to 3 people who used the service and two relatives. We spoke with 4 members of staff and the registered manager and we observed how staff engaged with people who used the service.

We looked at one care file and some records that related to the management of the service such as Medication Administration Records (MARs) and training matrixes.

Good

Is the service safe?

Our findings

At our last inspection, we found that medicines were not always managed safely and protocols were not always in place for people who needed 'as required' medication. We also found that staff were not always able to recognise categories of abuse and therefore people were not always protected from harm. During this inspection, these shortfalls had been addressed and the rating has changed to Good.

People told us that they received their medication on time. One person said, "I always receive my medicine in a timely way and it is kept locked, safely in a cupboard in my bedroom." One person required eye drops at regular intervals and we observed a suitably trained member of staff adhering to these timescales and administering the eye drops accordingly. Records were kept for people who needed 'as required' medication and protocols were in place so that staff knew when to administer medication safely and at the correct dosage. Staff had received medication training and they had their competencies assessed. Monthly medication audits were carried out so that any errors or issues could be identified.

Staff were able to tell us how they kept people safe from the risk of harm and abuse and told us that they had received safeguarding training. Training records evidenced that staff had received the appropriate training and the registered manger understood their responsibilities in relation to recognising and reporting abuse. For example, we saw that safeguarding referrals had been made to the Local Authority and that the Care Quality Commission (CQC) were notified when a safeguarding referral had been made.

People had their risks managed effectively. Risks were assessed and planned for and we saw that risk assessments were kept up-to-date. Staff told us that they had access to risk assessments which helped them know how to keep people safe. Staff members were able to tell us about specific risks that were specific to individuals. For example, staff were able to tell us about what action they took to reduce a person's risk of falls.

There were sufficient numbers of staff to meet people's needs. One person said, "There is enough staff here, I never get left without support and when I ring my bell, someone always comes." The registered manager was able to tell us how they worked out staff to people ratios and during our inspection, we observed members of staff responding to people's needs and requirements in a timely way. The registered manager said, "Staffing levels are above the normal dependency levels so staff can spend time with people; familiarity is key." A member of staff said, "There is enough of us here." One relative said, "I visit three times a week, generally there are staff although I only visit in the afternoons."

There were systems in place so that lessons were learned when things went wrong. Accidents and incidents were recorded and the CQC were notified accordingly. Monthly audits identified any patterns or trends and these were fed back to staff through forums such as team meetings and individual staff supervisions of which we saw written minutes.

Staff were observed wearing Personal Protective Equipment (PPE) when supporting people with personal care needs and at mealtimes. The service ensured that people who used and visited the service had access

to alcohol gel to help prevent the risk of the spread of infection.

Good

Is the service effective?

Our findings

People had their needs assessed and planned for. Pre-assessments were carried out before people began using the service and daily records were kept so that changes in needs could be clearly identified and addressed. People's relatives were invited to be part of the assessment process when applicable and one relative told us, "I was involved in all the care planning process for [person's name]." Staff were suitably skilled to meet people's needs. One staff member said, "I am now completing training that will allow me to train others and I have competency checks from a more senior member of staff to ensure I am doing everything right." We observed a training matrix that showed what training staff had received and when their training was due for renewal.

Meal times were observed and we saw that people had sufficient food and drink to help support their nutritional needs. People were offered choices for each meal and snacks and drinks were available for people throughout the day. Where people had specific dietary needs, these were met in line with people's care plans and risk assessments. For example, we saw that some people needed their food and fluid intake recorded as they were at risk of malnutrition and weight loss. During the inspection, we observed staff closely monitoring and recording the amount of food and fluid and these were feedback to the person in charge so that any appropriate action could be taken if necessary.

The premises were suitably decorated and people's rooms were personalised with their own possessions. The registered manager told us that there were plans for a full refurbishment of the service and this was documented in a future action plan of which we had sight.

People received on-going health care support and had access to healthcare professionals as they required it. A relative told us, "Springfields have made the right referrals for [person's name] whilst being in their care. If [person's name] doesn't seem well, then the GP is called straight away." Staff knew people well and were able to tell us about the specific health needs of individual people in their care. Records evidenced that healthcare professionals were contacted as needed and the details of any professional visits were logged with an outcome and action plan included.

People told us, and we saw that people were asked for consent before being supported. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA and where people were being deprived of their liberty, this was being done lawfully.

Good

Is the service caring?

Our findings

People were happy living at Springfields and people were treated with kindness and compassion. One person said, "I have no complaints, staff here always help me and they are caring and take their time." Staff understood the needs of people well and we observed positive and caring interactions between people and staff. For example, we observed one person state that they felt unwell. Staff took the time to respond to the person asking them questions about how they were feeling and what the person would like to do in order to make them feel better.

The service had adopted a 'resident of the day' scheme whereby staff would go the extra mile for that person on that day. One person said, "It is a good idea, the staff come in and make sure I have everything I need anyway but I see more people than usual when it is my turn." The unit manager told us that this ensured that all the people using the service felt valued and that this system ensured that all staff would get to know more about that specific person. This was rotated on a room number basis so this was something people experienced on a monthly basis.

People received support to make decisions about their care. People were encouraged to participate in resident and relative meetings that occurred every three months and we observed minutes of these meetings. We saw that where people had communication needs these were addressed. For example, we observed a member of staff kneel down to speak to someone who had a hearing impairment. The member of staff spoke clearly so that the person could see their facial expressions and body language which helped aid communication for this person.

Staff understood the importance of promoting people's dignity and privacy. A staff member told us, "I always close doors and curtains when I support people with personal care." Another staff member told us, "I always ask people quietly if they need any personal care support; it's the tone of my voice which is important." Some people chose to spend time in their rooms and staff were aware of and respected their decisions and choices. We observed staff knocking on people's doors before entering and asking permission for them to enter.

Good

Is the service responsive?

Our findings

People received care that was person-centred. Staff were attentive and were responsive to people's needs. A staff member said, "It's so rewarding that by just being encouraging and offering the right support, we can really help people." Records were detailed and provided guidance for staff on people's preferences so that care could be delivered in an individualised way. Care plans considered people's life histories so staff were aware of what was important to people. A staff member said,"I get time to read all the care plans and I also get to update them as needs and wishes change."

Staff supported people to pursue their interests through meaningful activities. One person said, "The rate of activities had peaked." The activities coordinator told us, "If the day's activities did not suit people then they would be changed. It is people's choice and this is what matters." We observed that the activities were rotated on a regular basis and that the planned activities included celebrating cultural events such as Diwali and Christmas. The celebration of such events and people's participation in activities was shared with people's relatives via an app that was specific to the service. A relative said, "[person's name] is 95 and I still get to see photo's where they are included in activities." The activities coordinator said, "[person's name] relative lives abroad but she still gets to see her family member engaging in social activities and enjoying themselves."

The service had a complaints policy in place and people and relatives with whom we spoke stated that they knew of the policy. The service also had an 'easy read' version of the policy and this was observed on display in the reception area of the service. Complaints, when received were recorded and then responded to in line with the timescales outlined in the policy. We saw that the registered manager had responded to a complaint and an action plan had been put in place to address the issues of concern.

End of life wishes were considered. People were given the opportunity to discuss their wishes as they felt necessary and this was documented in people's records so that staff were aware of people's needs and preferences.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. 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.

There was a positive culture amongst the staff at the service and it was evident that staff morale was high. Staff spoke positively about the culture of the service and the registered manager and felt that the management team were approachable and supportive. One staff member said, "We have team meetings every few months, supervisions and the unit manager is great, I can talk to them about anything." The registered manager spoke positively about the importance of achieving positive outcomes for people and was committed to improving the service to better the lives of people using the service by sustaining good practice and driving change where necessary.

There were systems in place to monitor the quality of the service. Audits were regularly undertaken and we saw how the service used the auditing tool to monitor the quality of the service and make improvements where necessary.

The service had developed good links with the community and people were able to access fellowship each week in the local church. The registered manager had worked in partnership with external agencies and as a result, secured a minibus from an organisation three times per month so that people using the service could access the community. The service also worked well with other professionals and the records we viewed demonstrated that referrals were made in a timely way so people continued to receive a high level of care when their needs had changed.

The registered manager understood their responsibilities of registration with us. The previous inspection ratings were on display within the service and we received notifications of incidents that had occurred at the service, which are required by law evidencing a level of openness and transparency.