Springfield Manor UK Limited

# Springfield Manor Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection was carried out on the 3 May 2017. Springfield Manor Nursing Home provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 30 people. At the time of our inspection 25 people were living at the service.

There was a registered manager in post that supported us on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Care and treatment was not always provided with the appropriate consent from people and staff did always not work within the principles of the Mental Capacity Act 2005. People did say that staff asked them for consent before providing care.

There were sufficient numbers of staff to support the needs of people. People were protected from the risk of abuse and staff understood their roles and responsibilities. People told us that they felt safe with staff. Robust recruitment practices were in place before staff started work.

Staff understood the risks to people. Staff encouraged and supported people to lead their lives as independently as possible whilst ensuring they were kept safe. People's medicines were managed in a safe way. Staff receiving appropriate training and supervision to provide effective care to people.

People told us that they liked the food at the service and said they had enough to eat and drink. Nutritional assessments were undertaken when people moved in and people's nutritional and hydration needs were monitored.

Staff were caring and considerate to people's needs. People said that staff were caring and kind to them and treated them with dignity. People and relatives were involved in their care planning and the care that was provided was person centred.

Care plans were detailed and provided guidance to staff on best to support people. Staff communicated with each other the changes to people care. There were sufficient activities in place and people said that they enjoyed taking part in the activities.

Systems were in place if complaints and concerns were received. The provider had systems in place to regularly assess and monitor the quality of the care provided. The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and management were always approachable. Staff were encouraged

to contribute to the improvement of the service. Staff felt that management were very supportive and staff felt valued.

The registered manager had informed the CQC of significant events at the service. Records were accurate and kept securely.

## 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 was safe.

There were enough staff at the service to support people's needs.

Medicines were administered and stored safely.

People had risk assessments based on their individual care and support needs.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

### Is the service effective?

Requires Improvement

The service was not always effective.

Staff failed to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. However we have recommended that choices are always available with meal.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

### Is the service caring?

Good

The service was caring.

Staff treated people with kindness, dignity and respect. People felt that staff were caring towards them.

People's privacy were respected and promoted.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

## Is the service responsive?

Good

The service was responsive.

The service was organised to meet people's changing needs.

People's needs were assessed when they entered the home and on a continuous basis.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the service.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

## Is the service well-led?

Good

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service and staff would report any concerns to their manager.

The management and leadership of the home were described as good and very supportive.

# Springfield Manor Nursing 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 was an unannounced inspection that took place on the 3 May 2017. The inspection team consisted of two inspectors, an expert by experience in care for older people (an expert by experience is a person who has personal experience of using or caring for someone who uses this type of service) and a nurse specialist.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered manager, 16 people, one visitor and six members of staff. We looked at a sample of four care records of people who used the service, medicine administration records and supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was 19 June 2015 where a breach was identified in staffing levels.

Good

# Is the service safe?

## Our findings

At our previous inspection the service was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff at the service to meet people's needs. The provider sent in an action plan that addressed the levels of staff on duty and we found on this inspection that this had improved.

During the inspection there were appropriate numbers of staff to meet people's needs. One person said, "There's always lots of staff about and they are very attentive." When people requested support from staff this was provided quickly. People did feedback that they felt that there were not always enough staff working at night. The registered manager told us that they rarely had to use agency staff and that they had recently recruited another member of care staff to work in the evenings. The registered manager reviewed the staffing levels regularly dependant on the needs of people. According to the rotas there were always the correct numbers of staff on duty each shift. One member of staff told us, "There are enough staff most of the time." Whilst another told us, "Yes there is enough staff, we are not rushed."

People told us that they felt safe living at the service. Comments included, "'I definitely feel safe here", "It feels like home", "They've looked after me", "The general attitude of the staff make me feel safe", "'I feel safe, the carers are genuinely caring."

Staff understood safeguarding adults procedures, what constituted abuse and what to do if they suspected any type of abuse. One member of staff said, "You don't bully, don't do bad things to people. I would speak to the manager if I had concerns" whilst another said, "We can't hurt the resident, we can't take their things. If I thought something was happening I would inform the nurse or tell the manager." There was a safeguarding adults policy and staff had received training in safeguarding people.

There were assessments undertaken to identify risks to people. The environment at the service was clear and well lit; the corridors were wide and people were able to move around the service easily. Where people needed they had walking aids and wheels chairs to assist them. The staff were attentive and assisted people that required this to move. Staff understood the risks around moving and handling people. One member of staff said, "You have to handle a resident properly and keeping in mind their safety. We keep people safe when we wash, dress and move them. When we use the hoist and bed rail." Another member of staff said, "We help people to walk so they don't fall." When clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring. People that were at risk of developing pressure sores had pressure relieving mattresses and were moved every three hours in bed. Mobility assessments on each person were completed monthly, unless there was the necessity to do it more often. Other risks were also assessed in relation to people's nutrition, mobility and skin integrity and risk management care plans to minimise risks.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. We followed up on recorded incidents and found that steps had been taken to reduce the risks. One person had fallen a number of times and as a result of a referral to a healthcare professional they had been provided

with a new walking aid. When asked how they would deal with an incident or accident one member of staff said (when discussing a fall), "If there is a fall, we help people, we ring the bell and inform the nurse."

People's medicines were managed safely. We asked people whether they understood what medicines they were receiving. One person said, "Yes, I always ask what they are giving me" whilst another said "I only take paracetamol as a painkiller but I know I can ask for this when I need it." Each person had their own blister packs which individually named. These packs have separate pots with lids that contained the tablets inside, so no tablets were handled. Each pot showed the name of the person, when it is to be dispensed, and listed the tablets inside to reduce the risks of the medicine being given to the wrong person.

Each Medicine Administration Record (MAR) had a photo of the person for identification. One person (who was a diabetic) required an injection of insulin. The nurse escorted the person to their own room, obtained a blood sugar sample, recorded the result, and then administered the injection. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.

Medicines were stored appropriately in medicine trolleys. There was a locked room containing stock of medicines not currently used in the trolley, fridge, controlled drug cabined and also topical medicines and dressings. Temperatures for both the room and the fridges were checked daily. There was a list of all the nurses' signatures at the front of each MAR chart. A sheet containing a clear up-to-date photograph, and clear allergy status preceded each MAR chart. The medicine audit was undertaken by the senior nurse on night duty. All of the nurses had been competency assessed to ensure that they had the skills required to administer medicines.

There were appropriate plans in place in the event of an emergency. In the event of an emergency such as a fire each person had a personal evacuation plan which was reviewed regularly by staff. These were left in the reception area and could be accessed quickly and easily if needed. Staff understood what they needed to do to help keep people safe. There was a business continuity plan in the event the building needed to be evacuated.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. Notes from interviews with applicants was retained on file and showed that the service had set out to employ the most suitable staff for the roles. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Requires Improvement

# Is the service effective?

## Our findings

The Mental Capacity Act 2015 (MCA) is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. People's rights were not protected because staff did not act in accordance with the MCA. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. No mental capacity assessments were undertaken to ensure people's rights were protected. In each person's care plan it stated whether the person did or did not have capacity to make decisions, however there were no assessments to establish how they came to this conclusion. The registered manager told us that there were people at the service that lacked capacity to make decisions about their care, whether they needed bed rails and whether they wanted to stay at the service. There were no specific MCAs or evidence of meetings to establish whether this was in their best interest.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager told us that applications for DoLS authorisations had been made to the local authority where restrictions were involved in people's care to keep them safe for example when they wanted to leave the service or were refusing care however these were supported with MCA assessments to establish if people had the capacity to make these decisions.

As care and treatment was not always provided with the appropriate consent this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff asked their consent to care and we saw that staff obtained consent before carrying out any care for people that included personal care and before they were given medicines. Staff had received training around Mental Capacity Act (MCA) 2005 and how they needed to put it into practice.

Care staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. Nurses were assessed on the clinical practices by the registered manager who was the clinical lead. We observed a group clinical supervision where all nurses were reminded that they needed to meet Nursing and Midwifery Council (NMC) requirements and improve and update their level of knowledge by looking into and applying for courses that the provider would fund. The nurses were also encouraged to read and refresh their clinical and academic knowledge on a regular basis, and that up to date was available at the service. Clinical practices were also observed regularly.

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. Staff were kept up to date with the required service mandatory training (including clinical) that included areas specific to the people who lived there.

We asked people whether they liked the food at the service. One person said, "I like the food I'm not fussy" whilst another said, "'Move in, you'd enjoy it." Other comments included, "Beautiful porridge", "We get eggs and bacon every day"

We observed lunch being served in the dining room. A menu was displayed on a board in the lounge. The dining tables were tastefully laid with candles and serviettes for people. People were supported by staff to sit where they wanted in the dining room. People also had the choice to eat in their rooms or in the lounge if they preferred. People told us that they were able to choose what they wanted to eat before the meals were served. Comments from people included, "You get three choices for lunch", "You get a choice of lunch on the day", "One of the girls asks us what we like." However those people on a restricted diet, for example a soft diet, were not offered a choice of meal. The chef did not have a record of people's individual requirements other than foods that people preferred and those on a soft diet. They did not have a detailed list of people's allergies, whether they were diabetic or those that required a fortified (extra calorie) diet. They did say that the nurse on duty would update them on people's dietary requirement however there was a risk that not having this information recorded that the chef may provide inappropriate food for people. The registered manager told us that this would be would addressed. In between meals there were fruit, cakes and sandwiches freshly prepared for people.

Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional. Where people needed to have their food and fluid recorded this being done. The staff had been part of a Hydration project, which meant that hydration stations were situated at various locations for the people and we observed this. Staff were encouraged to consider other ways in which the people's fluid intake could be encouraged by offering them lollies and jellies. The nursing staff had also been asked to do an extra tea round later in the evening to ensure that people were hydrated sufficiently.

People's care records showed relevant health and social care professionals were involved with people's care. One person told us "My movement has improved due to Physio here." Another person told us, "'There is a Doctor who comes and visits regularly." Whilst we were at the service the physiotherapist was visiting people. Records showed involvement of diabetic nurse, dietician, Speech And Language Therapist (SALT) and the local hospice. Staff followed the guidance provided the health care professionals.

Good

# Is the service caring?

## Our findings

People at the service thought the staff were caring. Comments from people included, "I feel settled, very nice people and staff", "Staff are very nice and charming", "Carers are quite nice. They do their best"; "Carers are nice and very caring."

During the inspection we saw examples of staff showing care and affection to people. All the staff appeared smiling creating a relaxed and happy environment. One person complained that he had lost his backscratcher and a member of staff immediately offered them one they had bought for them. There were instances of staff walking past people and would gently pat their hand, kiss people on the top of the head and regularly enquired if they were alright.

We observed that staff always approached people with gentleness. People were not made to hurry to do anything. People were always given choice and adequate time to respond. We heard kind interactions from staff when talking to people.

Staff spoke with people in a respectful manner and treated people with dignity. When any personal care was being delivered staff ensured that doors and curtains were closed. Men were clean shaven and staff ensured that people were supported to be dressed in an appropriate way to maintain their dignity.

People were supported to be independent. We saw staff ask people if they wanted help to cut their food or were they happy to do this themselves. Staff told us that they would encourage people to undertaken their own personal care if was appropriate to do so. The environment was set up for people to walk around the service unsupported by staff which gave them independence.

People were able to make choices about when to get up in the morning, what to eat, and what to wear and activities they would like to participate in. People were given the choice as to when they have a shower, including in the evening. One person made it known that they liked to have a shower every day and we saw that this happened. People were able to personalise their room with their own furniture and personal items so that they felt more at home. One person told us, "I furnished the room myself." Each room was homely and individual to the people who lived there. There was detail in people's care plans about things that were important to them. Where people were unable to verbally communicate there was guidance in care plans on how best to talk to people.

Relatives and friends were encouraged to visit and maintain relationships with people. One person told us, "Visitors come, they're very good with cups of tea and chairs" whilst another told us, "Visitors are even offered lunch sometimes and free of charge". A third person told us "My eldest daughter and her partner come to see me and they are made very welcome." People confirmed that they were able to practice their religious beliefs. We saw that religious services were held in the service and these were open to those who wished to attend.

Good

# Is the service responsive?

## Our findings

People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. There were detailed care records which outlined individual's care and support. There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member.

There was guidance for staff in people's rooms in photo format to show how people needed to be positioned particularly for those people who were unable to verbally communicate. Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken. The staff had up to date information relating to people's care needs. Each day the staff were divided into teams that ensured continuity of care across the service. Staff on the day were knowledgeable about people's care needs

We asked people whether there was enough to do at the service. One person told us, "The Carers do lots of work with pictures, I couldn't even draw before", whilst another told us, "There are lots of activities, one girl came and sang and everyone sang their hearts out."

During the inspection we observed a painting activity taking place whilst another one person was doing a picture engraving with a member of staff. People that were cared for in bed had music on that they liked and had aromatherapy sessions with a member of staff. We saw that sensory blankets were on people's beds for them to use. There were other activities taking place on other days including bingo, pet therapy and garden club. The registered manager told us that steps were being taken to ensure that people were taken out on outings and that the weekly schedule of activities was being reviewed to suit more individual needs of people. Seasonal events also took place at the service including summer fete, Easter and at Christmas.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People knew how to complain, comments from them included, "Honestly, I have no complaints", "I could tell someone if I had a complaint", "If something niggles I just speak to a Nurse, they'll find out and they do something about it", "Carers sort things out, they do so many different things", "If there are any problems they deal with it." Complaints had been investigated thoroughly and people and their relatives were satisfied with the response.  One person was unhappy about the conduct of a member of staff. The manager apologised to the person and action was taken with the member of staff. Discussions took place at staff meetings around any concerns identified from complaints.

Good

# Is the service well-led?

## Our findings

People and relatives were happy with the management of the service. People were comfortable and relaxed with the registered manager and the provider. On the day people were engaging and talking with the registered manager and the provider and were relaxed in their company. Comments from people included, "(The manager) is very nice. Very good. She does have a chat", "Manager is helpful, any problems I can speak with her.

There was a system of audits that were being used to improve the quality of care. The registered manager undertook audits around the health and safety of the service including fire safety checks, appliance checks, legionella checks and food hygiene. Daily checks of the kitchen and MAR charts were completed and quarterly health and safety and environment checks were undertaken that included people's rooms, the cleanliness, fire exits, first aid box, care at night and nutrition. Staff recorded when any improvements were required inside the service and had been actioned.

There was a detailed action place that showed the environmental improvements that had been made since our last inspection that included the re-decorations of the lounge and other communal areas. In addition to the environmental audit there was an action plan addressing other areas of the service where good practice needed to be maintained. This included staff training and development, infection control, nutrition, staff levels, activities and equipment purchases.

People confirmed they attended regular meetings and were asked their views on the running of the service. We reviewed the meetings of the minutes of the meetings and saw that discussions took place around food, activities, the complaints procedures and laundry. Where one person had asked for more variety of vegetables to be offered this was accommodated. A new call bell system was being introduced as people had raised that when the bells were pressed they could be heard in every room.

Staff attended regular meetings and these were used as a way of improving the service. We saw that discussions took place around improving the quality of care that was provided. This included ensuring that people only received personal care early in the morning if the person requested it. There were also discussions around improvements of the meal choices being provided.

People's feedback about how to improve the service was sought. Surveys had been sent out during our inspection and these had not all been received back. The last survey completed did not contain any negative feedback.

Staff morale was good and that they worked well together as a team. One member of staff said, "I like helping people. I like the residents, everything is ok." Another member of staff said, "Everything is better. The home is well run."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of

significant events. Records were accurate and kept securely.

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<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Care and treatment was not always provided with the appropriate consent. |