

Annesley (Oldercare) Limited

# Springfield 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?

**Good** 

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 Care Home is a residential care home, in a purpose-built building, providing personal care to up to 40 people aged 65 and over. At the time of our inspection there were 19 people using the service.

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

The service was not always safe. People were not protected from infection because infection prevention and control measures were not effective.

The environment was poorly maintained and was unclean. Much of the décor and furnishings were old and some items were in a state of disrepair and needed replacing. The provider had commenced a programme of redecoration and refurbishment in both private and communal areas. However, the general cleanliness of the building should be maintained during the refurbishment.

Medicines were not always safely managed. As a result, one person had not received their medicines as prescribed and protocols were not in place for "when required" medication. The audit systems in place to monitor the administration of medicines were not sufficiently robust.

Whilst it was evident that the provider had quality control systems in place, we observed that they did not always result in good care and support, and were therefore not always effective.

There was not always enough staffing to meet people's needs. People told us that they do not do as many activities as they used to. Also, we observed difficulties with supporting all people appropriately during lunchtime as the available staff were deployed over two floors.

People's individual risks were managed in a safe way and staff knew how to protect people from the risk of harm and abuse. Risk assessments were completed appropriately, for example around nutrition, pressure sores and mobility.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at Springfield Care Home supported this practice.

Care records were person centred and contained sufficient information about people's preferences, specific routines, their life history and interests.

Improvements were required to end of life care planning to meet best practice guidance such as that provided by the Gold Standards Framework.

Staff and the management team were kind, caring and compassionate. People told us that the staff were

kind to them and this was confirmed during our observations.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences. People had options regarding their meals and alternatives were provided if required.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

The provider had systems in place to encourage and respond to any complaints or compliments. The provider and management team had good links with the local communities within which people lived.

Rating at last inspection: At the last inspection Springfield Care Home was rated as good. The last inspection report was published on 13 October 2017. At this inspection the home had deteriorated to requires improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Springfield Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The service was Effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Springfield 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 (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 carried out by two inspectors.

#### Service and service type

Springfield 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.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection. The provider was 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. However, whilst the provider information return was submitted by the provider shortly before the inspection, the inspection team did not receive it until after the inspection had taken place.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care

provided. We spoke with four members of staff including the registered manager, a senior care worker, a care worker and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including policies and procedures.

# 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.

### Preventing and controlling infection

- The service did not manage the control of infection. Carpets were not clean and solid floors showed evidence of spills that had not been mopped up.
- In the communal bathroom the shower seat was cracked and dirty and the walls had not been effectively cleaned. The Registered Manager informed us that a new shower seat had been ordered. The communal toilets throughout the home had not been effectively cleaned, posing a risk to people using the facilities.
- We saw that, although a cleaning record for the kitchen walls and ceilings was in place, there was no evidence that this had been completed as there was no signature. There were dirty utensils in the kitchen cupboard. This would expose people to the risk and spread of infection.

### Using medicines safely

- People did not always receive their medicines when prescribed as the service did not always manage medicines safely. We observed that a cream that was prescribed to one person was being applied to the skin of a different person. This posed a risk to skin integrity. The cream was also out of date.
- Three residents who were prescribed when required medicines did not have a protocol in place for the administration of these medicines. This exposed people to the risk of not receiving medicines when they needed them.
- Regular audits of medicines were carried out; however, the medicines audit document used had been repeatedly photocopied and was no longer legible. This meant staff could not always be sure that they were recording the information accurately.

The failure to mitigate risks and to protect people from the risk of infection and the failure to manage medicines safely is a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed medicines being administered appropriately and staff treated people who use the service with dignity and respect during this task.
- Medicine administration records were all signed for when medicine had been given and there were no missing signatures. There was also a system in place for ordering repeat medicines.

### Assessing risk, safety monitoring and management

- Strategic risk was not always assessed effectively and people's safety was not always monitored and managed effectively. Whilst environmental and individual risk assessments were in place, we observed issues around cleanliness of the building and noted errors in medication administration that had not been recognised via these systems.
- Personal Emergency Evacuation Plans (PEEPs) were held within the mobility section of people's care plans and also in a central file in the office. However, there was no evidence that a risk assessment had been completed to determine the level of staff required to meet the overall needs of all people's PEEPs effectively.
- However, risks to people's individual health and wellbeing was assessed, managed and regularly reviewed within people's care plans and staff understood where people needed support to reduce the risk of avoidable harm.
- Staff we spoke to knew about people's individual risks in detail and could tell us how risks were managed and monitored.

#### Staffing and recruitment

- Staff recruitment was safe. Pre-employment checks were carried out prior to a staff member starting in post to ensure that they were suitable to work with vulnerable people. For example, a criminal conviction check and previous employer references were obtained. However, the staff files we checked showed that criminal conviction checks had not been renewed in line with best practice.
- The number of staff on duty was not always sufficient to meet people's needs. One person and their relative told us that staff used to do far more activities with people than they do now as there are often fewer on duty.
- We observed people being supported to have lunch across two different dining areas – the ground floor lounge and the lower floor dining room. The layout of the building and the deployment of staff impacted on the quality of people's lunchtime experience.

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

- Staff were trained in safeguarding and knew how to recognise the signs of abuse. The staff that we spoke with said that they know how to report incidents and who to report them to.
- Staff were aware of the whistle blowing policy. This allows staff to raise concerns anonymously when they have concerns about anything they feel is not right.
- One relative told us, "Mum is kept safe and we would know who to talk to if we had any concerns".

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, and the information collated and analysed and used to inform measures to prevent incidents reoccurring.
- Feedback was sought from people and their relatives and then this was acted upon and the outcome published in the notes from the residents and relatives' meetings.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs had been assessed in line with recognised best practice. These assessments included nutrition, oral health, personal care and emotional wellbeing. People we spoke to told us they felt involved in their assessments of care.
- People received their care and support by staff who knew how they liked things done.

Staff support: induction, training, skills and experience

- New staff members completed a structured induction to their role. This included completion of induction training such as health and safety, basic food hygiene and fire safety. New staff members told us that they shadowed other staff members until they felt confident and capable to work with people.
- Topical training and supervisions were all up to date and monitored for all staff members. We saw evidence of ongoing training and development for all staff in line with best practice.
- People told us they were assisted by staff members who were well trained and understood how they wanted to be cared for. One person said, "Staff have a good idea of what I like and do not like; the staff are brilliant".

Supporting people to eat and drink enough to maintain a balanced diet

- We observed people having lunch. People who required assistance to eat and drink were supported appropriately.
- People told us, and we saw, they had a choice of food and could choose something not on offer if they wanted or preferred. We saw people making decisions about what and where they wanted to eat. We saw staff interacting with people appropriately and asking if they had everything they needed.
- People told us that they liked the food. One person said, "The food is good; I always get more than one option".

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective and efficient communication systems in place in order to share relevant information with visiting healthcare professionals.
- Staff arranged timely referrals to a variety of different healthcare professionals where necessary. Records showed that staff members knew when people required healthcare intervention.
- Staff engaged with healthcare professionals on a regular basis to ensure that people's health needs were met.

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

- The service had a lift that was wide enough for wheelchair access to that people who were less mobile could access each of the three floors.
- The interior of the property required significant refurbishment. The provider had recognised this and had commenced a programme of redecoration and refurbishment both in communal and private areas. A relative told us that, "In one of the redecorated private rooms the transformation is absolutely beautiful" and that, "The communal lounge is going to be really outstanding".
- Individual rooms were not easily identifiable. Some had pictures on the doors, but the majority did not, were all painted the same colour and only had room numbers on. This may make it difficult for a person with a cognitive impairment to identify their room.

Supporting people to live healthier lives, access healthcare services and support

- The provider told us that they had forged excellent relationships with local healthcare services and they felt that this supported the community. This included a local optician, chiropodist and a dentist as they recognised the importance of oral health.
- People had their weights monitored regularly and this information was acted upon. This ensured that people had a diet to suit their needs.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had ensured mental capacity assessments and best interest decisions had been conducted for each area of care. DoLS applications had been made as appropriate.
- The provider had obtained evidence to demonstrate legal authority had been granted for named individuals to act on behalf of people who lacked capacity to make decisions.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed that people were treated with kindness and were positive about the staff's caring attitude.
- People had a "memory box" section in their care plans, which detailed their life history and gave staff some valuable information to build positive relationships with people.
- One person told us, "The staff are kind and caring".
- Staff received training on equality and diversity. The manager told us, "Everyone is treated with dignity and respect at all times. Everyone has a right to their beliefs. For example, we would always consider people's dietary requirements based on their religion".

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

- People were offered options and supported to make choices over their daily lives at the home. One person told us, "I feel listened to and staff take into account how I want to be cared for".
- Regular resident's and relatives' meetings are held to seek out people's views. One person told us, "I am able to have a say during resident's meetings and changes have been made as a result".
- Information on advocacy services was available in the home. An advocate is a person independent from the home who can come in to support a person to share their views and wishes if they want support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected; we saw staff knocking on people's doors before entering.
- Staff maintained confidentiality and records were kept safe. People's right to privacy and confidentiality was respected.
- We observed one person being supported to access the toilet with dignity and respect by a member of staff who was very kind and reassuring.
- One staff member told us, "Staff do activities with people such as bingo, skittles, board games and memory cards".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and contained relevant and in-depth information on people living at the service. People told us they were involved in the development and review of their own care and support plans. When it was appropriate relatives, or those close to the person, were also involved.
- People were involved in decision making regarding all aspects of their care and support. Regular meetings took place for people and their relatives and actions were taken as a result of suggestions at these meetings.
- Staff members knew the people they supported well. Staff could tell us about people's lives, those that mattered to them and their individual preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in accessible formats when people needed it.
- People were given information in a format which suited their needs and staff knew how people preferred information shared with them. We observed the use of flash cards to communicate with a person who had limited understanding and/or limited verbal communication.
- The registered manager told us, "The notice board has all policies available for residents and relatives to look at. I am aware that there may be a need to provide these in alternative formats such as braille or audio".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that they were involved in activities they enjoyed. We saw people playing board games and taking part in group discussions.
- All those we spoke with told us visitors were free to visit whenever they could and were always made to feel welcome.
- The registered manager told us, "One person's family live quite far away and can only visit once a month. They are able to stay in family quarters at the home overnight and we also offer them meals".

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern.
- The provider had systems in place to record, investigate and respond to any complaints raised with them.
- Records showed that low level complaints had been noted and resolved. For example, one relative noted that the carpet in the lounge was worn and that the television in the lounge was quite small. New flooring was ordered, and a larger television was purchased.

#### End of life care and support

- There was an inconsistent approach to end of life care plans developed at the service. Some people had detailed end of life care plans and others did not have a plan in place. The registered manager told us that they had given the matter considerable thought, but that some people and their relatives were reluctant to discuss palliative care. We talked through the importance of this and how this could be achieved with the registered manager.

# 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 now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were not always effective in identifying and driving good care. There was a lack of management oversight throughout the home within quality monitoring, medicines management, infection control and risk assessments. This lack of scrutiny led to cleaning not being carried out which heightened the risk of infection. There was no evidence of cleaning schedules being managed and monitored. We found that the general cleanliness of the home was poor.
- We found a lack of oversight of medication systems and protocols, which impacted on the safe administration of medicines. There was also a lack of oversight in respect of how some risks were recognised and managed. This posed a risk to people using the service as although there were systems in place to manage and monitor different aspects of the home, they were not managed effectively.

The provider had not ensured that all reasonably practicable steps were taken to mitigate risks to people and to follow good practice guidance to make sure the risk was as low as is reasonably possible to people. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A registered manager was in post and was present throughout the inspection.

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

- People, relatives and staff said the management team was approachable and they felt supported by them. One staff member told us, "The registered manager is great, and we can go to her with anything". Another staff member told us, "The registered manager is excellent, and I can talk to her at any time. I can also approach the provider if necessary".
- The management team worked with people to identify what they wanted and, if needed, changed routines and practices to achieve this. For example, we saw that an individual who used the service on a respite basis wanted to be able to come and go as they pleased. The management team completed a risk assessment so that this was achievable and any risk mitigated where possible.

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 aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

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

- People told us they felt involved in decisions about Springfield Care Home which impacted on them. People had regular meetings with the management team and also took part in some training events alongside staff members. The registered manager told us, "We involve residents in the training and have had good feedback around this".
- The registered manager demonstrated knowledge of equality, diversity and human rights legislation and was able to support people with protected characteristics.
- Staff members understood the policies and procedures that informed their practice including the whistle blowing policy. One staff member told us, "I would know how to whistle blow if necessary".

Continuous learning and improving care

- The registered manager sought feedback from staff members, residents and relatives on a regular basis and acted on this information to improve the service.
- The registered manager sought support and advice from managers within the provider organisation when necessary.
- The registered manager demonstrated that they had learnt from past incidents and implemented measures to minimise the risk of re-occurrence.

Working in partnership with others

- The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, district nurses, chiropodists, hairdressers and social work teams.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Risks associated with people's care and support and the environment were not managed safely. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance and management systems were ineffective. This had resulted in failure to identify and address issues with the health, safety and quality of the care provided.