

Springfield Health Services Limited

Springfield Nursing and Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Springfield Nursing and Residential Home is a care home providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The service can accommodate up to 65 people across two buildings. One building provides residential support and the other building provides nursing support.

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

People and their relatives told us that they felt safe and happy with the provider. There were appropriate policies and systems in place to protect people from abuse. We saw clear records relating to the management of safeguarding incidents. Environmental risks were assessed, monitored and reviewed regularly and equipment was maintained to help ensure people were kept safe. A process was in place to review accidents and incidents on a regular basis. Any trends or lessons to be learned were discussed with staff.

There were sufficient staff deployed to meet people's needs. Safe recruitment procedures were mostly followed. We have made a recommendation about the providers quality assurance process in relation to recruitment. Medicines were administered in line with people's preferences by staff who knew people well and systems were mostly in place to ensure people's medicines were managed safely.

We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, the provider took prompt action to address the concerns during the inspection. We were assured that the provider was preventing visitors from catching and spreading infections. We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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. Staff asked for people's agreement before supporting them with personal care and other tasks. The policies and systems in the service supported this practice.

People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. People's individual needs were met by the adaptation and design of the service. The layout of the home was suitable for people's needs. The provider was in the process of incorporating a dementia friendly environment within the décor of the home. People and their relatives felt staff were well trained.

People told us they enjoyed the food and we observed people being supported with regular fluid and nutrition throughout the inspection. Drinks and snacks were readily available to people at any time and we observed people's comfort being checked consistently throughout the inspection.

People and their relatives were positive about the home and felt it was well managed. The registered manager promoted an inclusive, positive and open culture. The provider and registered manager had

systems to gather the views of people, their relatives and staff. The provider had developed close links with external agencies, and we saw evidence of successful partnership working.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 and 21 March 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve consent to care and treatment, good governance and notifications of other incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield Nursing and Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Springfield Nursing and Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out this inspection.

Service and service type

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

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 used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, senior care worker and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from eight relatives about leadership and the quality of care provided. We spoke to the registered manager to obtain additional information in relation to quality assurance, staff support and risk management. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to safe. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People and their relatives mostly told us that there were sufficient staff deployed to meet people's needs. Comments included, "Oh yes, the staff here are excellent, they know what I need", "[relative's name] certainly has all of the support he needs...I know he is checked on regularly to make sure he doesn't need anything" and "I believe he has a good level of support in terms of his health, safety and welfare."
- Some of the feedback from relatives included comments that whilst people's physical and nursing needs were met, there were times of the day where staff were too busy to be able to spend time with people to support their emotional wellbeing and they felt this could be improved.
- The registered manager told us how they adjusted staffing levels in response to changes in people's support needs. They told us how they met with staff every day to review staffing levels and support needs and would re-deploy staff as required. We observed sufficient staffing levels during the inspection.
- Safe recruitment procedures were mostly followed. However, we found for some of the recruitment files that not all of the employment history records recorded beginning and end dates (actual or approximated month and year). This meant that there was a risk that periods of non-employment may not be identified.
- Schedule three requirements of the Health and Social Care Act 2008 (Regulated Activities) sets out eight categories of information required to be kept by providers about all persons employed. Such as, a full employment history, together with a satisfactory written explanation of any gaps in employment. We spoke to the registered manager about this who told us what action they planned to take to get this information. In addition, they provided assurances that they would be reviewing all their staff files following the inspection.

We recommend the provider reviews their recruitment quality assurance audits to ensure they include the eight categories of Schedule three requirements of the Health and Social Care Act 2008 (Regulated Activities).

- Staff files contained the information required to aid safe recruitment decisions such as references and a Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe and happy with the provider. One person told us, "Oh yes, feel safe". Comments from relatives included, "Our relative feels safe and is well supported by the staff", "Yes, I feel [relative's name] is safe" and "We do not have fears about [relative's name's] safety...he is well cared for."
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to

recognise abuse and understood their role in protecting people from possible harm. They knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected.

- There were processes in place for investigating any safeguarding incidents that had occurred which ensured learning from any incidents were shared with all staff. We saw clear records relating to the management of safeguarding incidents, which included how people had been involved, with clear identified lessons learnt and completed actions.

Assessing risk, safety monitoring and management

- Environmental risks were assessed, monitored and reviewed regularly.
- Equipment was maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the maintenance and safety of equipment. During the COVID-19 pandemic, to reduce unnecessary visitors to the service, equipment services and maintenance took place in isolated areas with effective cleaning following any visit. The provider acknowledged that some maintenance had been delayed due to the pandemic but could demonstrate that outstanding maintenance had been booked to be completed following the inspection.

Using medicines safely

- Medicines were administered in line with people's preferences by staff who knew people well.
- Staff had received medicine administration training and systems were in place to regularly assess staff competence.
- Systems were mostly in place to ensure people's medicines were managed safely. For example, the provider had medicines audits which were completed regularly. However, these systems were not always effective. For example, we observed that topical medicines did not always have the date opened and new expiry dates recorded on them. We found no evidence that anyone had been harmed by this but there was a concern that it increased people's risk of skin breakdown.
- The provider took prompt action to address the concerns during the inspection. The topical medicines were disposed of and replaced with dated medicines. In addition, the registered manager told us they would be introducing spot checks of medicines which would include a sample of topical medicines as well as a sample of medication administration records.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Overall, the home appeared clean and we observed regular cleaning taking place. However, we did observe two areas where there were concerns in relation to IPC. In one bathroom the sealant around the floor and toilet needed re-sealing and in another bathroom a shower chair fabric covering did not appear to have been effectively cleaned.
- The provider took prompt action to address the concerns; re-sealing the bathroom during the inspection and ensuring the shower chair was effectively cleaned. A recording form was implemented to ensure the shower chair was effectively cleaned between uses going forwards.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with current guidance. The designated visitors' rooms had separate entrances and hand washing facilities. A separate waiting area in the gardens had been built by the provider.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the registered manager and investigated appropriately.
- A process was in place to review accidents and incidents on a regular basis. Any trends or lessons to be learned were discussed with staff. This meant the necessary action was taken to reduce the risk of further incidents and accidents.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice sought from relevant health care professionals.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to work within the principles of The Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The registered manager ensured care plans included information about people's capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. People had mental capacity assessments that were decision specific and a consultation had followed to enable a shared decision to be made about what was in the person's best interest.
- Staff asked for people's agreement before supporting them with personal care and other tasks. People using the service confirmed that this was the case. One relative told us, "I like a lot that they are listening to [relative's name]."
- Staff had received MCA/DoLS training and understood their responsibilities around consent and mental capacity. The provider had MCA posters on display within the home.

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

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. People told us they were involved in their care assessments.
- The pandemic had impacted on the provider's pre-assessment process and the registered manager told us how they had adapted their process to liaise remotely with people, their relatives and professionals.
- Relatives told us that it had been difficult having their loved ones admitted into the home during a pandemic and had appreciated the regular contact from the home. However, relatives said that they would have liked more communication and information about what to expect in the early stages of the admission and a more formal structured review process.
- The registered manager and their staff referred to current legislation, standards and evidence-based guidance to achieve effective outcomes. This ensured people received effective, safe and appropriate care which met their needs and protected their rights.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were well trained. One person told us, "I give them full marks, staff know what to do." A relative told us, "I feel like they know what they are doing, and I like the way the staff are with [relative's name]."
- Staff new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- The pandemic had placed additional pressures on the provider. However, they told us how they had utilised technology to ensure staff continued to access training and were kept updated on best practice. For example, staff had been supported to attend training remotely via video calling. The provider had recently supported staff to complete train-the-trainer training and fire training remotely.
- Staff received regular supervisions including face to face meetings, observational supervisions and appraisals. Staff told us they felt supported.

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

- People told us that they enjoyed the food. One person told us, "It is nice, it reminds me of my mum's cooking... when I want it, I can have it."
- Relatives were positive about the food. Comments included, "Good choice of food and will try and accommodate with alternatives", "The food is good and the residents have a choice about what they eat for each of the meals" and "I've seen the food trolley go past several times and it is good to see proper healthy food on it."
- We observed people being supported with regular fluid and nutrition throughout the inspection, with particular awareness for the weather and the hot day. People in their rooms had individual jugs of water or squash with fresh glasses available to them. In communal areas drinks were easily accessible. We saw multiple examples of people's comfort being checked and offers of cooler clothing and fans being offered, as well as additional drinks and snacks.
- We observed people being supported with their meals, the atmosphere was pleasant, and food was presented in an appetising manner. People were supported with choices and treated with dignity and respect. One relative told us, "One of the reasons we liked them was because my father could choose what he had for breakfast which was really important to him." Another relative told us, "[relative's name] is offered snacks whenever he wants them."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff involved people, and where appropriate their relatives, to ensure people received effective health care support. One relative told us, "I have frequent calls as [relative's name] health deteriorates or he has

infections or other health issues, to decide what care we want him to have." Another relative told us, "They nursed [relative's name] well...and called for an ambulance when she deteriorated."

- The registered manager and their staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs, social workers and community-based health professionals. People's care plans demonstrated professional advice was recorded and acted upon.
- Staff had a good understanding about the current medical and health conditions of people they supported.

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

- People's individual needs were met by the adaptation and design of the service. The layout of the home was suitable for people's needs. The premises were well lit, and corridors were wide enough for people to move about independently using wheelchairs or walking aids. The gardens were accessible for people with limited mobility.
- The provider was in the process of incorporating a dementia friendly environment within the décor of the home. For example, people, and where appropriate their relatives, were being supported to create memory boxes to display outside their personal bedrooms. Memory boxes can be a powerful aid to assist with orientation within the home and to provide reassurance. The memory boxes that had been completed were meaningful to the individuals and were very personalised. The registered manager told us that care was being taken to get it right for people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to notify CQC of significant events that happened in the service. This was a breach of regulation 18 (notification of other incidents) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements.
- Statutory notifications to CQC had been received following any notifiable events at the service.

Continuous learning and improving care

At our last inspection the provider had failed to have effective systems and processes in place to ensure the safety and quality of the service and to maintain an accurate, complete record in respect of each service user. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and the provider showed a clear understanding of regulatory requirements and how to address shortfalls. At the last inspection there were three breaches of regulation. At this inspection we found all breaches and associated shortfalls had been addressed.
- Care plans were detailed, person-centred and regularly reviewed. There was a clear process in place to ensure any required changes were made promptly. One staff member told us, "If something happens and a care plan needs to be updated then we do it then and there."
- Since the previous inspection the provider had implemented quality assurance peer audits. There was another care home within the organisation, and they carried out quality assurance audits for each other.

This meant that good practice could be shared and resulted in more robust quality assurance processes.

- The provider had quality assurance procedures to help drive ongoing improvements. Although we had identified improvements could be made to the provider's recruitment audits, and following our inspection the provider's medicines quality assurance processes had become more robust, as detailed in the Safe domain of this report where we have reported on this in more detail. Overall, we found that the quality assurance audits had been completed consistently, with actions identified with clear time scales.
- The provider had regular operational and clinical meetings to review best practice and share lessons learnt. The nominated individual attended these meetings regularly.
- The COVID-19 pandemic had placed additional pressures on the service. The provider told us the priority had been ensuring people and staff were safe during the pandemic. They were open and transparent about the challenges and the plans for improvements they were working towards.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were positive about the home. Comments included, "I really like how much they are person centred", "I think Springfields is a friendly well managed and well-run care home" and "I like the staff a lot. I like how they are building a relationship with my father."
- The relationship between management, staff and people was positive. People, their relatives and staff told us the registered manager was approachable and that they felt listened to. Relatives told us, "The staff are very good at listening to my suggestions, and where possible following them through", "Once a year I am sent a feedback form. Any criticisms are immediately followed up" and "We are regularly invited to meetings and asked for our input if we are unable to attend."
- The registered manager promoted an inclusive, positive and open culture. Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available and displayed within the home.
- The provider had set up a robust system in place to share important updates and guidance to staff. Information relating to COVID-19 to support staff's knowledge and awareness of updates to guidance, policies and procedures was easily accessible.
- The provider and registered manager had systems to gather the views of people, their relatives and staff. People, their relatives and staff felt their contributions were respected and that the management team treated people with respect. Comments included, "The staff treat him with dignity when looking after him", "All of the staff are wonderful with [resident's name], they have a laugh and a chat with him frequently" and "This gives us peace of mind in knowing he is being looked after in the best possible way."
- Relatives were positive regarding engagement especially, during the COVID-19 pandemic and told us that they felt the home had been well managed. They spoke positively about the different communication methods used to keep them updated, and the support offered to people to keep them safe and engaged. One relative told us, "They have worked extremely hard to keep the residents happy during the pandemic and I think [resident's name] has enjoyed the quieter home."
- People and their relatives were positive about the activities available to people. One relative told us, "The activities in the main are imaginative and some are excellent, very appropriate for the age group for instance celebrating VE day and other reminiscences. Some are quite stimulating too like the quizzes."

Working in partnership with others

- The provider had developed close links with external agencies, and we saw evidence of successful partnership working. For example, the registered manager told us how the GP had supported virtual rounds for the home during the pandemic and had prioritised them. Another example included working alongside community professionals to support bariatric care and learning for staff. This included the support to source

specialised equipment and specialised training. This resulted in a positive outcome for one person.