

Young@Heart (Springfield House) Care Home Ltd

Springfield House

Inspection report

3-5 Ranelagh Road
Malvern Link
Malvern
Worcestershire
WR14 1BQ
Tel: 01684 574248
Website: youngtheheartch.co.uk

Date of inspection visit: 6 and 13 March 2015
Date of publication: 05/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place 6 and 13 March 2015 and it was unannounced.

The home provides accommodation and personal care for a maximum of eighteen people. At the time of our inspection seventeen people lived at the home with one person in hospital. People who lived at the home may have a dementia related illness.

There was a registered manager in post who was present throughout our inspection. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission are required to monitor the operation of the Mental Capacity Act (MCA) 2005 and the

Summary of findings

Deprivation of Liberty Safeguards (DoLS). The provider had not followed the requirements of the MCA as it was identified that some decisions had been made without best interest discussions.

All the people we spoke with told us that they were happy and felt safe living at the home. They said that people were kind, caring and helped them pursue past times and leisure activities. The atmosphere in the home was calm and staff responded to people's requests.

We found parts of the medicines management arrangements to be in need of improvement. Protocols were not in place to ensure people received medicines in a safe way and medicine records were not always accurate. Auditing systems were not in place which may have identified the shortfalls we found.

People told us that there was enough staff on duty to care for them and help meet their needs. Our observations during the inspection supported these comments. Safe recruitment processes were in place.

Systems were in place to protect people from the risk of harm. Staff we spoke with were aware of their responsibilities to protect people from the risk of abuse and knew the action they would need to take.

Staff knew about people's care needs. We saw that people and their relatives were involved in planning their care. They were provided with training and supervision to help them provide care for people.

People had a choice of food and drinks and these were available throughout the day. Healthcare needs were met by visiting health professionals. Where concerns were identified medical advice was sought in areas such as nutrition and risks of falls.

The registered manager was open to people's comments and had addressed any concerns and complaints raised. People were confident in the manager finding them to be approachable and supportive.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe.

Staff had received training about the protection of people from harm. People told us that they felt safe.

Risks for people in regard to their care and support were assessed and reviewed regularly.

People who used the service were being placed at risk as medicines were not always administered in a safe manner.

The provider operated safe staff recruitment procedures and provided a sufficient number of staff to meet people's needs.

Requires Improvement



Is the service effective?

The service was not consistently effective

People could not be certain their rights in line with the Mental Capacity Act 2005 would be identified and upheld in some aspects of their care.

Staff received training and support they needed to carry out their job effectively.

People were supported to have enough suitable food and drink to meet their dietary needs.

Staff contacted health care professionals when needed to meet people's health needs.

Requires Improvement



Is the service caring?

The service was caring.

People who lived at the home and their relatives were complimentary about the care received by the staff.

Information about people's care was available for staff to access.

We observed staff and found they were aware of the need to uphold people's privacy and dignity.

Good



Is the service responsive?

The service was responsive

People and their relatives were encouraged to take part in planning their care. People were supported to maintain their interests and hobbies.

People or their relatives were able to raise any comments or concerns about the service provided. People were listened to and responded to appropriately.

Good



Summary of findings

Is the service well-led?

The service was well led

The providers monitored some areas regarding the care and support provided.

People, their relatives and staff were complementary about the management of the home. They told us that they felt listened to and that they were approachable.

Good



Springfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 13 March 2015. The inspection was unannounced and was carried out by one inspector.

Before the inspection we looked at and reviewed the provider's information return (PIR). This asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with representatives from the local authority for their opinion of the home. They have responsibility for funding and monitoring the quality of the service provided. They had no issues to raise with us. We looked at the statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We used this information to help us plan our inspection.

We spoke with six people who lived at the home and six relatives. We also spoke with the registered manager, the senior carer and four members of staff.

We looked at a sample of records including three people's care plan, six people's medicines records, staff training records, three recruitment records and quality assurance audits.

Is the service safe?

Our findings

People we spoke with indicated that they felt safe at the home. One person told us, “We are all safe here”. Another person told us “I like living here. It’s smashing”. One relative told us, “I am really impressed. They [staff] treat people so well. I am really impressed”. Another relative told us, “[the name of person] is safe. I know [the person’s name] is looked after. Other relatives confirmed that they felt people were safe.

The registered manager told us that they had the details available to them of who they would contact if they became aware of any abuse or potential abusive event in the home. They were able to tell us about one event since our previous inspection. The Care Quality Commission (CQC) had been made aware of this incident and of the actions taken. The registered manager told us that they made sure that staff received training on safeguarding as soon as possible on starting work at the home. Staff we spoke with confirmed this. Information was available to staff members which gave them telephone numbers of the provider and the CQC if they needed to raise concerns or report abuse.

Staff we spoke with had an awareness of the different types of abuse and they were able to tell us what action they would take. One member of staff told us that they would, “Report it” and that they had, “Not seen anything bad” at the home. Another member of staff said that they would tell the registered manager and added, “I have never seen anything here”.

We saw that risks to people and their care and support had been identified and assessed as a means of reducing the risk to people. Assessments included moving and handling, eating and drinking and skin damage. These referred to the areas of risk for individuals and the assistance needed to avoid harm and reduce the risk. For example we saw that equipment was in use as assessed to protect people from the development of sore skin. We saw that people were supported by staff to mobilise safely around the home and staff supported them appropriately.

The arrangements in place to ensure the safe administration of medicines were not sufficiently robust so that people who lived at the home were adequately protected.

We saw that some people were prescribed medicine on an as and when required basis. There were no protocols for staff to follow and care plans had not been up dated to guide staff when these medicines should be used or the dose that should be given. Staff were unable to explain how these medicines should be used or how they would determine the dose. This meant that plans were not in place to manage people’s conditions and provide pain relief or aid people’s sleeping by medicines. We saw occasions where it was recorded that people had frequently refused medicines. There was no record that these were brought to the attention of a doctor so they could be reviewed.

Records were in place signed by staff to evidence that they had administered people’s medicines. However we saw gaps on the Medication Administration Record (MAR) sheets where it was not recorded whether people had received their medicine. A course of antibiotics had too many signatures on the MAR sheet when compared to the amount prescribed by a doctor. In addition we found an occasion when too many tablets remained in stock when compared to the records. The senior carer was unable to explain the shortfalls in the management of medicines we found during the inspection.

We saw that there were sufficient staff on duty to meet people’s needs. Relatives we spoke with believed that the level of staffing to be appropriate and that staff were able to meet people’s identified needs. We saw that people were responded to in a timely manner. For example when they answered call bells. The registered manager told us that agency staff were not used therefore staff covered each other as necessary. This meant that there was consistency in staffing which would be beneficial to people who used the service. We saw that staff spent time with people to ensure that needs were met and that they engaged in friendly discussions.

A new member of staff told us about their experience of the provider’s recruitment process. They told us that they did not start until checks had been undertaken on their suitability to work with people in their care. The registered manager was able to evidence that the checks undertaken included a Disclosure and Barring Services (DBS) check and references from former employers. This meant that checks were in place to ensure that unsuitable people were not recruited to care for people who lived at the home.

Is the service effective?

Our findings

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law about making decisions and what providers need to do if people cannot make some decisions for themselves and do not have the capacity to give consent for their care and treatment.

We saw incidents when people were able to consent to their day to day care and we heard staff seek people's permission such as whether they wanted assistance getting up from their chair. However we found that other decisions had been made and continued to be made on people's behalf without their consent. We found that capacity assessments were carried out but that no best interest meetings had taken place for some aspects of the care provided. A best interest meeting is a requirement of the MCA and identifies how and why health professionals or relatives have made a decision on behalf of the person. The majority of people who lived at the home had equipment in place such as sensors in bedrooms or on their bedroom door. The registered manager and staff we spoke with confirmed that these pieces of equipment were in place and that the best interest decision meetings had not taken place.

We found that the registered person had not protected people against the risk of not consenting to the care and support they received. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also looked at the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA and aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. The registered manager informed us that people would not have the capacity to consent to issues such as continual support and choosing to leave the home. The registered manager told us that staff would either have to go with people or monitor them closely. The registered

manager had carried out a mental capacity assessment and following these made applications under DoLS to the local authority. We saw documentation from the local authority which confirmed that the registered manager had made a DoLS application. We saw that one application had been confirmed. Staff we spoke with told us that they had received training in MCA.

People we spoke with and their relatives were complimentary about the abilities and skills of staff to meet people's needs. One relative told us, "I am confident in the staff". Another relative told us,

"The way staff look after [name of person] is very good" and, "Staff have the skills and experience needed to care for people". Staff we spoke with told us they were happy with the training that they received and felt it was appropriate to them. They also told us that they received one to one supervision although the frequency we were told about varied. Throughout our inspection we observed staff provide suitable and appropriate care and support to people.

We observed lunch being served and saw there was a choice of two main meals. We were told that staff asked people what they wanted shortly before lunch was served. One person told us, "They [staff] ask us what we want". People told us that they liked the food provided. One person told us, "Can't fault the food. It's spot on". One relative told us the, "Food is amazing. All home cooked". Another relative told us that the food served, "Appears excellent. It's a lovely atmosphere in the dining room". Staff had knowledge about people's dietary needs to ensure that people's nutritional needs were able to be met. We saw that a choice of drinks were available throughout the day.

Discussions with people, their relatives and staff confirmed that people's health care needs were identified and met. People told us that they were able to access health and medical support as required such as doctors, district nurses and chiropodists. One person told us, "I get all the treatment I need". One relative told us, "Any changes they let me know".

Is the service caring?

Our findings

People told us that they found the staff to be caring. One person told us that, “Staff are friendly and I like that”. Another person told us, “Staff are kind. We have a joke with them”. A further person told us, “Staff are very nice. They are all great”. A relative told us that staff, “Treat people as real people” and that staff know people as, “Individuals”. The same person told, “I couldn’t imagine anywhere else and finding this sort of care”. Another relative told us, “Words don’t reflect what it is like here. It’s refreshing.”

We spent time observing the care and support people received. We found the atmosphere within the home to be calm and relaxed. We saw numerous occasions when staff were talking with people in a caring manner. We saw that people were given choices and time to respond.

We saw that people who lived at the home and staff communicated well together. Staff were seen to encourage people to be as independent as possible and supported them with dignity and respect. We saw staff guide people appropriately with their mobility, while eating and drinking and while taking part in pastimes. We saw that people were able to walk around the home without staff discouraging them. People looked comfortable with staff often smiling and laughing with each other.

One member of staff told us that they involved people and family in the care and support offered. Some family members told us that they had participated in their relatives care plan. Relatives we spoke with felt engaged by staff in the care provided. Staff told us that they involved people in their care where possible such as in people selecting the clothing they wanted to wear.

Some people could not easily express their wishes. We were told that some people did not have family or friends to support them to make decisions about their care. The registered manager had involved either solicitors or advocates and social workers to support people if they needed this. Advocates are people who are independent of the provider and the service offered to support people and communicate their wishes.

People’s privacy and dignity were respected. Staff we spoke with described the actions they took to ensure that people’s privacy and dignity was maintained. For example they told us that they covered people up when providing personal care, ensured curtains were closed and knocked on people’s bedroom doors before entering. We saw staff were discreet when they asked people whether they needed personal care and ensured that doors were closed.

Is the service responsive?

Our findings

People and their relatives told us they received the support they needed. Visitors were seen to be made welcome and this was confirmed by those we spoke with. One relative told us that the reception they received from the staff to be, “Excellent”.

People had their requests met by staff who responded to them with kindness. We found that staff knew people well and that they were able to tell us about people’s care needs and the level of support needed. One relative told us that they found, “Staff are aware of people’s needs” and that they found, “People to look comfortable”.

We were told that staff had moved pictures displayed on one person’s bedroom wall to a lower position so that the person concerned could see them as they were spending most of their time in bed. This showed that the registered manager had responded to individuals to ensure their well-being.

People’s needs were discussed by staff as part of staff handovers. Staff told us that they got to know about changes to people’s needs from handovers as well as from care plans and talking with people and their relatives. We saw that care plans were regularly updated. These did not however always contain information about people’s care needs such as details about medicines. The registered manager accepted the shortfalls we found in care plans in areas such as medication protocols. Care plans evidenced that specialist support had been requested for people in relation to their diet and as a means of obtaining guidance to reduce the number of falls people had encountered.

We saw life histories in people’s care plans. We heard one member of staff having a discussion with one person. We saw that the discussion was friendly and genuine. The member of staff had a good knowledge of what had been important to the person when they were younger.

Arrangements were in place to provide leisure activities for people and the registered manager was able to tell us about plans for the future. The provider had employed a person who led activities and hobbies within the home. This member of staff was not available when we carried out our inspection. We saw people engaging in different activities during the inspection. Games and puzzles were available in the dining room. We saw occasions when people took part in these either as a small group of people or individually. We saw a member of staff with a battery operated dog which walked and barked. This promoted conversation and laughter amongst people about how it was easier to look after than a real dog. One person celebrated their birthday and people were involved by means of a cake and singing. People told us that they had recently attended the wedding of a member of staff.

People and relatives we spoke with were confident that they could speak with staff or the manager if they had any concerns or complaints. One relative told us, “If you have a concern they look into it”. The registered manager kept a record of complaints and concerns raised by people. We saw that these were investigated and the outcome was recorded. We saw examples where changes or improvements had taken place due to a concern raised. This meant that the registered manager took any concerns about the service provided seriously.

Is the service well-led?

Our findings

People who used the service, their relatives and staff spoke positively about the leadership of the home. One relative described the registered manager as, “Fantastic”. One member of staff told us, “The manager is excellent. Listens and does what she can. This is one of the nicest places I have ever worked.” Another member of staff told us that the manager, “Always lets us know of new things and we are able to make suggestions”. They also told us the management is, “Very good” and, “We [staff] can always ask [manager and senior carer] if we need help and we get it”.

During our inspection we saw that the registered manager was available to people, their relatives and staff. We saw that the registered manager knew people well and engaged with people well.

Arrangements were in place for people to comment on the service provided. We were told about a recent meeting which took place whereby people chose the wallpaper for the main lounge. We saw that the registered manager had met with one person to discuss how their needs could best be met. We saw that suitable action had been taken following a previous meeting when concerns were raised about items damaged in the laundry.

Staff meetings had taken place to ensure that staff had the opportunity to contribute to the running of the home. Staff felt that their comments were taken seriously. We saw that

discussions had taken place on improvements with the care to be provided such as the provision of personal care. Staff told us of an open culture at the home and confirmed that they were listened to.

We saw that the registered manager had sent out questionnaires to people, relatives and healthcare professionals. We saw that a number of these were sent out each month. These showed a high proportion of satisfaction. We saw positive comments regarding the care provided to people by staff members and management. Where any comments were raised these were taken seriously and the registered manager was able to demonstrate the action taken to resolve these comments.

The registered manager was aware of their legal responsibility to report incidents to us and other agencies as required.

There were some systems in place to audit areas of practice within the home. These were done by the registered manager and by the regional manager on behalf of the provider. For example we saw that the monthly audit of complaints was happening and this was found to be comprehensive. Falls and other incidents were monitored by the registered manager. The auditing system used by the registered manager regarding falls and incidents had recently changed. These were now carried out on individuals and were no longer collated to look for any shared concerns across all the people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider had not taken appropriate steps to ensure that people who lacked capacity to give their consent to their care had decisions made in their best interest in line with the Mental Capacity Act 2005.