

Hill Care Limited

# Springbank House Care Home

## Inspection report

17 Ashgate Road  
Chesterfield  
Derbyshire  
S40 4AA

Date of inspection visit: 5 October 2015  
Date of publication: 18/11/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 5 October 2015. It was unannounced.

At the previous inspection on 10 April 2014 it was identified that action was required in regard to the number of staff available to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that this had been rectified and there were sufficient numbers of staff on duty to meet people's needs.

Springbank House Care Home provides care and support for up to 41 older people. At the time of our inspection 37 people were living there. The service is situated near Chesterfield town centre on two floors; there is a lift available for people to use. An outside patio space was also available for people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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

People and their relatives were satisfied with the care and support provided in the home and were complimentary about the support they received. They felt that all their needs were being met. People were treated with kindness and respect and felt safe using the service. Relatives we spoke with confirmed this. People told us that they felt involved in what was happening in the home and in the way that their care was delivered.

We saw that people were supported by a staff team that understood their individual needs. We observed that staff were friendly, kind and treated people with dignity.

Staff recruitment procedures were effective in ensuring that appropriate checks were carried out before staff started work in the home. Staff received a thorough induction and felt that they received good training, both internally and externally of the home. They also felt they had support for their continuing professional development.

Staff were aware of, and understood, the risks around avoidable harm and knew how to safeguard people. This was both in terms of bullying and harassment and the physical risks to people living their everyday lives. There

were sufficient numbers of staff on duty to support people with their needs and to ensure they remained safe. We saw that staff had the skills and knowledge to meet people's needs in an appropriate way. Training for staff was effective and up to date.

The registered manager had a good understanding of the Mental Capacity Act 2005 and how important it was that people were given the opportunity to consent to their care and treatment.

People told us that they enjoyed the food and people's dietary requirements were catered for. There was also a choice at meal times so that people were able to eat what they enjoyed. Where people required assistance with eating this was done in a dignified way.

People experienced care and support from staff who enjoyed their role and were fully aware of what their responsibilities were. Staff were competent in incorporating the principles of dignity and choice into the way they provided care. This meant that people received personalised care that was responsive to their needs.

The registered manager had a clear vision for the home and was motivated to improve the quality of the service. There was a robust quality assurance system in place which monitored and responded to any issues or risks. Staff and people using the service had confidence in the management of the home.

# 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 safe.

There were robust systems in place to protect people from the risk of avoidable harm and to respond to allegations of abuse.

There were sufficient staff in place to meet people's needs.

Medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs.

People had access to sufficient food and drink of their choice.

People had access to other health care professionals when required.

Good



### Is the service caring?

The service was caring.

People were supported by staff who were kind and caring and who had time to develop relationships with them.

Staff understood, and implemented, the values of dignity and respect when caring for people.

People were supported to make choices.

Good



### Is the service responsive?

The service was responsive.

People's preferences and what was important to them was known and understood.

People were involved in the assessment and planning of their care.

People were supported to follow interests and maintain relationships.

Good



### Is the service well-led?

The service was well-led.

People and staff had confidence in the management of the service.

Staff were aware of their roles and responsibilities.

The registered manager was committed to continuous improvement and there was an effective systems of quality assurance in place.

Good



# Springbank House Care 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 was 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.

The inspection took place on 5 October 2015 and was unannounced.

The inspection team consisted three inspectors. Prior to the inspection we reviewed information we held about the service including the inspection history and notifications

we had received. A notification is information about important events which the service is required to send us by law. We also contacted the local authority who had funding responsibility for people who used the service.

We spoke with eight people who used the service and one visiting relative. We spoke with six members of staff including the registered manager and deputy manager. We looked at four care plans and looked at other records relating to the care that people received and how the home was managed. We also looked at two staff recruitment folders and training records.

We undertook a SOFI (short observational framework for inspection). SOFI is a way of observing care and helps us to understand the experiences of people who could not talk to us due to their complex needs.

# Is the service safe?

## Our findings

At the previous inspection on 10 April 2014 it was identified that action was required in regard to the number of staff available to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that this had been rectified and there were sufficient numbers of staff on duty to meet people's needs.

People told us they felt safe in the home, they also said that their families felt they were safe too. We saw that the home was proactive in recognising and, where possible, reducing risk to people. For example, people were sitting in the conservatory for most of the day but staff entered the room frequently to ensure everyone was well. The home had the appropriate equipment in place to move people safely. We saw that staff assisted people to move about the home in a manner that protected them from the risk of injury and harm. We saw that any risks to people were identified and, where possible, reduced or eliminated.

One person told us that if they required assistance that the staff came very quickly and would "even leave their dinner" to help them. Another person told us that they felt very safe while using the hoist when being assisted with a bath. Risk assessments were personalised and included pressure area care, nutritional risk and falls risk assessments, they were all reviewed regularly. Staff were aware of individual risks to people and knew how safe care should be provided, for example use of special boots at night for pressure area care. This meant that there was ongoing monitoring of people's safety.

Staff knew how to identify signs of abuse and what action to take if they saw anything that concerned them. When we spoke with staff they told us that they were confident to raise any concerns with their line manager. Staff we spoke with were aware of the whistleblowing policy. There were emergency plans in place should the home need to be evacuated and staff were aware of what to do. This meant the provider had taken steps to protect people's safety while they used the service.

People told us that they believed there were enough staff on duty to help care for them appropriately and our

observations confirmed this. We saw that there were sufficient staff on duty to care for people in a safe manner and one person told us that if they needed help there was always someone available. Staffing levels had been calculated using a staffing tool based on the dependency levels of people using the service. The registered manager told us that every month they reviewed the staffing levels in the home to ensure there were enough staff to meet people's needs. If an increase in staffing was required this was available through head office. The registered manager told us that they never had any problems getting additional staff if this was required.

There was a recruitment process in place which ensured that only people of good character were employed at the home. This was to ensure that people in the home continued to be protected from the risk of harm. All of the necessary references and checks, including Disclosure and Barring Service (DBS) checks had been undertaken. Staff confirmed that they did not take up employment until all the necessary checks had been carried out. They also told us that they shadowed a more experienced member of staff for two weeks before working alone.

Medicines were administered by senior staff who had been trained to do so. Staff told us that internal and external training was available and they took advantage of this. They also told us that different members of staff administered the medicines on different days as a way of ensuring open and transparent practices. We saw that medicines were ordered, stored and recorded appropriately. A review of records showed that when medicines were refused there was a clear process to follow and that detailed records were kept. We were informed about a medicines error that had occurred but the provider had followed appropriate procedures to ensure the continued safety of the people who received the wrong medicines. Medication Administration Records (MAR) charts were up to date and contained the appropriate signatures. The MAR charts reflected the amount of medicines still available in the store cupboards. Protocols were in place to ensure that people received medicines for pain management when this was required. This meant systems were in place to ensure people's medicines were managed in a way that promoted their safety.

# Is the service effective?

## Our findings

People told us that they were well cared for and our observations supported this. One person told us that they thought the staff knew how to look after them well.

Staff had received training so that they had the appropriate skills to care for people. Staff gave us examples of some of the areas they had training in, including moving and handling, food safety, fire risks and nutrition. We saw evidence of staff training in files, including mental capacity act, food hygiene, nutrition and care planning. Recently there had been additional training in end of life care and bereavement. Staff felt that the training they received was good. This meant that staff were trained in the skills they required to care for people properly. The registered manager told us that they placed a strong emphasis on the importance of staff training and was always looking for additional opportunities in this area. Newer staff were completing the care certificate. The care certificate replaces previous minimum standards for training for care workers. It covers 15 different standards, over a wide range of topics.

Staff told us that they received support through supervision, team meetings and appraisals. They told us that they could always ask a more experienced member of staff for support and guidance if they needed this. We saw staff caring for people in a skilled and knowledgeable way.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Staff we spoke with understood their role in relation to the MCA. Records we looked at showed that, where people lacked capacity to make a decision about their care or support, the proper procedures had been followed. Where people lacked capacity to make a certain decision, we found that staff had made the decision in their best interests, in line with legislation. People, family members and relevant health and social care practitioners had been involved in this. This meant that people's legal rights were upheld when they lacked capacity to make decisions at the time they needed to be made.

The Deprivation of Liberty Safeguards (DoLS) had been used appropriately by the provider and applications had been made to the local authority. The DoLS are legal protections which require assessment and authorisation if

a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty.

People we spoke with said that staff always asked for their consent to provide care. Our observations confirmed this and we saw that staff routinely got people's consent to care during the inspection. This included if they wanted to move around the home or return to their room.

We saw that there was sufficient food available to people. One person told us "There's a good choice and you can have what you want". Another person told us that their relative was, "Eating much better" since being admitted to the home. We also saw that cold drinks were available throughout the home in the different sitting areas. Tea and coffee were offered throughout the day and if someone wanted something different to drink then this was provided. Fresh fruit was also available throughout the day.

People told us that if they did not like what food was being offered at meal times that they could have something else instead. We saw that there was a varied menu available for people to choose what lunch time meal they wanted each day. Menus had recently been updated in collaboration with people in the home. Recent suggestions for more variety at tea time had been noted and acted upon. There was a comment book for meals and people had written compliments or concerns, staff then noted and actioned the points. For example, there were a lot of compliments about the chicken curry and a note from the kitchen that they would include the meal more often. There were also concerns about a pasta dish and a comment from the kitchen that they would use a different recipe next time. We saw that the food on offer was varied and contained fresh ingredients. One person told us, "Sometimes it's good but sometimes it's marvellous".

People were assisted to the table at lunch time in a timely manner and offered a choice of drink. There was a pleasant atmosphere in the dining room and staff were well organised and responsive. Meals appeared appetising. We observed good interactions between staff and people using the service at lunch time. Where someone required assistance with eating this was provided in a sensitive and dignified manner. Where people had particular health

## Is the service effective?

requirements, for example needing diabetic foods, the kitchen were aware of this and their diet amended accordingly. This meant that people were offered a healthy balanced diet appropriate to their needs.

People had access to health care professionals when this was required. We saw that their physical and mental health needs were promoted and that people's health was being monitored. Advice was sought from the district nurse to ensure people maintained their good health and independence for as long as possible and the home then followed this advice. One example of this was that a

person's blood pressure was being checked on a daily basis in accordance with the district nurse instructions. People told us that the staff monitored their physical well-being and asked the GP to call if required. Another person told us that the staff had noticed that they were coughing more and asked them if they could call the GP and they were now on antibiotics. We saw from care records that people had access to other health professionals, including opticians and dietitians. This meant that people received appropriate care and support for their health care needs.

# Is the service caring?

## Our findings

People were very complimentary about the staff team. One person said, “They’re lovely, just lovely”. Other people told us, “You can’t fault them”, “We’re one big family” and, “If you want anything you only have to ask”. Another person told us that the staff knew how to look after them and knew what they liked. All the people we spoke with in the home told us that the staff were very caring. One person told us the “Staff are very kind”; another person said that they, “Really value the attitude of the staff”. Another person said, “They know what I’m like... if I’m not in a good mood they know what to do to get me out of it”. These comments from people showed that the staff were working with people in a caring and kind way.

People told us that they really enjoyed chatting to the staff. Staff told us that they enjoyed spending time with people, especially when they spent one to one time with a person. We saw that staff were kind and gentle with people and that they made eye contact with the person, did not rush the person and ensured that the person had what they wanted before they left them.

We saw that staff supported people in a way that showed caring and understanding relationships. For example, when assisting people to mobilise around the home staff chatted

and reassured them along the way. We saw staff interacting with people in a kind and respectful way. Staff had a good rapport with people and knew how they liked their care to be provided.

People told us that they felt they could make their own decisions and choices within the home. One person told us that when their [relative] was due to come into the home, a member of staff had spent some time with them asking about their relative’s likes and dislikes.

We saw that staff ensured that people were comfortable and had all that they wanted. Staff had a good understanding of how they were able to promote people’s independence. We saw that staff had discussions with people about whether they wanted to go into the dining room around lunch time or wait for a while.

One person told us that the staff respected their privacy and were considerate when giving personal care, they said, “I have nothing but praise for them”. One person told us that the staff were very friendly and that, “Yes, they do treat me with dignity”. We saw staff interacting with people in a respectful way during lunch time. Where they assisted people with eating they did this in a way to ensure that the person retained their dignity. We also observed staff knocking on people’s doors and care was taken to provide personal care privately. The home has a dignity in care award from the local authority and has also has identified its’ own dignity champions.



# Is the service responsive?

## Our findings

People told us that they were free to make choices, for example when they wanted to get up or go to bed. They told us that they could make choices about how they spent their time, eat their meals, when they had a bath or shower and whether they had a bath or shower. Staff we spoke with confirmed this. We saw that when people asked for something it was provided for them. One example of this was when one person wanted a different drink at morning break time.

There was an activity room in the home and a small hair salon where a hairdresser took appointments every Thursday. This showed that the home was responding to people's needs for maintaining personal dignity by giving them the opportunity to maintain control over their personal image.

We saw that, where possible, people were supported to be in control of their lives. Staff had a good understanding of, and were knowledgeable about, people's individual needs. They were able to tell us about people's care and support needs, preferences and likes and dislikes. People's care plans had been reviewed and were up to date and the information they contained was sufficient to enhance staff's understanding of how people's care should be delivered. Care plans were updated and contained relevant information so that staff were able to care for people in the way that they wanted to receive their support.

There was a "This is me" document in care plans to detailing people's personal history, likes and dislikes and this helped staff to care for people in the way they wanted to be cared for. Staff told us that there were verbal and written handovers to new staff to ensure that people's changing needs could continue to be responded to in a timely manner.

People were supported to pursue interests and activities in the home and activities and events were planned for every day of the week. One person told us that an activities board was displayed in the communal area so that people could see easily what activities were available that day. We saw this for ourselves. There was also a 'library' room where people could borrow books and sit quietly if they wished.

The home had ways of consulting people about what they wanted to do. The activity co-ordinator operated a number of in-house activities and external visits and each person was asked what they liked to do. People also had one to one time as well as the option of group activities. Events and activities included bingo, dominoes, celebrating national events, for example, grandparent's day, trips in the summer to Chatsworth and other local attractions. People told us that they particularly liked it when they went out for pub lunches.

Recently there had been a Cilla Black tribute event followed by a pea and pie supper, which people had requested. People told us that they really enjoyed the pie and pea supper. We saw that there were a variety of activities and people could follow their interests in a way that was responsive to their wishes.

People had requested that a spare room was turned into a café so that they could go and sit with their families and friends. This had been created so that people, as well as making drinks for family and friends, could make their own drinks if they wished. This meant that they could have some time in the home but away from the staff and other people. The creation of this café showed that the home had an understanding of the things that added quality to people's life when they were living in a care home. It also showed that they responded to their requests for change.

We saw that residents and relatives meetings were held and the minutes show what action had been taken to respond to requests, for example, the inclusion of fruit on the tea trolley. Relatives were also encouraged to join these meetings and join in subsequent entertainment.

There was a complaints system in place and complaints had been recorded and investigated, where appropriate, in a timely manner. People told us that they were confident in raising concerns and complaints with the staff and managers. This meant that people had the confidence to change what they wanted in the home and were responded to.

# Is the service well-led?

## Our findings

People told us that they knew who the registered manager was and told us that they came to speak with them almost every day. They told us that they had confidence in the way that the registered manager managed the service and that it was well managed. We saw that people were happy and relaxed to talk with the staff team.

Staff told us they felt the service was well-led and told us that they enjoyed working in the home. They told us that they were motivated in their job role and knew what their responsibilities were. They said that they could ask about anything they wanted if they felt unsure. One member of staff told us that they had confidence in their manager.

Staff told us that they enjoyed their jobs and one person told us that they felt confident in talking to their line manager. They also told us that they were clear about what their role entailed and that they got the support they required to do their job.

We saw that the registered manager promoted a personalised culture within the home and was open to any improvements that might be made. They were also looking for ideas to drive forward improvements in the home. This meant that the home was continually striving to improve the experience of the people who lived there.

People were involved in the running and development of the home through meetings and evidence of improvements. For example there was the creation of the 'café' room where people could entertain relatives and friends who visited. This was developed following feedback from people and their visitors.

The registered manager had a clear vision for the home and placed a strong emphasis on developing the staff team through training and learning opportunities. They told us that they always asked staff to question themselves on whether they were giving their best at all times. The registered manager told us that their aim was to provide care in a person centred way in a homely environment. We felt that the registered manager was motivated and ambitious for the service to improve. One example of this was when they had noted low attendance at relatives meetings and had wanted to increase attendance. To do so they held the 'Cilla Black' night which was a success in achieving the outcome. The home had also won a regional care award last year at the Great British Care Awards – East Midlands winner for Regional Care Team 2014. The registered manager was very proud of this.

Resources were monitored and managed so that there were always sufficient staff on duty to meet the needs of people who lived in the home. When extra staff were required the Operational Manager approved the extra recruitment. This demonstrated a level of trust between the managers and staff in the home.

There were systems in place for quality assurance. These included a mixture of monthly and quarterly audits and checks in all areas of service provision, including medicines, health and safety and care plans. We saw evidence of action being taken when any issues were identified. There was a system in place for analysing falls and accidents and action taken to address any risks. There was evidence of continual learning, for example following a recent medicines error there was additional training and reminders for all staff about how to manage medicines safely. Staff confirmed this.