

Springfield Residential Home Limited

Springfield Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Springfield is a residential care home providing accommodation and personal care to 31 people in one adapted building at the time of the inspection. The service can support up to 34 people.

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

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 in the service supported this practice.

The service provided safe care to people. People commented, "I feel really safe here, the staff look after me" and "It's a lovely place, I feel content here." A relative commented, "Springfield is not only a beautiful physical space with a lovely atmosphere, light and surroundings, but boasts a top-notch staff of efficient, well-trained and, above all, delightful men and women who have kept my mum amused, entertained and happier than she could have imagined a few months ago!"

People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. Medicines were managed as necessary. Effective infection control measures were in place. The principles of the Mental Capacity Act were adhered to when necessary. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

People confirmed that staffing arrangements met their needs. There were enough staff to support people and the staff worked well as a team. There were effective staff recruitment and selection processes in place.

Relatives spoke highly of the care and support their relatives received at Springfield Residential Home. Comments included, "I truly believe that my mother would not be here now if it was not for Springfield. The registered manager and her team got her on her feet again. Her quality of life has enormously improved" and "[Relative] has been at Springfield now for 11 years and I have been extremely grateful to [management team] and all the staff for the marvellous care they have given her."

Staff spoke positively about communication and how the registered manager and management team worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection

The last rating for this service was Good (published 12 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service and length of time since the last inspection. 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.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Springfield Residential 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 Health and Social Care Act 2008.

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

The inspection was carried out by one inspector.

Service and service type

Springfield Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Springfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people using the service and 9 members of staff, which included the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included 4 care files and 3 staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to the management of the service.

We sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from 5 relatives, and 2 health and social care professional. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff; staff practice showed they knew them well. People were at ease and looked comfortable in the company of staff. People commented, "I feel really safe here, the staff look after me" and "It's a lovely place, I feel content here." A relative commented, "Springfield is not only a beautiful physical space with a lovely atmosphere, light and surroundings, but boasts a top-notch staff of efficient, well-trained and, above all, delightful men and women who have kept my mum amused, entertained and happier than she could have imagined a few months ago!"
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC).
- Staff had received safeguarding training, to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments had been carried out for mobility, falls, diabetes, eating and drinking and skin care.
- Where indicated, monitoring charts were in place to ensure people received safe care and support. For example, charts were in place to monitor people's food and fluid intake, repositioning, weight and mattress settings.
- A health professional commented, "The senior staff have an increased skill set which means that they get appropriate medical assistance for the residents in a timely manner and are able to prevent deterioration and aid healing of certain types of wound prior to the GP, paramedic or district nurse attending."
- Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available to increase a person's independence and ability to take informed risks.
- There were governance systems which ensured the environment and equipment were effectively maintained. Checks included, hot water temperatures, fire safety, window restrictors and equipment to aid people's independence.

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Where incidents had taken place, actions had been taken in line with the service's policies and procedures. The involvement of other health and social care professionals was requested where needed, to review people's plans of care and treatment.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were requested to deprive a person of their liberty.
- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

Staffing and recruitment

- The provider ensured there were sufficient numbers of staff deployed to meet the needs of the people at the service.
- The registered manager explained that staff skills were integral to enable people's care and support needs to be met. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall, so people's needs could be met by staff members who knew and understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were safely administered. Medicines administration records were appropriately signed by staff

when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

- Where people had 'as required' medicines such as pain relief, protocols were in place for this.
- Staff received medicine training to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and or spread of COVID-19.

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 our last inspection we rated this key question good. The rating for this key question has remained 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; Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, infection control, incidents, accidents, and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated and involvement of relevant health and social care professionals.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service' policies.
- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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

- Staff spoke positively about communication and how the registered manager and management team worked well with them, encouraged team working and an open person-centred culture.
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings, memos and conversations on an on-going basis.
- The service sought feedback from people who use the service to identify areas for improvement. All comments were positive. People and their relatives also confirmed that they attended regular meetings to share views and suggestions. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.
- Relatives spoke highly of the care and support their relatives received at Springfield Residential Home. Comments included, "I truly believe that my mother would not be here now if it was not for Springfield. The registered manager and her team got her on her feet again. Her quality of life has enormously improved" and "[Relative] has been at Springfield now for 11 years and I have been extremely grateful to [management team] and all the staff for the marvellous care they have given her."
- People's equality, diversity and human rights were respected. The service's vision and values centred

around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Springfield Residential Home. For example, people were constantly encouraged to lead rich and meaningful lives to aid their physical and mental health well-being.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nurses. Regular reviews took place to ensure people's current and changing needs were being met.
- Professionals commented via conversations and written feedback, "[Management team member] and your whole staff team are shining lights and look after your residents so, so well. You are a credit to what care homes are about and an outstanding example of how it should be done for others" and "The staff team are outstanding and only contact when their observations give a genuine reason. They really provide people with dignified care and have their best interests at heart. They provide very kind and sensitive end of life care."