Springdene Nursing And Care Homes Limited

Spring Grove

Inspection report

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London
NW3 6DH

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Date of inspection visit:
05 October 2016
07 October 2016

Date of publication:
18 November 2016

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

Summary of findings

Overall summary

Spring Grove is a residential care home providing accommodation for up to 46 older people. The home forms part of the Springdene Nursing and Care Homes group and is located in North Central London. There were 36 people in residence at the time of our inspection.

This inspection took place on the 5 and 7 October 2016 and was unannounced. At the time of our previous inspection in June 2014 the home had been in breach of Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2010 in so far as arrangements and procedures for dealing with foreseeable emergencies was not clear. Staff had been unable to enter people's locked bedroom doors in an emergency. We carried out a follow up focused inspection on 19 August 2014 and found that the issue had been resolved.

At the time of our inspection a registered manager was employed at the service. 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 staff of the service had access to the organisational policy and procedure for safeguarding people from abuse. They also had the contact details of the London Borough of Camden which is the authority in which the service is located and the details of other authorities who place people at the home. However, most people paid for their own care. The members of staff we spoke with said that they had training about protecting vulnerable adults from abuse, which we verified on training records and the staff we spoke with were able to describe the action they would take if a concern arose.

We saw that risks to people using the service were considered and common risks such as the risk of falls and those associated with people's healthcare needs were included. Any risks associated with people's individual circumstances were also given attention and responded to. The instructions for staff about how to minimise risks were clear.

We saw there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make

decisions for themselves were protected. The service was applying MCA and DoLS safeguards appropriately in every case where people were thought to require assessment.

People were supported to maintain good health. Staff were on duty at the service 24 hours and people's own GP's visited to attend to their medical needs. Where nursing care was required the home obtained this from the local community nursing service. Staff told us they felt that healthcare needs were met effectively and records showed that people were referred to and seen by appropriate healthcare professionals.

Everyone we spoke with who used the service praised staff for their caring attitudes. The care plans we looked at showed that attention was given to how staff could ascertain each person's wishes, even in situations where people were suffering with dementia, to maximise opportunities for people to make choices that they were able to make.

Communication between people using the service, relatives, visitors and staff was open and respectful. Staff talked about the people they cared for with dignity and respect and knew their responsibilities in providing effective care.

The staff team communicated effectively and there was trust in approaching senior staff and the registered manager to raise anything of concern and to discuss care practices. The views of staff were respected as was evident from conversations that we had with staff and that we observed.

At this inspection we found that the home was meeting all of the regulations that we looked at.

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. People's safety and any risks to their safety were identified and reviewed. We found that there were enough staff to care for people at different times of the day.

Medicines, including controlled drugs, were stored and administered safely by staff that had relevant training and were only allowed to do so once competency assessments had been undertaken.

Is the service effective?

Good

The service was effective. The provider was taking the necessary action to ensure that staff updated their knowledge through training, supervision and appraisal. There were plans in place to address any updates in skills and knowledge which staff required.

There was a programme in place to ensure that the service updated and assessed people's capacity to make decisions about their own care and support.

Is the service caring?

Good

The service was caring. Throughout the two days of our inspection, staff were observed talking with people in calm and friendly tones.

Care staff demonstrated a good knowledge of people's characters and personalities. We saw that when staff were providing assistance this was always explained. For example, when assisting people with eating and drinking.

Is the service responsive?

Good

The service was well led. The provider had systems in place for monitoring the quality of care.

Meetings with people using the service and relatives took place and the service took action on comments people made and developed action plans to address any identified improvements

that were required.

Is the service well-led?

Good

The service was well led. The provider had systems in place for monitoring the quality of care.

Meetings with people using the service and relatives took place and the service took action on comments people made and developed action plans to address any identified improvements that were required.

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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 was unannounced which meant the provider and staff did not know we were coming. The inspection took place on the 5 and 7 October 2016. The inspection team consisted of a single inspector and an expert by experience that had an interest and understanding of caring for older people who used care services. The inspector was also shadowed by a new CQC employee undertaking their induction programme in order to gain an understanding of the role of inspection.

We looked at notifications that we had received and any other communications we may have had with people, their relatives and other professionals such as the local authority safeguarding team, community nursing and commissioning teams.

During our inspection we also spoke with eight people using the service, five members of staff, the registered manager and the provider.

As part of this inspection we reviewed five people's care plans. We looked at the training and supervision records for the staff team. We reviewed other records such as complaints information, menus, audit information, maintenance, safety and fire records.

Good

Our findings

The comments that we received from people living at the home about the service were almost entirely positive, apart from one person who told us they had less confidence about night staff. People using the service told us "I feel very safe. I haven't heard of anyone here having a safety issue" and "I do feel fairly safe, That's why I moved here. Other people told us "They often check my conditions" and "Very safe, definitely."

Two people using the service thought there were not enough staff, while others thought there were more than sufficient staff. People told us, "There are not enough staff. If you want something you have to wait. There's no one around if you want them", "Yes. They are extending staff all the time, there are 4 or 5 extra people" and "Sometimes it would be good to have extra people in the morning when getting up." Other people told us "There are enough staff" and "Yes, they come within 30 seconds when I ring the bell."

Our review of the staffing rota's for the last three months showed that there were sufficient numbers of staff on duty each day and overnight.However, we told the registered manager and provider about some people feeling that there were not enough staff around and suggested they explore this further.

The home monitored call bell response times each day via a print out from the call bell system. This highlighted that if an alarm call bell was not answered within three minutes, this was followed up with staff who were on duty. However, we found by looking at a sample of records that call bells were usually answered well within this time averaging one to two minutes.

Staff had access to the provider's policy and procedure for safeguarding people from abuse. They also had the contact details of the London Borough of Camden which is the authority in which the service is located. Only five people were placed by local authorities at present as most people were funding their own care at the home. The provider had the contact details for the authorities that were placing people. The members of staff we spoke with demonstrated their awareness and commitment to protecting people from abuse and all of those we spoke with were able to describe the action they would take if a concern arose.

The provider was able to verify that the previous provider had provided some training records that showed that almost all staff had received training about safeguarding. The record identified any staff having reached expiry of refresher training and newer staff that needed to be booked onto courses. We did note, however, that the registered manager was one of the people who had not updated their training on safeguarding which needed to be rectified.

We looked at staff recruitment since January 2016. There had been nine staff recruited and we found that background checks, references and verification of legal right to work in the UK had been obtained for each of these staff.

Where people were identified as at risk of pressure sores we saw that detailed and clear information was provided to staff to minimise this risk. Actions included provision of air mattresses and instructions concerning the monitoring of these, regular recording of a person's weight, their need for fluids and a balanced diet, checks required on skin integrity and the application of barrier cream. Staff had clear instructions about how to minimise the risk of pressure sores and carried out the routine checks required.

Risks assessments were in place, for example, about the risk of falls, using the alarm call system and going out of the home unescorted. The instructions for staff about minimising risks were outlined in these assessments, which were reviewed and updated regularly.

People were supported with their medicines and these were stored safely. On the first day of our inspection we observed medicines being administered after lunch on the ground floor. We saw staff performed this in an unhurried way and paid attention to what they were doing with each person when providing them with their medicines.

We looked at eleven people's medicines administration records which were held electronically on a portable digital assistant (PDA) scanner device. This device required that staff authorised to administer medicines signed in to the PDA using a unique identifier pin code. Where a controlled drug was being administered this required two staff too log in, although the controlled drugs register was also signed by hand, which we saw when looking at these records. As a member of staff administered the medicine they scanned the individual medicine box or other container that had a barcode assigned to each specific person. If a member of staff attempted to scan an incorrect medicine, or was giving medicine at the wrong time of day, a warning note flagged up on the PDA and prevented a record to continue to be made. This device then alerted that a potential medicine error may have occurred. Although the system was still relatively new it was already seen by the home to be providing an effective safeguard when administering medicines.

One person had their medicines administered covertly. This person's care records showed that the necessary consultation and decision making process had been entered into before this had been agreed.

During our visit we checked the communal areas of the service which were all clean and well maintained. We spoke with the maintenance manager who showed us records of health and safety checks of the building and that the appropriate certificates and records were in place for gas, electrical and fire safety systems. Hoists and slings used to support people with transfers were regularly checked and these checks were up to date which supported people's safety. The provider had an emergency contingency plan for the service which was detailed and gave clear instructions about the response to emergency situations.

Good

Our findings

People who spoke with us said, "They know what they are doing. If they are asked to do something they can usually do it" and "They've got used to me. They know what I need." Another person told us "Yes, if I need anything I just ask."

The provider was able to verify training for staff. For example moving and handling, safeguarding, mental capacity and person centred care. The provider had a system in place to monitor when staff required training and when training needed to be updated. Each of the staff we spoke with told us they had effective training and that they felt this training equipped them to carry out their work. One member of staff who had started a little over a year ago described their induction and felt this had equipped them to carry out their role.

Staff told us that they had regular supervision and this was confirmed on records, as too were annual staff appraisals which had taken place in the last year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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. The application procedure for this in care homes and hospitals are 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 were being met.

Staff we spoke with were able to demonstrate a good understanding of the issues around consent and were aware of the meaning of capacity and told us that they encouraged people to make choices as much as they could. We observed staff taking time with people to assist their understanding of what choices were being offered.

Where Deprivation of Liberty Safeguards decisions had been approved, the service had notified the Care Quality Commission (CQC) accordingly and were re-applying annually for re-assessment of these

restrictions.

The care plan records had the correct forms in place recording decisions about resuscitation choices where this was relevant.

People told us, "Food is plentiful but badly cooked. They are not mean with the portions. I like fish, and I get this now and again and you get choices" and "I was used to tasty homemade food. I don't like dry stuff with no taste. You get used to it. You do get a choice." We were also told "Food is excellent. You are offered a choice" and "Food is lovely! There is a choice of meals. I have to be careful because I love puddings with custard." There was general agreement that meals were plentiful, nutritious and there was a choice, but mixed views on how appetizing the food was. Tea and cake was served at 11am and 3pm, which everyone we spoke with were happy with. One person said they would prefer it if tea was available at night time. We raised this mixture of views with the home manager to explore further with people using the service.

People's choices were taken into account and at lunchtime we saw that people were offered choices and the meals on offer were explained to them. The home ensured that care staff focused on providing assistance to people at meal times rather than engaging in other work, unless urgent care matters arose. Our observation of lunchtime showed us that nobody was rushed and staff noticed when people were not eating and encouraged them to do so. People were offered drinks regularly and were supported to eat their meal but at the same time were encouraged to do this as much as possible for themselves.

Nutritionist advice was available from the local health care services when required and the service had sought this advice when assessments were thought to be needed.

People were supported to maintain their general health. Community nurses attended daily and a local GP's visited for pre-arranged appointments regularly, but would visit the home also as needed. The manager and other staff told us they felt that healthcare needs were met effectively and we saw that staff supported people to attend medical appointments, for example, at hospital. A consultant geriatrician visits the home each month to review the needs of people where any concern had arisen. Most people we spoke with had not needed medical assistance, but those who had, reported that the service was fast and responsive in meeting their healthcare needs.

Good

Our findings

People using the service were generally complimentary about the care staff. People told us, "The workers are kind-hearted but otherwise they are just workers. They're alright but they have to be pushed for what you want" and "At night I need to go to the toilet more often. They hurry me with the frame and they push me to go back to bed. I get frightened I may fall Day staff are very caring not the night staff. I don't look forward to the night time." We raised the concern that one person had about night staff and the manager stated that would look into that immediately.

Other people told us "Staff are mostly excellent, some are more feeling than others" and "Staff are very kind. I have no criticism at all."

We spoke with members of the care staff team about how they sought the views and wishes of people who used the service. All of the staff we spoke with described the people they cared for in a respectful and considerate manner. They described, and we observed, how they asked people about their preferences and explained what they were doing when providing care and support.

We observed staff transferring a person to a chair in the main lounge. This was done discreetly, sensitively and professionally. Staff were maintaining physical contact with the person and reassuring them throughout the transfer. Staff were also working and communicating well together.

Throughout the days of our inspection staff were observed talking with people in a calm and friendly manner. They demonstrated a good knowledge of people's characters and personalities and told us in detail about the people they cared for.

There was a monthly meeting of people using the service that was chaired by a person living at the home. We looked at minutes from these meetings since January 2016 and saw that matters which people raised were reported to the manager who then provided a response at the subsequent meeting about the action that had been taken.

The general atmosphere in the part of the home where people living with dementia were located had a lively atmosphere. We saw people being actively encouraged and engaged with activities. Staff were chatting and joking with people and this was having a positive effect on their well-being. We could see that positive relationships had developed between staff and people using the service.

The provider had a clear policy for acknowledging and respecting people's heritage and individuality. Staff we spoke with were clear about the expectation that they treat people with respect and dignity. Comments we received from people using the service demonstrated that people felt that they were usually treated with respect and the overall view of staff, with one exception regarding night staff, was that staff treated people in a respectful and dignified way. The manager reported that a large proportion of people using the service are of the Jewish faith and that people make good use of the Jewish cultural centre that is directly opposite the home.

Good

Our findings

People told us, "They do organise activities and outings" and "I enjoy the musical activities and there are talks. One recently about how people were treated in WW2. It went down well I think."

We were also told "There are discussions and music sometimes" and "I used to do quite a bit but I have slowed down. Art, drawing, painting is my favourite. I can do these upstairs too, which is good."

The activities programme was planned weekly in advance and people were informed of the activities taking place. A timetable of group activities was in place every day although we were informed that some people chose not to participate and some arranged their own activities, not least if they were more mobile and able to go out on their own or with relatives and friends. Pupils from a local school visited regularly as did a range of entertainers. We saw an entertainer with people in a lounge and those who were present appeared to be actively joining in and singing along with the performer. The majority of activities were based in the home with some people telling us that they did have opportunities to go out on trips, although the manager accepted that organising transport at times was difficult.

People's individual care plans included information about cultural and religious heritage with communication and guidance about how personal care should be provided. People's like, dislikes and individual preferences were recorded. There were details of people's social history and during our conversations with staff it was evident that the clearly knew about people's history. Staff told us that as any new information came to light they included this and any changes to people's expressed preferences.

The provider informed us that the home was researching a new care planning system that could be maintained electronically and once a suitable system had been identified the service would implement this. The care plans we viewed did contain relevant information and updates although the provider should note that most of the people we spoke with were not aware of what a care plan was and could not say if they had been involved in devising their care plan.

In one case we noted that care records did not show any care support recorded for a client for a period of fifteen days in the previous three months. We raised this with the manager who stated they thought this was a matter of staff forgetting to make an entry but would look into this further.

We asked people if they felt able to complain and were told "Never had to complain, but I would know who to complain to if I needed to" and "Not much to complain about." We were also told "I Have never needed to

complain. Nothing to complain of" and "Never had to. There is a note on the inside of the door" referring to complaints information in their room.

Since our previous focused inspection in August 2014 the home had received a total 14 complaints which had all been quickly resolved. Information showed that complaints were taken seriously, were responded to and addressed in a timely way. The home also received letters and cards complimenting the service and not least the caring nature of staff. People told us they felt they were listened to and were taken seriously.

Good

Our findings

People using the service told us they either did, or didn't know the manager. Most people did seem to now that a manager was at the home but in conversation it would appear that some thought that a director of the company who regularly visits was in fact the manager. These comments were fed back to the manager and provider.

Staff felt there was openness in communication between management, the provider and staff team. Each member of staff felt that they would have no hesitation in approaching the senior staff team, the registered manager or provider directly if they had any concerns to raise or to talk about matters more generally.

A number of people using the service mentioned that meetings and regular events took place which relatives and friends also attended. There was a monthly support group for people living at the home, relatives and friends which was designed to help people share their experiences of care and life changes which occur in older age.

There was a clear management structure in place with staff being aware of their roles and responsibilities. People's views were respected as was evident from conversations that we had with staff and that we observed. Staff told us that there were regular team meetings, which we confirmed, where staff had the opportunity to discuss care at the home and other topics. The registered manager told us that the service was looking at ways of improving the style of the staff team meetings. Their aim was to develop these meetings so that they moved away from largely an information sharing process to encompass other wider discussions about practice.

The provider had a system for monitoring the quality of care which was discussed with us. A weekly meeting was held between a director of the company, other senior company representatives and the registered manager. These meetings took place at the home and were designed as an ongoing quality and close monitoring process. They were designed to review matters arising and address the day to day performance of the service and any planned changes. Audits of care plans, medicines, staff training and appraisals among other areas were also undertaken. It was evident that there were a number of checks and balances in place to ensure good governance and oversight of the service in order to maintain a high standard of safety and care.

We looked at the most recent feedback survey of people using the service and relatives that took place in August 2016. A total of 27 people using the service and four relatives had responded and their feedback

about care and support was highly positive. People were either satisfied or very satisfied with the standard of care at the home. The provider did not publish feedback that was received about the service, which we suggested to the registered manager as something which may be beneficial.