

Springfield Manor Gardens Ltd

# Springfield Manor Gardens

## Inspection report

228 Garstang Road  
Fulwood  
Preston  
PR2 9QB

Tel: 07789720636

Date of inspection visit:  
05 November 2019  
07 November 2019

Date of publication:  
11 December 2019

### 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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Springfield Manor Gardens is a nursing home providing personal care to 32 people aged 65 and over at the time of the inspection. The service is registered to support up to 58 people.

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

People told us they received their medicines as they should. However, the provider did not have robust systems for the proper and safe management of medicines. The provider did not consistently act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Systems and processes did not always assess, monitor and improve the service provided.

We looked at systems for the recruitment of staff and staff deployment. We have made a recommendation about staffing and a recommendation on the deployment of staff.

People's care and support had been planned in partnership with them and their relatives. Staff had received regular training and supervision to support them in their roles. 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 did not always support this practice.

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People told us they felt safe when supported by contracted staff. Relatives told us they felt their family members were safe at Springfield Manor Gardens. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed and where support was required these had been met. The manager dealt with people's concerns and complaints appropriately.

People were positive about the service and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. The service could provide people with information about local advocacy services, to ensure they could access support to express their views if they needed to. The management team worked with people's advocates.

The service worked with a variety of agencies to ensure people received all the support they needed. People were happy with the new provider and how the service was managed. Staff felt well supported by the management team. The provider co-operated throughout the inspection and acted on concerns raised.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 10 October 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to the management and administration of medicines, consent and working in accordance with the Mental Capacity Act 2005 and the management and oversight of the service delivered.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was always responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Springfield Manor Gardens

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one Inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a newly appointed manager who was in the process of becoming registered with the Care Quality Commission. This will mean they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service from other sources. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and eight relatives about their experience of the care provided. We spoke with 19 members of staff including the provider, manager, two unit managers, office staff, trainer, senior care workers, care workers, chef, kitchen and housekeeping staff. We observed how staff interacted with people, how they were deployed around the home and how they responded to people's requests. This helped us understand the experience of people particularly those who could not talk with us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

### Using medicines safely

- People received their medicines and creams when they should. One person's medicine total was incorrect and did not match the stock on site. Documentation was unavailable to show when the error had occurred. The stock difference had not been picked up within any internal audit. The manager was able to find the documentation that showed the person had had their medicine after our visit.
- One person was left to take their medicine without any oversight. There was no risk management plan and the medicine administration record was signed to indicate the medicine had been taken.
- Medicine records did not always guide staff on how to administer medicines safely.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate the management and administration of medicines was safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and took a person-centred approach to the administration of medicines.
- People were happy with how their medicines were managed. One person told us, "I have medicines and they help me with all that as far as I know I get everything on time."

### Staffing and recruitment

- The provider did not consistently follow robust recruitment procedures. Criminal records checks with the Disclosure and Barring Service were carried out and appropriate references were sought. However, not all application forms held a full employment history and there was no evidence this had been discussed with the candidate. The new manager told us this process was something he would have oversight of in the future.

We recommend the provider follow best practice guidance on the recruitment of staff.

- People, relatives and staff told us staffing levels were enough to keep people safe. When we inspected there was eight care staff, two nurses and two unit managers, housekeeping and kitchen staff working across three floors. However, we received mixed feedback on the availability of staff. One person told us, "I just ask if I want any help always someone about." A second person commented, "When I ring the bell they will come and see if it is an emergency but if they are doing something else they will say they will come back, and it can be 20 minutes sometimes. It depends on the staff I don't think there are enough, some people need a lot of attention."

- We pressed the call bell twice during our visit and response times were three and six minutes. We observed the emergency buzzer being pressed and witnessed a rapid response from staff from all areas of the home.

We recommend the provider follow good practice guidance on the deployment of staff to meet people's needs.

- During this inspection the manager introduced call bell audits and stated they would be introducing a staff dependency tool to assess staffing levels against people's needs.

#### Assessing risk, safety monitoring and management

- The service assessed and managed risks to keep people safe. There were risk assessments to guide staff on safe working practices and to keep people safe from avoidable harm. For example, people had been assessed against the risk of falling and using equipment to keep them safe. The provider was in the process of updating the care plans.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured, in case of a fire, staff had guidance on how to support people out of the building. These were under review to ensure they were person centred.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. One person told us, "I feel very safe." A relative commented, "[Family member] is completely safe." A staff member said, "It is so much better here, people are safe because we have permanent staff."
- A member of the management team attended local safeguarding forums. They were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively.

#### Preventing and controlling infection

- People were protected against the risk of infection. We completed a tour of the home found the environment to be clean and well maintained.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

#### Learning lessons when things go wrong

- The provider had brought independent care consultants to provide guidance on how to manage the service safely.
- The provider was working with the local authority to improve the quality and safety of the service provided. The manager was introducing a service improvement plan to ensure they had oversight of the service and measurable targets could be introduced when things go wrong.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider did not always take the required action to protect people's rights and ensure people received the care and support they needed. We found there were restrictions and people were being deprived of their liberty. Best interest discussions and evidence of people's consent had not consistently been recorded. Appropriate applications had not always been made to the local authority for DoLS assessments to take place to see if restrictions were proportionate and lawful.

We found no evidence the provider had taken timely action to deliver care and treatment in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in MCA and DoLS. We observed staff offering people choices during their daily interactions.
- The manager reviewed all paperwork related to consent and people's restrictions and submitted all relevant paperwork after the inspection visit.

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

- People had their needs assessed before they came to live at Springfield Manor Gardens. Information

gathered during assessment was then used to create people's care plans.

- We saw good practice guidance in relation to pressure care, falls prevention and safeguarding. The provider was in the process of ensuring all units had access to and was working in accordance with the most up to date standards and guidance.

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their role. One person told us, "The staff are excellent. They are well trained and know what they are doing."
- Staff said they felt supported during their induction and within their roles. They said they benefitted from working alongside experienced colleagues. One staff member told us, "They [senior carers] are amazing, I have had support and reassurance. They do everything properly and efficiently."

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

- People were supported to maintain a balanced diet. Records documented peoples likes and dislikes and identified any associated risks with eating and drinking. We saw guidance from professionals was requested when needed. One staff member told us, "People can have what they want, and we always push fluids." People had access to food and drink 24 hours a day.
- We observed the lunchtime service. Tables were set with tablecloths and serviettes with cutlery and some condiments available. There was a selection of hot and cold drinks and food protectors and some adapted crockery was available as required. Staff wore gloves and aprons and music was playing. One person told us, "Food is okay I have to watch what I eat because of my diabetes." One relative commented, "Food is excellent the hot soup is fantastic, and my wife likes the meals as well and we get the menu the day before."

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

- People's assessed needs were being met. Peoples care plans included information about their healthcare needs.
- Staff supported people to attend any healthcare appointments when needed. Staff demonstrated knowledge of the additional support being provided to people by the community health teams. One relative stated, "I am confident [family member] is being well looked after here and she has improved since she has been here after the hospital and she even has a smile for the staff."
- The service maintained good working relationships with health professionals and sought guidance when needed. We observed community-based health professionals visited to provide ongoing guidance to staff. One person told us, "Had the Doctor out a few times to check me over."

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

- The premises were appropriate for the care and support provided. Communal areas were provided where people could relax and spend time with others.
- There were two lifts which allowed all rooms to be easily accessed. Corridors were free from hazards and well lit to allow people to walk independently with reduced risk.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and supported to make decisions and express their views. One person told us, "I like my own company and like to stay in my room which is my choice."
- The service reviewed people's views and needs which included consultation with relatives. Care records showed care planning was centred on people's individual needs and preferences and was under review to include more person-centred documentation.
- The management team, when appropriate, had worked with people's advocates and had copies of relevant paperwork. These are people who ensure people's rights and best interests are being protected.

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. One person told us, "They knock on the door or shout before they come in the room."
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred name and we overheard staff members complimenting people on their appearance. One relative said, "The staff treat [family member], like their own mother." A second relative said, "Staff are very caring and look after him well."
- We noted people's personal private information was stored securely. There was no personal information left visible for visitors to read.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed one person return from a short stay in hospital. The staff member who greeted them as they entered said, "Welcome home." The person responded with a big smile.
- Staff were knowledgeable about people's backgrounds and preferences. We spent time observing staff interacting with people who used the service. We found staff were kind, caring and considerate of people's individual needs and preferences. We saw one person took a long time to walk along a corridor as they chatted with different staff as they walked along.
- We observed people were comfortable in the company of staff and actively sought them out. One person told us, "Some of the staff are like family to us."
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred name and we overheard staff members complimenting people on their appearance. One relative said, "The staff treat [family member], like their own mother." A second relative said, "Staff are very caring and look after him well."
- We noted people's personal private information was stored securely. There was no personal information

left visible for visitors to read.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed one person return from a short stay in hospital. The staff member who greeted them as they entered said, "Welcome home." The person responded with a big smile.
- Staff were knowledgeable about people's backgrounds and preferences. We spent time observing staff interacting with people who used the service. We found staff were kind, caring and considerate of people's individual needs and preferences. We saw one person took a long time to walk along a corridor as they chatted with different staff as they walked along.
- We observed people were comfortable in the company of staff and actively sought them out. One person told us, "Some of the staff are like family to us."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw people's communication needs had been assessed and where support was required this had been met. When people were hearing impaired, care plans directed staff to the person's 'better side' for effective communications.
- Staff were able to say how best to communicate with people who may be anxious. However, staff knowledge and experience of how to deliver personalised care was not always reflected in care plans.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The management team completed an assessment of people's needs before they could move into Springfield Manor Gardens. This ensured the service was right for the person and the service could meet the person's needs. One relative said, "[Family member] is well I cared for, I think it is a good place and he seems happy here." A second relative said, "I could not think of anywhere better than here unless it was a million pound a week one to one job."
- The manager had introduced resident of the day. This gave the person additional focus with staff reviewing their environment, needs, preferences and documentation. This was in its early stages when we inspected. We read one care plan that held contradictory information and information that was not accurate.
- The provider told us they were in the process of changing to an electronic care planning system and all records would also be reviewed as part of this.
- Staff were observed being responsive to people's needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One person told us, "If I need anything changing I speak to [unit manager]."

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to meet both social and cultural needs. People were observed to be engaged in a range of activities. We observed bingo being played which was delivered with humour and people took full part and really enjoyed it.
- People's religious and spiritual needs were met and respected. One person said, "They have a church service on a Monday, all faiths. You have to be inclusive."

- People continued to maintain relationships with people that mattered to them, both within the service and the wider community. One person told us they did not participate in activities but were going out for a carvery with friends. One relative commented, "They have made me very welcome since my wife has been here." We observed visitors made short or long visits with one relative regularly staying overnight at the home to be near their family member.

#### Improving care quality in response to complaints or concerns

- The provider had systems to analyse complaints and concerns to make improvements to the service. Information about how to make a complaint was available. One person said, "No complaints about the staff."
- Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally. One relative said, "I think he is well looked after ,no complaints really and they make relatives very welcome."

#### End of life care and support

- People's end of life wishes including their resuscitation status had been recorded in people's care plans.
- The staff worked with the local health professionals and hospice to ensure people had dignified and pain free end of life care. End of life drugs were stored safely on site just in case they were needed.
- Some staff had received end of life training and the trainer told us they were planning on arranging further training, so all staff would benefit from training. One staff member told us, "End of life care is about people's wishes, have they got a plan and what do they want to wear."

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We reviewed auditing and governance systems and found they had failed to identify or address the concerns raised during the inspection. There was a lack of consistency in how the service was monitored. Units within the home did not always work together to promote good practice.
- Audits that were carried out did not always lead to actions required to address concerns and improve the quality of the service. Post incident analysis was not consistently carried out to review risks.
- The provider was working with the local authority to improve the service. However, when areas of improvement were identified the provider did not review and update processes and systems to improve the safety of people.

We found no evidence people had been harmed however, the provider had not met their regulatory responsibility to have effective systems to have oversight of and manage the service delivered. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they had already started introducing new auditing systems to address the concerns raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team were working to promote a positive environment for people, relatives and staff. The service had a new provider who had been registered to provide personal care for seven months. The provider had recently appointed a new manager who was in the process of registering with the care quality commission. One staff member told us, "The service had its heart taken out. These [provider] are trying to put the heart back."
- People and staff said changes made were positive and there was a more stable staff team. One relative commented, "New manager has just started, and he seems okay, the staff are very approachable." A staff member said, "Last year it was 65% to 70% agency staff. Now it is 85% permanent staff with regular agency staff."
- People and staff told us there was a visible management presence within the home and they would feel

comfortable approaching them to share their views.

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team knew how to share information with relevant parties, when appropriate.
- The manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law. The previous inspection rating was conspicuously displayed in the home.
- People and their relatives told us the management team shared information with them when changes occurred, or incidents happened.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager had systems to gather the views of people and relatives. We saw meetings took place with people and their relatives and staff. One relative told us, "They have meetings and [unit manager] usually is there but doesn't interfere and has acted on suggestions like more flowers about the place and an extra meeting for people who like the church. As a result, more flowers and another church meeting on a Wednesday."
- Staff told us they could contribute to the way the service was run through team meetings and supervisions. One staff member said, "[Unit manager] is always listening to staff. I always tell the truth. It is 50% their opinions and 50% my opinion in meetings."
- There were established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health and behavioural concerns.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The provider did not consistently act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.</p> <p>Regulation 11 (1).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider failed to ensure there were effective systems for the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to ensure there were effective systems to ensure compliance with all regulations.</p> <p>The provider failed to ensure that service users had accurate, up to date records of their care and support.</p> <p>Regulation 17(1)(2)(b)(c).</p>

