

# Barchester Healthcare Homes Limited

## Springvale Court

### Inspection report

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### 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

### About the service

Springvale Court is a residential care home providing personal care to 29 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

The provider now managed medicines safely. They had improved their systems to ensure accurate stock records were kept and better guidance was available to staff about when to give 'when required medicines. People told us they received their medicines when they were due.

People, relatives and staff felt the home was safe. Staff were confident to raise safeguarding and whistle blowing concerns. Previous concerns had been thoroughly investigated. There were enough staff to meet people's needs. Staff carried out risk assessments and health and safety checks to help keep people safe. Incidents and accidents were analysed to identify lessons and areas for improvement. The provider recruited new staff safely.

Staff had good support and received the training they needed. Staff supported people very well to have enough to eat and drink. They also supported people to access health care services. The provider had adapted the environment to suit the needs of people living with dementia. 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.

People received good care from a kind and considerate staff team. Staff treated people with respect and encouraged people to be as independent as possible.

People's needs had been assessed and the information used to develop detailed care plans. We received mixed feedback about the current availability of activities. This was due to the activity co-ordinator recently leaving the role. The provider was recruiting for a new activity co-ordinator when we inspected. People knew how to complain if required. A previous complaint had been investigated and resolved.

People, relatives and staff gave very positive feedback about the management and culture of the home. They described the significant progress the provider had made to improve standards at the home. The provider had effective quality assurance processes which were used to drive improvement. People, relatives and staff had good opportunities to give feedback.

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 (and update)

The last rating for this service was requires improvement (published 22 March 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Springvale Court

## 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

One inspector and an Expert by Experience carried out this inspection. 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

Springvale Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 manager registered with the Care Quality Commission. This means that 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.

#### What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 people who used the service and six relatives about their experience of the care provided.

We spoke with nine members of staff including the regional director, the registered manager, the deputy manager, senior care assistants, care assistants, kitchen, domestic and maintenance staff. 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. This included four people's care records and multiple medication records. We looked at five 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider now managed medicines safely. People confirmed they received their medicines when they were due. One person told us, "I get my medication twice a day and I have no issues with what I take."
- Staff kept accurate records of medicines received, those in stock and the medicines people received.
- Staff had access to detailed guidance to help them decide when people should receive 'when required' medicines, such as pain relief.
- The provider had implemented effective checks to ensure people received the correct medicines and issues were identified and resolved quickly.

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

- The provider had effective systems to help keep people safe from the risk of abuse. People and staff said they felt the service was safe. One person commented, "I feel really safe in here, it's my home."
- Staff knew how to report safeguarding and whistle blowing concerns and were confident to do so.
- Previous safeguarding concerns had been referred to the local authority safeguarding team and fully investigated.

### Assessing risk, safety monitoring and management

- The provider managed risks appropriately. Staff carried out health and safety checks and risk assessments to help keep people safe.
- There were up-to-date procedures for dealing with emergency situations. This included personal emergency evacuation plans to guide staff about people's support needs in an emergency.

### Staffing and recruitment

- The provider ensured there were enough staff available to meet people's individual needs. People said staff responded quickly to their requests for help.
- Staff told us staffing levels had improved and were good. One staff member said, "There are ample staff to meet people's needs."

- New staff were recruited safely.

#### Preventing and controlling infection

- The provider followed best practice to prevent and control the spread of infection. Staff completed infection control training and followed the provider's policies and procedures. Staff had access to the products they needed to prevent the spread of infection, including hand sanitizer and protective personal equipment.
- The home was clean and well maintained.

#### Learning lessons when things go wrong

- The provider had good systems to learn lessons from incidents and accidents. The provider investigated and analysed all incidents and accidents. This helped ensure trends were identified and improvements made.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed to identify their care needs. This included considering cultural, religious or social preferences people had.

Staff support: induction, training, skills and experience

- Staff received good support and completed the training they needed. One staff member said, "I am very supported. If I ever have an issue I can go to Judith."
- Supervisions, appraisals and training were up-to-date.

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

- Staff supported people well to ensure they had enough to eat and drink.
- People gave positive feedback about the meals. One person said, "I just love my food and I enjoy what I get here."
- Meals were adapted to meet people's dietary and health needs. Staff showed people 'plated-up' meals to help them make informed choices about what they wanted to eat. Staff adapted meals according to what people chose.

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

- People were supported to meet their healthcare needs. People's care records summarised important information, to be shared with professionals when they accessed other services.
- Staff supported people to access healthcare services when required. People told us this included the dentist, podiatrist and doctor.

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

- The home was suitable to meet the needs of people living with dementia, with themed areas and appropriate signage to help with orientation.
- People could personalise their rooms according to their individual preferences and interests.

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 followed the requirements of the MCA. DoLS authorisations were approved or applied for and staff followed any conditions applied. The provider completed MCA assessments and best interest decisions for restrictions placed on people.
- Staff knew how to support people who lacked capacity or did not use verbal communication to make daily living choices and decisions.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received good care from kind and caring staff. One person told us, "All of the staff here are lovely. They are happy to help and they have a joke as well, which I like."
- Staff understood people's needs and preferences. They had developed caring relationships with people. One relative commented, "All of the staff are good and caring, my family member likes them all."

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

- Staff supported people effectively to share their views and make choices. Visual options were used well, such as showing people drinks and snacks to choose from.
- Relatives advocated on behalf of some people. They said they were involved in making choices and decisions about their family member's care. Independent advocates were also actively involved in supporting some people to make decisions and they visited the home regularly.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and promoted their independence. People said if they need help personal care they felt very respected. They described how staff closed their curtains and doors to enhance privacy and dignity.
- Relatives were encouraged to visit their family members at any time.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care

- People had detailed and personalised care plans. These described how they wanted their care provided including any religious, spiritual and cultural needs.
- Care plans were reviewed regularly so they remained up-to-date.
- People had advanced care plans which described their future care wishes.
- Relatives gave positive feedback about end of life care provided at the home. One relative commented, "Management and all staff have been so lovely, really approachable and were there for us all as a family when my family member passed."

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.

- The provider could make information available in various formats to meet people's communication needs.

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 usually had good opportunities to participate in a range of activities.
- We received mixed feedback about the availability of activities as the activity co-ordinator had recently left their employment. The provider had begun recruiting a new co-ordinator. One person told us, "Not much in the way of activities going on at the minute. I would like more."
- Where people did not want to participate, staff respected their decisions. One person said, "I don't join in with anything but that is my personal choice I like my own company and peace and quiet."

Improving care quality in response to complaints or concerns

- The provider had a structured approach to managing complaints. Previous complaints had been thoroughly investigated and resolved.
- People told us they had no reason for any complaints at all. If they needed to make a complain, they confirmed they would be confident to talk to the registered manager or staff.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management and the staff team worked to ensure people's needs were met. Staff told us management supported them well and team work was good. One relative commented, "I am happy with the staff here and the Manager. I feel my family member is in a good place and that they do a good job."
- The service had a positive and welcoming atmosphere. Staff also described how the atmosphere and staff morale had improved. One staff member said, "It [Staff morale] is upbeat. There is laughing and joking. We have a good rapport [with people]."

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

- Staff described how standards in the home had developed and improved since the last inspection. One staff member said, "It is a lot better now. [Registered manager] and [deputy manager] taking over is a big part of that. They work as a team with us, they are out on the floor and helping us."
- People and relatives said the registered manager was approachable. One relative commented, "If I ever needed to speak to the manager here about anything, I would feel comfortable doing so."
- The registered manager was proactive in submitting the required notifications following significant events at the service, such as for incidents and accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged people and staff to be involved and share their views about the service. People and staff could attend regular meetings with managers.
- The provider was reviewing how it consulted with people and staff to ensure this was accessible to as many people as possible.

Continuous learning and improving care

- The provider had an effective quality assurance system which successfully identified areas for improvement and lessons learnt.
- The provider had submitted monthly updates to the CQC to confirm progress made with the action plan,

developed following the last inspection.

Working in partnership with others

- The provider worked with local commissioners and other professionals to promote good outcomes for people.