Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Springbank Rest Home

143 Rochdale Road East, Heywood, OL10 1QU

Tel: 01706365497

Date of Inspection: 23 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Antoni & Rienzie Limited
Registered Manager	Mrs Carole Fielding
Overview of the service	Springbank Rest Home is based in Heywood, Greater Manchester. The home is registered to provide residential care and support for up to 20 elderly people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 23 May 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

Our inspection of Springbank Rest Home was made up of a visit to the home by an inspector.

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and looking at records. We also obtained a report produced after a quality monitoring visit from Rochdale Local Authority commissioning team in October and November 2013.

If you want to see the evidence supporting our summary please read the full report.

Is the service caring?
We were able to speak with five of the people who used the service and two family members. All of whom told us that they were happy with the service being provided and had no complaints. One of the people who lived at the home told us, "The home has a good reputation in the area and that was one of the reasons I chose to come and live here". Another person who lived at the home told us, "I can't fault it at all". They also went onto say that they were always given a choice at meal times and could choose when they got up and went to bed. Their family member told us that they had been waiting for a bed at the home to become available.

We spoke with a family member whose relative had lived at the home for over two years. They told us, "The staff can't do enough for you and they keep 'on top' of things. They also said that the staff 'are lovely', 'work hard' and "I looked at quite a lot of homes but as soon as I walked in I liked it; it was homely and I was made to feel welcome".

Everyone we spoke with said that they were happy with the care they received and had no complaints.

We were able to observe during our visit that the staff team were friendly and spoke to people in a caring and friendly manner.

Is the service effective?
We saw notes on the care plans when other healthcare professionals had been contacted such as the GP, district nurse or chiropodist. One of the people we spoke with told us, "They always get the GP when necessary and tell the family".

We saw in the care plan for one person guidance notes regarding their treatment. We were told by the person that the care workers were assisting them daily with their treatment which had been prescribed by the physiotherapist.

We saw that the district nurse attended people who lived at the home as and when someone required nursing care such as vaccinations or medical dressings.

We saw that a mental capacity assessment had been completed to ensure that people's best interests were being met.

People we spoke with said that if they had any concerns they were comfortable with talking to the manager or the care workers.

A passenger lift assisted people to reach the upper floor. There was equipment available such as hoists and assisted baths to help the care workers meet people's care needs.

We saw that activities were organised and people took part in crafts; which were displayed throughout the home.

Springbank Rest Home was clean, and apart from one bedroom, was free from unpleasant odours. The manager told us that carpets were cleaned regularly, monitored and replaced when necessary.

There were hand wash dispensers and paper towels available in all bedrooms and toilets in the interests of infection control.

We also saw that various safety checks had been completed. These included gas, electricity and passenger lift safety certificates. Some work had been required after the electric inspection which had been completed.

Is the service responsive?
We saw that people's health, personal and social care needs were assessed before they were admitted to the home to ensure that they could be met. We saw that risk assessments and care plans were in place that reflected their needs to ensure that they received appropriate care. The care plans and risk assessments were reviewed regularly by the manager.

The two family members we spoke with told us that they were kept informed of their relative's health and that the GP was contacted straight away if they were not well.

We were told by people who used the service, their family and the staff team that they could talk to the manager if they had any concerns about the care being provided.

We saw that an audit had been undertaken in October 2013 by a member of the Rochdale Local Authority Quality Monitoring team. There had been a number of recommendations made within the action plan. We saw from the action plan that recommendations had been completed by December 2013.

An infection control audit had also taken place by Rochdale Council. The recommendations such as replacement of some of the chairs in the lounge, replacement of some of the mattresses and mattress covers had been actioned.

Is the service well-led?
The registered manager had worked at the home for 28 years; 19 of which had been as the manager. The manager had a National Vocational Qualification Level 4 in Management.

Training was in place to protect the people who lived at Springbank Rest Home such as moving and handling, safeguarding adults and first aid.

Training was provided through Rochdale Local Authority, distance learning training companies and in house by the manager. This helped to ensure that the staff team had the qualifications and skills to meet people's needs.

We saw that National Vocational Qualifications (NVQ) in Health and Social Care had also been obtained by the staff team.

We were told by the manager that questionnaires were distributed to the people who used the service in order to obtain their views and opinions about the service. The last survey held was in 2012 and a small number in 2013. The responses received were positive. Comments received were, "The staff are very caring and compassionate"; "The home is clean and homely"; "People are always dressed nicely".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

A care needs assessment was completed to ensure that Springbank Rest Home would be able to meet the person's care needs. People were asked about their likes and dislikes and what their social and personal care needs were. The care needs assessment was completed by the manager who visited people either at home or in hospital. From this assessment a care plan was produced which included direction on how the person's care needs would be met. The manager was also accompanied on these visits by a senior care worker. One person was able to tell us that they had been asked about their likes and dislikes as part of their assessment.

We were told by three of the people who lived at the home that they could go to bed and get up when they wanted. Three people we spoke with also told us that they had the choice of sitting in their room to watch their own television, read, complete puzzles or they could sit in the communal lounges with other people who lived at the home.

There was a service user guide and complaints procedure available; both of which were displayed in the entrance hall and therefore accessible for people to read.

The two family members we spoke with told us that they were kept informed about their relative's care.

Best interest meetings had taken place where necessary; to ensure that the care of people who were living with dementia, received care appropriate to their needs. We saw that the manager had completed a Mental Capacity Assessment record. This document had been devised by the National Care Association to assist managers to complete an assessment of a persons' mental capacity.

Best interest meetings are required under the Mental Capacity Act 2005 (MCA) to ensure that people who are unable to give consent for certain aspects of their care and welfare receive the right type of support. The MCA alongside the Deprivation of Liberty Safeguards

(DoLS) are legal requirements that need to be followed to ensure decisions made about people who do not have capacity are made in their best interests.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with five people who used the service. No one had any complaints. One person told us, "I wanted to come here as the home has a very good reputation in the area".

We asked the people who lived at the home and the two family members we spoke with about the food that was provided; no one had any complaints. One person said, "Foods fine". Another said, "The foods gorgeous, they have a nice selection every day".

There was a programme of activities for the week displayed in the entrance hall. Entertainers were organised by the manager and one had been booked for the forthcoming 100 birthday party. We saw one of the ladies having her nails painted and another person was completing a jigsaw puzzle they had brought in.

We looked at the care plans for three people. We saw that there were risk assessments in place for moving and handling, nutrition and skin care; all of which had been reviewed.

There was a daily report/record sheet for each person that contained information about their general health and wellbeing. We discussed the practice of the care workers writing in the daily recordings 'ate well'. This is not considered to be good practice particularly if a person has diabetes or problems with their eating. A more detailed record of what the person has eaten would be best practice so that the person's diet and food intake can be monitored to ensure that it is adequate to maintain good health.

We observed during our visit that the care workers treated the people who lived at Springbank Rest Home with kindness and respect.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We looked around Springbank Rest Home which accommodates 20 people. However at the time of our inspection 19 people were living at the home; this was due to a shared room being used as single occupancy.

There was a passenger lift which had been serviced on the 23 March 2014 and no action was required.

Both the lift and the hoists had also been inspected by the insurance company who had recommended that some remedial work was required. We discussed this with the manager and after the manager's consultation with the provider we received an email from the manager stating that the work regarding the hoists had been completed. The provider might like to note that this leaves the items regarding work to the lift as outstanding although it is understood from the service report that this does not affect the working of the lift.

The home had other fixtures, fittings and equipment in place to assist the people who lived at Springbank Rest Home such as grab rails, raised toilet seats and assisted baths.

We saw the Landlords Gas Safety certificate dated 4 December 2013; no action was required.

There was an Electricity Certificate dated 26 July 2010. The certificate indicated that work was required. We received a copy of a report from the electrician dated 30 May 2014 stating that all the work had been completed.

The Portable Appliance Test (PAT) was last carried out in January 2013 which included the emergency lighting system. Some work was required which we saw had been completed on the day. The manager was in the process of arranging with the electrician the PAT test for the year 2014.

The fixed firefighting installation was checked on the 7 March 2014 and was satisfactory.

We discussed with the manager the practice of propping open the bedroom doors with door wedges. The manager said that all the doors were closed at night. The manager told

us that the bedroom doors were checked regularly to ensure that they closed onto their rebates as required by fire regulations. We discussed with the manager that it would be best practice to record when the checks had been completed and record if any work was required and when it had been completed. This is to ensure that people are kept safe.

The home was comfortable and clean throughout and apart from one bedroom had no unpleasant odours. The manager said that the carpet in this room was cleaned regularly, monitored and would be replaced as and when necessary.

There had been water damage to an area of the ceilings in a downstairs bathroom and a toilet. The manager said that the ceiling tiles would be replaced within the next week.

People were able to bring in small pieces of furniture, pictures and ornaments. One person had brought their own bed, bedding, television and display cabinet.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with the manager, a senior care worker, housekeeper and the cook. We looked at the personnel records of the last two people to be employed.

We found that the records contained information such as; an application form, references and a Disclosure and Barring Service (DBS) check. We were also able to see copies of certificates of training that had been undertaken. The provider may like to note that any gaps in a person's employment record must be explained and a note made on the person's file. This is to ensure only suitable people are employed

The staff we spoke with said that they had no complaints and felt well supported by the manager. One person told us that the manager also worked alongside the staff caring for the people who lived at the home. Another said that they had no complaints and could talk to the manager should they have any concerns.

There were senior care workers, care workers, a cook and housekeepers employed.

We were told by a senior care worker that they had individual meetings with the manager and that most of the staff had been at the home for a long time.

We saw from the files we looked at that staff had National Vocational Qualifications (NVQ) in Health and Social Care. One person also had a NVQ Level 3 in 'The Principles of End of Life Care'. Also one of the senior care workers was taking a Management Qualification.

An inspection by a Quality Monitoring Officer from Rochdale Council recommended that infection control and safeguarding training should take place; this had been completed in January 2014.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We were given a copy of an action plan that had been produced by the Quality Assurance Officer of Rochdale Local Authority after their visit in October and November 2013. The action plan contained a number of areas that needed the attention of the management of the service. We saw that the requirements had been implemented by December 2013.

The manager had also received a visit from Rochdale Local Authority Infection Control officer. We received confirmation from the manager that all the recommendations had been implemented. These included new chairs in the main lounge, replacement of mattresses and training of staff to ensure that they were fully aware of the use of hand gel.

The manager had also produced an action plan for 2014 which included ongoing decoration of bedrooms and communal areas.

We looked at the summary of surveys that had been distributed to relatives and residents in order to obtain their views and opinions but these were for the year 2012. The comments received were either good or excellent and included; 'staff very caring and compassionate'; 'never had to complain'. There were two completed surveys for 2013; no surveys had yet been conducted for 2014. The manager said that surveys would be undertaken for 2014.

The manager said that resident meetings were held approximately twice a year. The manager and the senior care worker told us that staff meetings were held at the change of each shift as this is what the manager and the staff team preferred rather than large group meetings.

We saw many 'thank you' cards displayed in the corridors throughout the home that had been sent from family members.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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