

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

Springfield Court Nursing Home

33 Springfield Road, Aughton, Ormskirk, L39 6ST

Tel: 01695424344

Date of Inspection: 16 September 2014

Date of Publication: October 2014

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Springfield Court Limited
Registered Manager	Mrs Linda Burrows
Overview of the service	<p>Springfield Court is located in the picturesque village of Aughton, Ormskirk. Accommodation is provided on one level for up to 56 adults requiring help with personal or nursing care needs. Single occupancy and shared rooms are available with ensuite facilities. Pleasant lounges and dining areas are provided. A new conservatory has recently been erected on the side of the 'Theatre of Dreams'. A variety of amenities are close by including pubs, a restaurant, shops, a post office and churches. There is a car park to the front of the premises.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 16 September 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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

What people told us and what we found

During the course of this inspection we gathered evidence against the outcomes we inspected, to help answer our five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with those who used the service, their relatives, support staff, the manager and providers and from looking at records. We received consistently positive comments from those who lived at Springfield Court and their relatives.

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

Is the service safe?

People we spoke with told us they felt safe whilst care and support was being provided and their dignity was always respected. We observed staff transferring people, using moving and handling equipment in a safe and competent manner. Systems were in place to help managers and staff to learn from situations, such as complaints or incidents. This helped the service to continually improve.

The home had proper policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Applications were made, as was needed. This helped to ensure people were not being unnecessarily deprived of their liberty. Those who lived at the home, or their relatives were involved in making decisions about the care and support provided.

At the time of our visit to this location, we toured the premises and found the environment to be fit for purpose. It was safe, clean, hygienic and pleasant smelling throughout. Equipment was well maintained and serviced regularly. Therefore, people were not put at unnecessary risk.

Is the service effective?

There was an advocacy service available. This meant that people could access additional support, if they needed it. The health, personal and social care needs of those who used the service had been assessed before a placement was arranged. This helped to make sure the staff team were confident they could provide the care and support needed by each individual. A range of external professionals were involved regularly, to ensure people's health care needs were being appropriately addressed.

Systems were in place to ensure the service was effectively assessed, so that the quality of service provided was consistently monitored. People's needs were taken into account enabling them to move around the home freely and safely. The premises had been sensitively adapted to meet the needs of this client group, so that people were protected from harm. Visitors confirmed they were able to see people in private and visiting times were flexible.

Is the service caring?

We asked those who lived at the home and their relatives about the staff team. Feedback from them was very positive. They said staff were kind and caring towards them and helped them to meet their needs. When speaking with staff it was clear they genuinely cared for those they supported and were observed speaking with people in a respectful and friendly manner.

People's preferences, interests and hobbies had been recorded and care and support had been provided in accordance with people's wishes. Complaints were managed in a sensitive way and those we spoke with told us that any issues raised with the manager were sorted out very quickly.

Is the service responsive?

People regularly completed a range of activities in and outside the service. Staff were seen to be responding to people well by anticipating their needs appropriately. The service worked well with other agencies and services to make sure people received care and support in a consistent way. Evidence was available to show the home responded well to any suggestions for improvement and appropriate action was taken to rectify any shortfalls identified.

Is the service well-led?

The service had a quality assurance system in place and records showed that identified problems and opportunities to change things for the better were addressed promptly. As a result, the quality of service provided was continuously monitored.

Staff spoken with had a good understanding of their roles. They were confident in reporting any concerns and they felt well supported by the managers of the service. People who lived at Springfield Court and their relatives completed annual satisfaction surveys. This allowed people the opportunity to periodically comment about the service provided.

Responses seen were very positive.

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

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.

People experienced care and support, which met their needs and promoted their health, welfare and safety.

Reasons for our judgement

At the time of our visit the home was at full occupancy, with 56 people living at Springfield Court. We looked at the care records of four people, who had quite different needs. We found these to be, in general well written, providing staff with guidance about how people's individual needs were to be best met. The needs of people had been assessed before they moved into the home. This helped to ensure the staff team were confident they could provide the care and support needed by each individual. Information had been gathered from a variety of sources, so that a clear picture of assessed needs was developed.

Following admission to the home, a care plan had been drawn up based on activities of daily living and the needs identified during the pre-admission process, which included risk assessments in areas such as pressure care, falling and nutrition. The home had also completed social care profiles, which included details about people's preferences, hobbies, relationships and significant events in their lives.

The plans of care were, in general person centred documents, providing staff with guidance about people's needs and how these were to be best met. However, the provider may wish to note that vague terminology was used in some areas, examples of which were discussed with the manager at the time of our inspection. Therefore, more person centred records could be developed by the use of more specific guidance in some areas of the plans of care. However, a very good explanation of a procedure was provided in one of the care plans seen, in order to promote safe eating and drinking. We saw staff members replenishing jugs of juice or water in people's rooms during the afternoon, which was considered to be good practice.

People who moved into the home and their relatives were given the opportunity to be fully involved in the care planning process. The relatives we spoke with confirmed the plans of care were periodically discussed with them. People spoken with told us they felt safe when care and treatment was being provided.

The plans of care had been reviewed regularly and any changes in circumstances were recorded well. It was quite evident the home sought advice from a wide range of external professionals to ensure people's health care needs were being consistently met. Records showed one person had refused recommendations from the Speech and Language Therapist. This was clearly recorded and detailed explanations provided to the individual and their relative, as to the potential health problems should the recommendations not be followed, which was considered to be good practice.

We observed some residents receiving 1:1 support and we saw staff speaking with people in a respectful manner. Those who lived at the home were provided with a range of choices throughout the day. One person we spoke with told us her relative, who now lived at the home had been in several care facilities previously, but the resident and her family considered Springfield Court to be by far the best.

We found individual files to be well organised, making information easy to find. They contained a record of detailed daily events so that staff were aware of any up to date issues or concerns. Mental health assessments had been conducted and applications were made for Deprivation of Liberty Safeguards (DoLS), as required. This helped to ensure those who lived at the home were not being restricted unnecessarily. However, the provider may find it useful if Personal Emergency Evacuation Plans (PEEP's) were introduced, so the staff team would know how to evacuate each person, should the need arise.

Two activity co-ordinators were employed at the home, who were responsible for arranging a variety of entertainment for those who lived at Springfield Court. During our visit we spoke with one of these staff members, who was obviously very enthusiastic about her work and eager to ensure people were happy living at the home. She explained how activities were tailored to meet people's needs and interests, such as bird watching and watching cricket on television. This member of staff commented, "I am so passionate about the residents. It is important we love them and make them feel special. Everyone works as a team and we are in regular contact with relatives and try to involve them as much as possible, so they can relax and enjoy the social life too." Records showed a variety of activities were provided. We saw people chatting comfortably with staff. People looked happy. The atmosphere throughout the home was friendly, calm and relaxed, which provided pleasant surroundings for people to live in.

We observed people enjoying a lively sing song, the key board was played by a relative and school children also visited to chat with those who lived at the home. It was evident that Springfield Court maintained strong links with the local community. People spoken with said there was plenty to do whilst living at the home. One person commented, "There is always something going on. It is very entertaining here."

The 'Theatre of Dreams' staged regular performances and some by well known personalities, such as Ken Dodd, Tennerismo and Jimmy Cricket. Trips out were arranged to local places of interest, such as the garden centre and café, which kept people involved in the community atmosphere.

One person we spoke with commented, "The manager and the owners are fabulous." Another said, "The staff are very nice. It is marvellous here." A relative remarked, "I have just one word to say and that is Brilliant!" A member of staff told us, "We are a great team. I get support from senior staff, carers and everyone who works here. It is super."

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

On our arrival at Springfield Court we observed a domestic cleaning the en-suite bathroom of one person who lived at the home. We were told that all bedrooms were cleaned every day. Residents and relatives we spoke with told us the home was always clean and odour free. Those who lived at the home were very satisfied with the cleanliness of their bedrooms. One person commented, "They (the staff) are always cleaning and scrubbing. Everywhere is spotless, as you will see."

During the course of our inspection we toured the premises, and viewed a selection of private accommodation and all communal areas of the home. We found the environment to be warm, comfortable and well maintained. It was clean, hygienic and pleasant smelling throughout. Clinical waste was being disposed of in the correct manner. This helped to reduce the possibility of cross infection. People's bedrooms were nicely decorated and personalised. Toilets and bathrooms were found to be pleasant and clean.

Detailed infection control policies and procedures were in place at the home. This helped to ensure the control of infection was sufficiently promoted. Systems were in place for the reporting of outbreaks of infectious diseases, such as diarrhoea and vomiting, in accordance with current legislation and good practice guidelines.

We saw staff members wearing protective clothing whilst attending to personal care needs and records showed staff had completed infection control training, so they were fully aware of measures to take in order to reduce the possibility of cross infection. This information was confirmed as being accurate by staff members we spoke with.

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.

People who lived at Springfield Court benefited from a well managed home, with systems in place to monitor the quality of service provided.

Reasons for our judgement

Surveys for residents, their relatives and also staff were conducted annually. This allowed people the opportunity to give feedback about the service provided. Systems were in place, so that action plans could be developed from any areas identified as in need of improvement. However, the responses we saw were all positive. The company had been accredited with an external award, showing that the home was audited on a regular basis by an external professional body.

We were told the provider was on site most days and this was evident by their presence on the day of our inspection. People we spoke with were fully aware of the lines of accountability within the home. This helped to ensure any areas of concern were escalated appropriately. One person said, "I saw the owners only the other day and I think they are here today too. They will always listen to what we have to say."

All staff we spoke with said they felt well supported and were very happy working at Springfield Court. One commented, "It's lovely working here. The manager is so approachable and helpful. The owners are very friendly too." Those who lived at the home and relatives we spoke with were complimentary about the management of Springfield Court. One person commented, "The manager is lovely. She will bend over backwards to get things right for the residents. Nothing is too much trouble for her. You wouldn't get a better manager anywhere. She is very thoughtful and deals with everything in a professional way."

A contingency policy and business plan had been implemented, which incorporated action to be taken in the event of a disaster or critical situation, such as gas leak, power failure, flood or fire. A range of audits and risk assessments had been conducted, which were sufficiently detailed, showing that systems had been put in place in order to reduce the possibility of injury to people living at the home. Evidence was available to show monthly reports had been generated following internal audits by the provider.

The nurse call system was monitored, so the manager could identify the length of time it was tasking staff to answer call bells. The target response was under five minutes.

However, the provider may wish to note that the last printout showed some of the response times were in excess of the target time. Therefore, the manager had increased the staffing levels during the day, in order to reduce the length of time staff were responding to calls for assistance. During our visit we observed staff attending to people in a timely fashion. One person we spoke with was sitting in the lounge. He showed us his nurse call system, which was on the arm of the chair in which he was sitting. He said, "They (the staff) come when I press it." He was asked how quickly staff responded. He replied, "Well it just depends what they are doing and where they are, but I never have to wait too long. They come pretty sharpish."

A variety of recently updated policies and procedures were in place, which outlined the importance of a wide range of health and safety areas, such as infection control, fire awareness and moving and handling. This helped to ensure the staff team were provided with current guidelines and up to date information about any changes in legislation. The duties for a lounge carer stated, 'Lounge carer to remain in the lounge at all times to assist with any resident's needs.' During our visit to this location we spent some time in the lounges and found several staff members were always present in the communal areas of the home, which helped to ensure people's safety and wellbeing was promoted. A recent food hygiene inspection by the Environmental Health Department resulted in an overall rating of 5, which is 'very good', the highest level achievable.

The manager told us some meetings were held for those who lived at the home and their relatives, but no record of these were maintained. The provider may find it useful if minutes were kept, so that a record of discussions, which took place, was kept for future reference and so that relevant information could be readily available for any interested parties to digest.

We looked at a random selection of service certificates, which showed that systems and equipment had been appropriately checked so that the health and safety of people living at the home was promoted. Records showed that regular internal maintenance checks were also conducted. This helped to ensure people living and working at Springfield Court were protected from harm.

Accidents occurring in the home had been accurately recorded so that the manager was able to audit and monitor their frequency and identify any recurring patterns. These records were retained in line with data protection guidelines. This helped to ensure the personal information of people was retained in a secure manner. Records showed that changes had been made, as a result of shortfalls being identified, such as repeat prescriptions and an increase in staffing levels.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

People were assured that complaints would be listened to and handled appropriately.

Reasons for our judgement

The policies of the home outlined the procedure for making a complaint, including specific timescales for acknowledging complaints received and completing subsequent investigations. This was displayed prominently within the home and was issued to all new people. However, the provider may find it useful if the contact details of the local authority were added to this document, so that complaints could be made anonymously to the correct agency, should this be preferred.

People we spoke with told us they would know how to make a complaint or how to raise concerns, should they need to do so. They felt the manager of the home would always listen to them and would take any complaints seriously. One person said, "I don't have any complaints. Everything is just fine. But if I was not happy about something then I would not be frightened of saying so." A relative of a relatively new resident said, "We met the manager on the first day here. She is lovely. I wouldn't have any worries about raising any concerns with her."

A system was in place for recording and evaluating complaints received, which could be followed by actions taken and outcomes achieved. Staff evidently would know what to do, if someone who lived at the home or a relative wanted to make a complaint about the service they received.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

An effective records management system was in place, which helped to ensure confidential information was retained in a secure manner.

Reasons for our judgement

At the time of our visit to Springfield Court the registered manager was on duty, and she was co-operative and helpful throughout our inspection. Records required to be kept were available for inspection and documents we requested were provided promptly. Policies and procedures were in place in relation to data protection, confidentiality and access to information. This helped to ensure records were retained securely, in accordance with current legislation and good practice guidelines.

We found accurate records were maintained in respect of each person who used the service. Appropriate information and documents in relation to people's care and support were consistently maintained. Staff we spoke with were aware of the importance of confidentiality, in order to protect the personal information of those who used the service.

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.

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