Inspection Report

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

The Springs Nursing and Residential Home

Spring Lane, Malvern, WR14 1AL

Tel: 01684571300

Date of Inspection: 06 May 2014

Date of Publication: June 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
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Bupa Care Homes (CFC Homes) Limited
Registered Manager	Mr Stephen Joseph Whitfield
Overview of the service	The Springs Nursing and Residential Home provides accommodation and nursing care for older people living with dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 6 May 2014, observed how people were being cared for and talked with carers and / or family members. We talked with staff, reviewed information sent to us by other authorities and talked with other authorities.

What people told us and what we found

There were 62 people living at the service, on three different floors, when we visited. We focused on Elgar on the second floor where there were 26 people. We spoke with different people about this service to gain a balanced overview of what people experienced, what they thought and how they were cared for and supported. We spoke with two relatives of people who used the service and three members of staff. We also met and talked with an independent quality assessor who was visiting the home on the day that we were there. The people using the service were unable to answer complex questions, some did not communicate verbally and so we spent time observing people, to see how they were cared for and how staff interacted with them.
We considered all of the evidence that we had gathered under the outcomes that we inspected. We used that information to answer the five key questions that we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

Below is a summary of what we found. The detailed evidence supporting our summary can be read in our full report.

Is the service safe?
We saw that a comprehensive risk assessment had taken place before people had gone to live at the home. Care plans reflected assessed risks. We saw that when a person had been assessed as having a swallowing risk, appropriate diet and fluids had been provided. Some people had been assessed as having actual or potential risks of malnutrition and, following referral to a dietician, received nutritional supplements. Where equipment was used to care for people, this had been serviced regularly and staff knew how to use it. There were enough hoist slings of the appropriate size but they were not allocated for individual use. This can lead to a risk of cross infection.

All staff had received the appropriate training to meet people's needs, which included training about safeguarding people. Measures were in place to safeguarded people from abuse. We saw that an application to the court of protection had recently been made on behalf of a person in relation to deprivation of liberty. The decision to make the application had been made following a best interest meeting which involved the appropriate people, and was recorded.

Is the service effective?
One relative told us, "This is a nice place for people to live." Another said, "I'm happy and (they) are too." And "You'd go a long way to find a better home."
We saw that care and support had been carefully planned to meet people's needs and included personal preferences. We saw that the service had been supported by a specialist nurse over an 18 month period to improve the safety and quality of care. Forging stronger links to primary care and improving the involvement of relatives in decision making had helped trained staff at the home to become more confident in managing health needs for people. This meant that fewer people attended the hospital accident and emergency department (A&E) than in the previous year. It is beneficial for people to be able to remain in familiar surroundings, cared for by familiar staff who understand their needs. Staff told us the process had improved their understanding of the Mental Capacity Act 2005 and that when helping people to make decisions and choices, they paid more attention to the preferences and choices that individuals had made when they had capacity than they had previously done.

Is the service caring?
Relatives that we spoke with told us that some staff were particularly caring and that they all, "Do a good job." A member of staff was described as, "Brilliant, very caring." Another relative told us that staff had time to stop and talk to people which they felt showed that they cared about them. A member of staff told us that the care staff tried their best to help people and that, "People surprise you, sometimes we laugh a lot." This was said in a way that showed us that they cared about the people that they cared for. We spoke with the manager of the service who was enthusiastic about plans to improve people's lives by increasing the involvement of relatives and volunteers so as to offer more outdoor activities and social interaction. We observed that when staff interacted with, or helped people they were kind, patient and cheerful.

Is the service responsive?
The service was responsive to the changing needs of people using the service and to suggestions and comments made by relatives. We saw that care plans were regularly updated and were changed when people's needs changed. A relative who often helped a person at mealtimes told us that staff had listened to them about how to help the person to eat and drink and had learnt to do it the same way. Another relative told us that they had complained about a carpet in a person's bedroom which had become soiled. They told us that the service had replaced it with laminate flooring which was easier to clean. They also told us of the close relationship that they had with staff at the home and that, "They always phone me if there are any problems."

We saw records, and staff told us that changes had been made in response to suggestions, incidents and preferences of people using the service. The manager told us that any concerns or complaints were discussed in a meeting every Monday. We saw a recent letter inviting relatives to join in a consultation about planned refurbishment of the home. We saw many examples of responses to relatives' concerns or suggestions and the results of the annual satisfaction survey was followed up with an action plan.

Is the service well led?
We spoke at some length with the manager. They told us about many changes that had taken place during the last year to improve the quality of care for people and the experience of staff. The manager had identified the need for all staff to have a greater understanding about caring for people with dementia, and appropriate training had begun. The service had an effective system to monitor the quality of the service they provided. This included independent and local authority quality assessments, an annual satisfaction survey to monitor what relatives thought about the quality of the service and regular meetings with relatives. We saw that action plans had been formed and implemented to address any shortfalls in performance. Staff told us that the manager and deputy were approachable and responsive. A member of staff told us that a lot of changes had taken place in the last few years and that some staff had not been happy. Some staff no longer worked at the home. They also said, " There is a great difference, its more stable and much better (than before)" and "I'm happy working here." This all showed us that the service was well led.

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.

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

Reasons for our judgement

Relatives who visited the home frequently, told us that staff "Take good care of people here." They told us that the person using the service always looked clean and neatly dressed and one said that both they and the person using the service were happy at the home. We saw the results of the most recent relative's survey in autumn 2013. It showed that all of the relatives who responded believed that people using the service received good care for their physical and emotional needs, and were treated with respect that promoted their dignity. Several questions had an improved response from the previous survey, including 'access to manager and senior staff', 'rate the staff', and 'usefulness of relatives meeting'.

We looked at assessments and care plan files for four people using the service. Pre-admission assessments had taken place before they had moved into the home. A relative told us that the manager had come to their home to complete an assessment before they had moved into the service. Risk assessments related to service users' social, emotional, physical and mental health needs and included mobility and communication risks. Records were individualised, comprehensive and person centered. Details were specific and personal, showing that people using the service or their relatives had been involved. The care plans were based on the assessments. Records included details of other health professional's input at appointments including with General Practitioners, dentist, dietician and speech and language therapist.

We saw that people or their relatives had signed to consent to using the service's laundry service, for regular hairdressing appointments and for podiatry services. Those that we looked at had all been reviewed in the previous three months; none of them included the signature of the person or their relatives, although there was a space reserved for people or their relatives to sign to say they had read and agreed to the plan of care.
Staff told us that relatives were always informed about changes to care plans and we saw that each file included a record of communication with relatives. One included a phone call to discuss a change in a person's mobility. A relative told us that they had read and signed a pre-admission assessment and had read a revised care plan the previous year, and that

they agreed with it but did not remember signing it. This showed us that, although some plans were not signed, the service made every reasonable effort to keep relatives informed and aware of care plans and changes.

Staff spoke with us about people and their needs in a way that showed us that they knew them well and we compared what they said to the details in care plans. We saw that this matched, which showed us that staff understood people's preferences and needs. We observed staff interact with people throughout the day, and they were patient and kind. The manager told us that a new activities co-ordinator had recently been appointed who had experience of dementia care. A second activities co-ordinator already worked at the home and showed us records of daily activities which included music and singing, art and craft work and walking in the gardens. They told us that many people benefitted from one-to-one sessions which included talking about their life story, hand massage and use of the new sensory room. We saw evidence that four relative volunteers had received training in the use of the sensory room equipment so that in the future there would be two sessions each week. Sensory equipment such as lights and music have been shown to be beneficial for older people with dementia and is supported by a number of organisations including the National Institute of Clinical Excellence (NICE). The NICE guidelines 'Dementia: Supporting people with dementia and their carers in health and social care (2006)' specifically mention the use of Multi Sensory Environments to manage anxiety and agitation in people with dementia in preference to medication. The installation and use of the room showed us that the service was actively working to improve the experience and wellbeing of people who used the service.

We saw that the home received weekly ecumenical visits, and Holy Communion was available about once a month on each floor. One person was supported to attend each week in response to a relative's request on their behalf. This showed that the service respected diversity and the religious needs of people.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Relatives that we spoke with said that the food was, "Very good. They get well fed here." Another said, "it looks and smells good and (the person) likes it."

They said that the kitchen staff were, "Very good" and told us that the service made a birthday cake for every person using the service. One relative told us about the special diet a person needed for health reasons and that they were happy that their needs were met with food that they liked and kept them healthy. This showed us that relatives thought the food was good and suitable for the people that they cared about.

We saw that a nutritional risk assessment had taken place for all of the people using the service. This included weighing each person, and had been repeated each month. Where people had an identified risk of malnutrition, they had been referred to a dietician. We saw that several people received prescribed nutritional supplements. Some people using the service had been assessed for the risk of choking on food by a speech and language therapist. We saw that some people needed soft or pureed diets and thickened fluids. This was shown on a notice board in the kitchen and matched the details in people's care plans which we checked. This showed us that appropriate risk assessments had taken place and that care plans were in place when risks were apparent.

During our visit we took the opportunity to observe lunch in the dining room of Elgar floor. There was age appropriate music playing which enhanced the environment. A visitor told us that the music used to be loud and modern radio station but that it had changed to CD's that people liked. There were seventeen people in the dining room sitting around five dining tables. Each table had a tablecloth and matching napkins. Most people wore a bib which was of the same material as the tablecloth. Staff did ask people before helping them with bibs but we did not see that anyone replied. This showed us that the service tried to promote people's dignity while preventing food from soiling people's clothing. There was a carer at three of the tables helping a person to eat. Two relatives were helping other people. Some people were able to eat food without help and some needed prompting to eat. A registered nurse supervised lunch and directed carers to help people in the dining room and those who chose to remain in their bedrooms.

We noted that each person's food was put on a plate individually. Food was not served for

people who needed help until a carer was available to help them. The carer serving the food checked the notice board in the kitchen to ensure that each person received the appropriate meal. The notice board included details of anything that individual people could not or preferred not to eat. This showed us that people were helped to receive food that they liked, in a way that was safe for them.

We saw that people who could eat without help were encouraged to finish their meal and offered alternatives if they did not likje something. We observed that after helping a person to eat, carers completed a record of the food and fluids that the person had received. This is good practise which allows senior staff to review nutrition and hydration of people using the service and determine if people have received enough, appropriate food for their needs.

We saw that in the kitchen where food was served from, staff had access to up to date 'texture descriptors' for both food and fluids. This enabled them to serve food that met with the correct textures prescribed by speech and language therapists to prevent the risk of people choking on it.

We saw that fresh fruit was available in the dining room all day. People were able to help themselves, and we saw that people who were able to walk independently did this. We also saw care staff take fruit to people who could not walk alone.
We later spoke with the chef in the main kitchens. We saw that food was stored appropriately with due regard to hygiene to preventing the risk of contamination. Special diets were listed so that the right food could be prepared. The chef told us that if people did not eat the meal provided, care staff informed them and they prepared an alternative. They told us that menus were planned so as to provide at least two choices at each meal and that fresh fruit and vegetables were served every day.
This showed us that a balanced diet was available for people each day.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Of the relatives who completed the annual survey, they had all said that they felt people were safe at the service. A relative that we spoke with said that they believed that people were safe there. Staff told us that they protected people's dignity by always knocking on their bedroom doors before entering and following the protocols they had been taught. For example, staff respected people's personal possessions and did not use them.

We talked to staff about how they safeguarded vulnerable people using the service from abuse. Staff had a good understanding of the topic and knew about different types of abuse and how to protect people from it. All of the staff said they had received update training about safeguarding and we saw records that confirmed that this training had taken place at two yearly intervals. The staff that spoke with us were able to identify the different types of potential abuse and the signs that might lead them to suspect it. This included changes in behaviour and unexplained injury. A nurse told us that knowing people well helped them to notice changes.

Staff that we spoke with said that if they witnessed abuse they would intervene and report it to their line manager. Equally, if they were to suspect abuse they would report it immediately. None of the staff had ever witnessed or suspected any abuse in the home. Staff could locate an up to date policy about safeguarding vulnerable adults from abuse which included the contact details for the local authority. We also saw that information about whistleblowing was readily available for all staff. This showed us that the service had a policy for preventing, detecting and acting re-abuse of vulnerable adults, and that staff knew about it.

When we visited the home, no deprivation of liberty standards (DOLS) were in place, however they had been in the past. This had not involved physical restraint. The manager told us, and we saw evidence that an application to the Court of Protection had recently been made. This had followed a best interest meeting with staff and members of the social services safeguarding team in order to determine a decision on the long term protection of a person who used the service. This showed us that the policy of the service was followed in practise in the best interests of people using the service.

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 saw that the service used a number of pieces of equipment to help staff to transfer people safely or to help them to stand up. Other equipment was available for use in medical emergencies. We saw that all equipment had been checked and serviced annually by a service provided by the manufacturer. The manager told us that a maintenance log was used to record monthly checks and maintenance by a maintenance worker, but this was not available when we visited. This showed us that equipment was properly maintained and fit for its purpose.

Equipment included hoists and standing hoists. One hoist had capacity to weigh people. Staff told us that they used this if people could not stand to be weighed. Staff told us that hoists were used to transfer some people from bed to chair, or into the bath or to use the toilet. Staff told us, and we saw that they had received training before using a hoist and that this was updated regularly. We saw that staff used a hoist to transfer people. This showed us that the equipment was used appropriately.

Staff told us that there were always enough hoists, of the required type, available. They told us that all hoists were cleaned twice a week by the night staff and this was recorded. They said that there were sufficient slings, of the required size available. We saw that there were five slings, in different sizes stored in a room with the hoists. Some were 'full slings' for transferring people from bed to chair, others were for helping people with personal care. Staff told us that they always used the correct sized sling for each person and that they used the same sling for different people, changing it if it was visibly soiled. We saw that in the linen room there were three clean hoist slings. We discussed this with the manager who assured us that more slings will be ordered and in the future they will be allocated to individual people while in use.

The provider may care to note that using the same hoist sling for different people who require personal care, may introduce a potential risk of cross infection.

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 received.

Reasons for our judgement

Relatives of people who used the service had been asked to complete an annual survey about the service provided which the provider analysed. We saw the results of a survey from autumn 2013 which was presented to relatives attending a meeting in February 2014. Analysis included both the important improvements from the previous survey and 'things we could do better'. An action plan was available to address concerns and manage improvements. Some of these had already been implemented when we visited and others had target dates for implementation.

We saw that a quality and safety assessment commissioned by the local authority commissioning group had recently taken place. It had focussed on clinical effectiveness and people's experiences and we saw that the report was a positive one. We saw another report from the commissioning group dated April 2014. It showed that the home had a significant decrease in NHS accident and emergency attendance in a five month period ending in March 2014, compared to the same period in the previous year. The manager told us that this had followed an 18 month period working closely with a specialist nurse, making changes to improve the quality of care.

During our visit we met with an independent quality assessor who had visited the home each month to help staff improve mealtimes for people. They told us that staff at the service had implemented suggestions for improvement.

Within each unit, there was a registered nurse manager. We met with one who told us of the regular audits and checks that they carried out within their own unit in order to assess the quality and safety of care for people. These included medication and nutrition audits, infection control, pressure ulcer and hospital admission incidence and overall documentation. They told us that the results were reviewed by and discussed with the general manager of the service periodically. We saw an action plan that had been implemented following an error in record keeping. All of this evidenced that the quality and safety of the service was regularly monitored and assessed.
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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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