

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

## Springfields Nursing Home

Rectory Road, Copford Green, Colchester, CO6  
1DH

Tel: 01206211065

Date of Inspection: 02 September 2014

Date of Publication: October  
2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Springfields
Registered Manager	Mrs Samantha Hursey
Overview of the service	Springfields Nursing Home provides nursing, respite, convalescent and end of life care to up to 36 people in the Copford, Colchester area. At the time of our inspection there were 33 people living in the service.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	7
Management of medicines	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
Records	13
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## 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 2 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 and talked with staff.

---

### What people told us and what we found

---

Our inspection team was made up of one inspector who answered our five questions. There were 30 people using the service at the time of the inspection.

Below is a summary of what we found. The summary is based on our conversations with the manager, three staff, three people who used the service, three relatives, the maintenance person, a visiting specialist nurse and from looking at records. Where it was not possible to communicate with people who used the service we used our observations to gather information.

Is the service safe?

People were cared for in an environment that was safe, clean and well maintained. A visiting specialist nurse told us, "The home is very good, staff follow instructions and advice we give to them relating to people's health care needs, I would be happy to place my mother here."

Care and treatment records contained detailed assessments of people's needs that had been regularly reviewed and updated to ensure that they received safe and appropriate care and treatment. People were involved in developing and reviewing their care and treatment plans.

Where people did not have the mental capacity to provide consent the provider complied with the requirements of the Mental Capacity Act 2005. Staff had received training in this area. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Whilst no applications had needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and how to submit one. This ensured that the staff had the relevant skills and knowledge required to meet the individual's identified needs.

The provider had clear policies and procedures regarding medication, we saw that medication was stored, administered and disposed of in line with their policies and procedures. Staff received annual refresher training in administering medication. The provider carried out regular audits of medication.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve. One person said, "I am happy here."

Is the service effective?

It was clear from what we saw, and from speaking with staff, that they understood people's care and support needs and that they knew the people well. A person who used the service told us, "The staff are polite, caring and they treat me with respect."

People's health and care needs were assessed with them, and they were involved in writing their plans of care. Where people were unable to be involved staff had spoken to their relatives or friends to gain their views. Specialist dietary needs had been identified in care plans where required.

Is the service caring?

People were supported by kind and attentive staff. We saw that staff showed patience and gave encouragement when supporting people. People's preferences, interests, religious and faith needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

Where people's health and care needs had changed appropriate referrals to the doctor, district nurse, end of life team, falls team and dentist had been made and any recommendations had been acted on. The manager had regular contact with the relatives of people who used the service and health care professionals.

Is the service well led?

The service worked well with other agencies and services to make sure people received their care in a joined up way. One health care professional we spoke with told us "The referrals we receive from the manager are appropriate and the staff follows our advice and guidance very well."

People who used the service and their relatives that we spoke with had commented positively about the quality of the care provided to the people who lived in the home. The service had a quality assurance system in place. Records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continuously improving.

The three staff we spoke with told us they were clear about their roles and responsibilities and they received very good training, support and supervision from the manager. They told us that this enabled them to provide excellent care and support to people who used the service. We saw that staff had a good understanding of the aims of the service. This

helped to ensure that people received a good quality service at all times. Staff had received regular supervision and refresher training.

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](http://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

At the previous inspection carried out on 15 July 2013 we found that Waterlow scores were not correctly documented, or completed in a regular timely manner. (Waterlow is a risk assessment tool designed to identify a level of risk to people's skin integrity which could lead to the development of a pressure sore.) We also found that no risk falls training had been offered to staff. We could find no evidence of falls risk assessments having been completed on admission or reviewed.

We reviewed the care and treatment records of six people who used the service to see if the required improvements had been made. We saw that the required improvements had been made to ensure people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Risk assessments were undertaken and kept up to date for issues such as pressure sores, infections and falls. The home used a pressure ulcer prevention tool to help the staff support good skin care and we saw that any records were regularly updated and wounds were marked on body charts and treatment was recorded and monitored.

The provider conducted risk assessments and took specialist advice where appropriate, consulting dietitians, physiotherapists and the falls team. Detailed records of care and treatment were maintained to guide the staff and these were reviewed at least monthly and audited by the provider. We saw records that confirmed that some staff had attended falls prevention training and the remainder were booked to attend training before the end of the year. The care plans we reviewed were accurate and well presented. Pre-assessments and decisions about care and treatment were made by the staff at the appropriate level and any concerns were escalated to the qualified nursing staff as necessary. Risks were identified, around behaviour, mobility and balance for example, and assessed and managed effectively to protect the safety, health and welfare of people living in the home.

We spoke with a hospice nurse who was visiting people who were in the end stage of life. They said, "The staff here follow my advice and do everything that I ask. At the same time they stay within the limits of their competence and they will say if they don't feel confident about doing something, which is how it should be. They also give me a thorough progress report when I visit." This demonstrated that the staff were able to request and act upon advice from external healthcare professionals when required.

People's needs were assessed and care and treatment was delivered in line with their individual care plan. The manager told us that each person had a pre-assessment before being offered a place at the home. This was to ensure that the home was able to meet the needs for care and treatment of each individual. The family were usually involved in the pre-assessment and sometimes there would be a referral from other social services or other health care professionals. If the home was considered to be appropriate, a full assessment of the person needs would be undertaken and this would include assessments of cognition, psychological, physical, social and end of life care. This assessment was conducted to fully understand each individual's need for support in relation to, for example, daily living, mobility, health and personal care. The manager said that the home would only offer a place if they felt they could meet the person's individual needs. This meant that the provider had effective systems in place to appropriately assess people's needs prior to using the service.

We saw evidence in care plans that the home took steps to protect people's safety and welfare. People who used the service were requested to sign their care plans. We saw that people had a mental capacity assessment on admission, which included questions about each person's ability to retain information and to make decisions about different aspects of their care. These assessments were updated regularly and signed by an appropriate healthcare professional. Where people did not have the mental capacity to make decisions a mental capacity assessment was conducted prior to a best interest meeting being taking place.

The home compiled a dependency assessment to measure the level of support required in areas like mobility, medication, bathing, eating and communication. This enabled the home to provide the right level of support and assistance. There were risk assessments for people who were likely to become agitated and confused and for those who may fall when moving around the home. These risk assessments were intended to guide the staff and included recommendations for mitigating the risks. This demonstrated that care was planned and delivered to meet the needs of the individual and to keep them safe within the home.

There were also details of communication with relatives and any representatives who were to be involved in any decisions about care and treatment. The manager informed us that care plans were reviewed and updated daily in the days and weeks immediately after admission and then as needed, but at least monthly. We noticed that communication with relatives was recorded in the care records along with details of who to contact if there was a change in the person's health or wellbeing. A relative we spoke with said, "They call us straight away if there have been any significant change in my relative's health. The communication is good." This meant that the care was being well managed and relatives were well informed and involved in decisions about care.

We spoke with a relative who visited most days and said, "On the whole they are quite good and he would be the first to complain if it wasn't". Another relative we spoke with said, "They are very welcoming, always make us a cup of tea.

**People should be given the medicines they need when they need them, and in a safe way**

---

## **Our judgement**

---

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

---

## **Reasons for our judgement**

---

We found there were arrangements for the secure storage of medication. Monitoring was in place to check the amounts of medication held at the service. Records made when medication was given to people were accurate and indicated that people received their medication as prescribed and there were no unexplained gaps.

We saw evidence that staff who were authorised to administer medicine had received medication training and staff spoken with confirmed this. There was a record of the names and the signatures of staff that were trained and competent in administering medication which was regularly reviewed by the manager.

We observed that medicine was handled and given to people appropriately. The staff ensured that medication was securely locked in the medication cupboard and was not left unattended at any time. We noted that all unused medication was returned to the pharmacy and accurate records were kept of the name, strength and quantity that were being returned. We saw that there were systems in place to ensure that controlled drugs were stored, administered and disposed of correctly. We reviewed eight people's Medication Administration Record (MAR) charts. These were completed when medication had been given to people and we found that they were accurate and indicated that people received their medication as prescribed.

This showed that the provider had taken steps to check that there was good record keeping of the medication received, used and returned.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

## **Our judgement**

---

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

---

## **Reasons for our judgement**

---

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We examined the files for five members of staff. The file for the most recently employed staff member contained evidence that they had received an induction programme, supervision and training which covered delivering safe and appropriate care to people.

Staff received appropriate professional development. The manager provided evidence that all staff had attended refresher training in mandatory topics including falls prevention. We also saw evidence that staff had attended training sessions to support them in caring for people with specific medical conditions. This included pressure sore management, epilepsy and diabetes care. A training planner was in place and this identified planned dates for on-going training throughout the year. Staff told us that they felt well supported by the provider and that they felt competent and confident in delivering high quality care. Most care staff had National Vocational Qualifications (NVQ) at level two or three and the nurses were supported to maintain their nursing registration through clinical education. This meant that staff were able, from time to time, to obtain further relevant qualifications.

We found that staff had received planned and regular supervisions and annual appraisals from manager. The manager showed us a document that they had recently put in place that recorded the planned dates for supervisions and annual appraisals. Where supervisions and annual appraisals had taken place, signed and dated records of these had been kept on file, along with training certificates.

Staff members told us that supervisions were a useful opportunity to feedback any issues. We saw records that confirmed that the manager attended the shift handovers on a regular basis as they regularly worked as the shift leader and worked alongside staff. Staff we spoke with confirmed that the manager worked alongside them delivering care and treatment as well as providing coaching and guidance. Staff also told us that they found the manager to be approachable and proactive in providing opportunities to learn and develop. The provider may wish to note that no written records were available to confirm that the sessions had indeed taken place.

## 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 and the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

---

### Reasons for our judgement

---

At the previous inspection carried out on 15 July 2013 we found that the provider did not have adequate systems in place for assessing and monitoring the quality of service provision. We saw that incidents had been recorded but there was no evidence that these had been investigated or that an action plan was in place. We looked at four staff files and found very little information about staff supervision and when the last staff appraisal had occurred. During this inspection we found that the required improvements had been made by the manager.

The manager had introduced a new incident and accident record. The completed records we saw contained information relating to the incident, what action was taken at the time and the outcome. The record was subsequently reviewed by the manager to identify if there was any further action to be taken or any lessons to be learnt, such as performance or training issues. These would then be discussed in the handover and team meetings with the staff. Staff we spoke with confirmed that accidents and incidents were discussed in daily handovers and team meetings.

We reviewed the staff supervision and annual appraisal planner and reviewed five staff personnel files. Where supervisions had been planned, each file contained records of the one to one supervision records that had been signed by both the supervisee and the supervisor. Some annual appraisal's had taken place and records were held on their file. We saw that where people had not yet had an annual appraisal then these had been planned to take place before the end of the year.

We saw that staff training audits had been completed and any additional training needs that were identified had been addressed by the manager. Records confirmed that the manager had organised for staff to attend refresher training where required.

We saw audits that had been completed relating to the planned monthly care plan and risk assessment reviews. The audits confirmed that the reviews had taken place as planned

and included reviewing the quality of the content and that appropriate action had been taken regarding updating peoples' changing needs.

We noted that documentation demonstrated that health and safety checks were regularly carried out and that the appropriate action was taken to ensure that any maintenance or repair issues were dealt with promptly by the provider. Records and certificates confirmed that equipment such as fire equipment, hoists and specialist baths were regularly serviced and maintained. This was done to ensure that people's health, safety and welfare was protected. We found the premises and equipment to be safe and well maintained.

The service was being regularly assessed to improve the quality of care people received. Records confirmed that weekly inspections of the building had taken place. We saw that maintenance issues had been identified and addressed promptly, Records seen confirmed that frequent audits were regularly carried out on areas such as, medication, infection control and water temperatures and that any action identified was dealt with promptly.

The manager informed us that no complaints had been received. The manager informed us that they regularly worked alongside staff to provide care and support to people who used the service. The manager monitored how staff provided care and support, interacted with people who used the service and monitored how staff treated people with respect and protected their dignity.

The manager informed us that an annual customer survey was not conducted for the previous year. We were shown a copy of the recently developed annual customer survey which was due to be sent out in October 2015. We saw minutes of meetings held with the people who used the service and their relatives that showed that their views were sought regarding the quality of the service provided. People we spoke with told us that the manager regularly talks to them and their relatives to get their views about the service they receive.

## 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.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

---

### Reasons for our judgement

---

We examined six care and treatment plans which had been typed and signed by the manager and had been signed by the person who used the service or by their relative or families. We spoke with three people who used the service and three relatives. They each stated that they or their relative had been involved in the developing their care and treatment plan and subsequent reviews of them. This demonstrated that people who used the service or their relative were fully involved or knowledgeable of their care plan.

We found all of the care and treatment plans had been regularly reviewed and that any resulting changes had been made to the care plans. Staff told us that any changes to a person's care and treatment records were discussed within the daily handovers and recorded in the communication book.

During our visit we saw that the records of people who used the service and staff were securely locked in filing cabinets with a secure office environment.

We saw that a data protection policy was in place and staff we spoke with were able to inform us of the content relating to their responsibilities.

## 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

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---