

Key inspection report

Care homes for older people

Name:	Springfields Nursing Home
Address:	Rectory Road Copford Green Colchester Essex CO6 1DH

The quality rating for this care home is:	three star excellent service
--	------------------------------

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Diana Green	1 3 0 4 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	© Care Quality Commission 2010 This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Springfields Nursing Home
Address:	Rectory Road Copford Green Colchester Essex CO6 1DH
Telephone number:	01206211065
Fax number:	01206213238
Email address:	springfieldsmail@btconnect.com
Provider web address:	

Name of registered provider(s):	Springfields Residential Homes Limited
Name of registered manager (if applicable)	
Mrs Samantha Hursey	
Type of registration:	care home
Number of places registered:	37

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
physical disability	0	37
terminally ill	4	0
Additional conditions:		
Persons of either sex aged 50 years and over who require general palliative care (not to exceed 4 persons)		
Persons of either sex aged 65 years and over who require nursing care by reason of a physical disability (not to exceed 37 persons)		
The total number of service users accommodated in the home must not exceed 37 persons		

Date of last inspection									
-------------------------	--	--	--	--	--	--	--	--	--

Brief description of the care home
Springfields Nursing Home provides nursing and personal care for up to 37 older people and is also registered to care for service users with a terminal illness. The home is owned by a private organisation, named Springfields Residential Homes Limited.

Brief description of the care home

Springfields Nursing Home is located in the rural village of Copford that is approximately a mile from Marks Tey and a few miles from Colchester, Essex. The home is single storey purpose built accommodation and shares catering and laundry facilities with the adjoining residential home. There are 37 single bedrooms with en-suite facilities, one large lounge and two dining rooms. The home has surrounding landscaped gardens with extensive views over open countryside. There is a paved garden to the rear and an internal courtyard that are attractive and accessible to wheelchair users. Springfields Nursing Home is accessible by road and rail. The nearest station is in Marks Tey. Parking is available in the large car park located to the front of the property.

The fees range from:

£585.00 to £705.00 per week

Additional costs apply for chiropody, toiletries, hairdressing and newspapers.

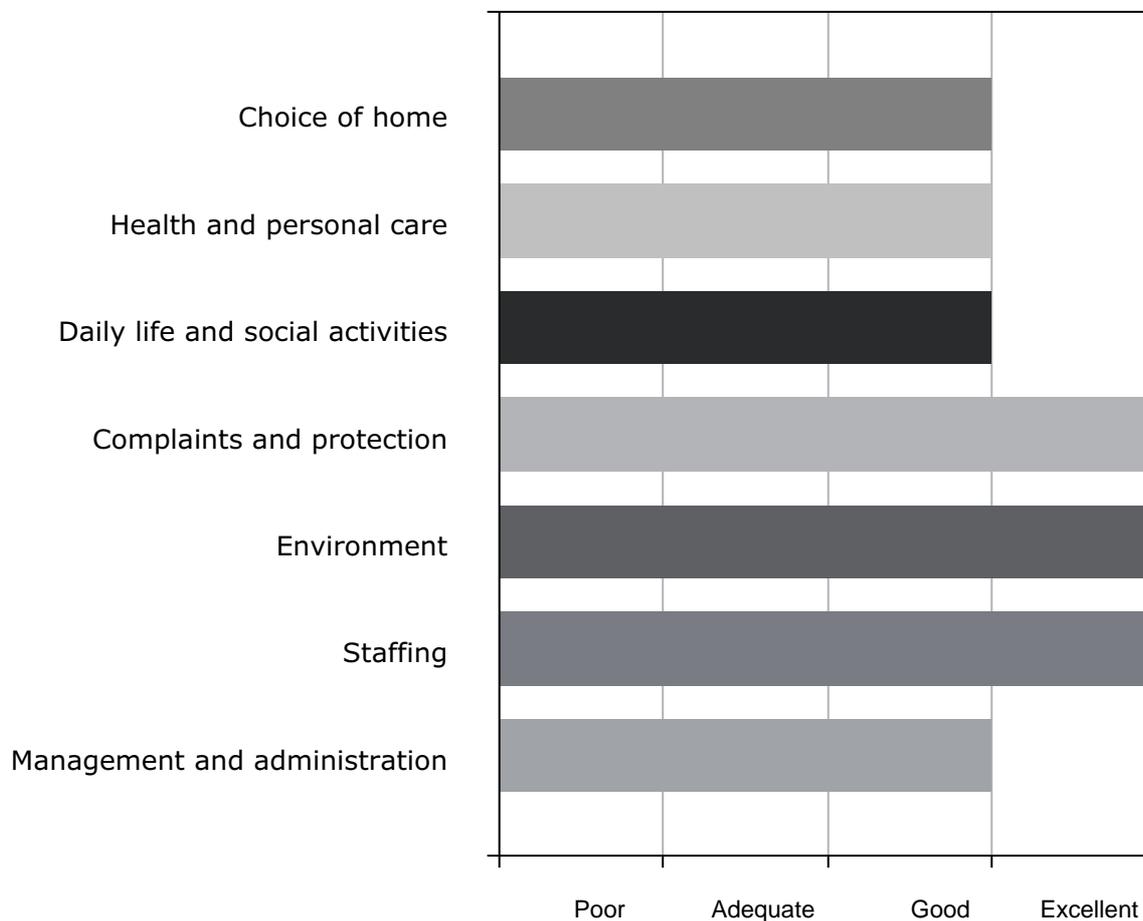
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 3 star. This means that people who use this service experience excellent quality outcomes.

This unannounced inspection took place on 13th April 2010. All of the Key National Minimum Standards (NMS) for Older People, and the intended outcomes, were assessed in relation to this service during the inspection. The report has been written using accumulated evidence gathered prior to and during the site visit, including the agency's Annual Quality Assurance Assessment (AQAA).

The Annual Quality Assurance Assessment (AQAA), which is required by law to be completed by the service, is a self assessment that focuses on how well outcomes are being met for people using the service. This was completed by the registered provider and returned to us prior to the visit to the home. Information received in the AQAA provided us with some detail to assist us in understanding how the registered persons

understand the service's strengths and weaknesses and how they will address them.

The inspection process included reviewing documents required under the Care Home Regulations. A number of records were looked at in relation to residents, staff recruitment and training, staff rotas and policies and procedures. Time was spent talking to residents, their relatives, staff and the manager.

The manager was on leave. The proprietor and staff were welcoming and helpful throughout the inspection.

What the care home does well:

Good information was available for residents and visitors in the home including information on cleanliness and prevention of swine flu and Age Concern leaflets.

Assessments were undertaken robustly prior to admission to ensure residents' needs could be met at the home.

Care plans were regularly evaluated and changes made. Daily records showed good monitoring of health needs. Healthcare access is good. Most residents were registered with the retained GP who attended regularly and there was good monitoring of healthcare needs and prompt referral to a GP or specialist (dietitian, physio, Macmillan nurse as needed). Staff are skilled in ensuring that palliative /end of life care needs are sensitively met.

There is good communication with staff handover between shifts where residents' needs are discussed. The staff are well supported through a staff training and development programme and work well as a team. Recruitment processes are robust with the required checks obtained prior to appointment.

The premises are clean, well decorated, well furnished, well equipped and well maintained. Residents' rooms are regularly redecorated. There are good standards of infection control in place. The standard of food is good with varied and nutritious meals provided and specialist diets accommodated. Residents have a nutritional risk assessment on admission and those identified at risk are referred and prescribed nutritional supplements. Afternoon tea and evening snacks/sandwiches are provided. Dining rooms are pleasantly decorated and tables laid out to make meals an enjoyable experience. Residents are encouraged to eat in the dining rooms but choices are accommodated on getting up, going to bed and where to spend their day etc. Staff are respectful and professional in their approach and ensure that residents' privacy/dignity is upheld.

The manager operates an open door policy and is well known to residents and their relatives. Staff are well supervised and individual supervision sessions are given. The proprietor is on site and in regular attendance at the home. There are systems in place to ensure that regular health and safety checks and fire safety checks are undertaken.

What has improved since the last inspection?

Person centred care planning had commenced and needs to be further developed.

The main dining room has been redecorated and refurbished to a high standard. A family room with tea and coffee making facilities has been provided. A bathroom has been refurbished and a new bath provided.

A new activities coordinator has been appointed who involves residents in choosing their activities and undertakes a monthly evaluation.

Two staff have attended training and are champions of dignity and respect in the home.

A quality steering group has been established and consultation undertaken with external stakeholders as well as residents and their relatives.

What they could do better:

Care plans were evaluated monthly but had not been rewritten where there were substantial changes in residents' needs to provide clear guidance for staff. Care plans were evidently discussed with the residents and their representative but there was no evidence of their agreement being confirmed by their signature. A number of residents' rooms had hard surface flooring but there was no risk assessment of their room recorded.

There were no lockable drawers provided in residents' rooms for safekeeping of personal items or in the event that they chose to self medicate.

PRN (as required) medication was not available for one resident. On a number of MAR sheets the instruction differed to the prescription. We were informed that changes had been agreed with the GP but the MAR sheet not amended. Temazepam was not being recorded in the CD register and the name and address was not being recorded on disposal. There was no date of opening on some medicines containers.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People planning to live at Springfields Nursing Home can be assured they will have sufficient information to enable them to make a decision and they will be fully assessed prior to admission to ensure their needs can be met.

Evidence:

The home had a statement of purpose and service user guide that included the aims of the service and the philosophy of care and met regulatory requirements. Information leaflets were seen on display for residents and visitors information, ensuring they had access to a range of information including for example, Age Concern leaflets on keeping fit and healthy in residential care. Completed surveys received from residents and their representatives confirmed they had received sufficient information to make a decision before moving into the home.

The AQAA informed us that referrals from potential residents or their representatives were received by telephone and they and /or their relatives were encouraged to visit

Evidence:

the home and view the accommodation. We were informed that assessments were undertaken either in the person's own home, care home or hospital. A pre-admission assessment was undertaken using a pre-assessment form as a prompt to discuss care needs.

Information was used following admission to complete a full assessment and care plan. Three residents' care plans were viewed during the visit to the service. All included a detailed pre-admission assessment form that provided key information on the resident's care needs from which a care plan could be developed. Care records viewed were based on activities of daily living (maintaining a safe environment, mobilising, communicating, eating, drinking, eliminating, breathing etc.) and had been signed by the manager or deputy manager. Risk assessments were seen for nutritional risk, manual handling, use of bed rails, skin integrity (waterlow score) etc.

The home does not provide intermediate care.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents can be assured their health and personal care needs will be met and their privacy and dignity upheld but the standards of medicines administration place them at potential risk.

Evidence:

Three residents' care records were viewed during the site visit. All three contained a pre-admission assessment detailing the resident's care needs. Care plans had been type written and were reasonably well detailed with the resident's care needs. The AQAA informed us that progress had been made for care plans to be more individualised. Some improvements were evident and this could be further developed to provide a more person centred approach. Care plans were seen for maintaining a safe environment/ mobility, communicating, eating and drinking, eliminating, personal care, breathing, resting and sleeping, controlling body temperatures, expressing sexuality, spiritual needs and dying. A social activities questionnaire had been completed with the resident's preferences and a family tree completed by the family. Care plans had been evaluated monthly and additions made. However where resident's needs had changed they had not been rewritten. For example, one

Evidence:

resident's care plan was dated 10/08/09 when they were able to eat a normal diet and were able to eat without assistance. Their current needs were recorded as 'swallowing been more delayed, appetite poor and requires some assistance with eating'. The AQAA informed us that care plans are discussed and developed with residents and their representative's agreement. However there was no written evidence of the residents' or representative's agreement seen in the care plans viewed.

Risk assessments had been regularly reviewed and changes made to the plan. However the accident records for another resident recorded that they had fallen on several occasions but there was no risk assessment of the environment/room. Daily records provided good detail of how the resident spent their day and recorded any changes in their condition and the action that had been taken as a result. Three residents who completed surveys told us they always received the care and support they needed and two said 'usually'. All continued to be happy with the care at the home.

The standards of personal care are good. Independence is promoted by staff who encourage residents to mobilise and appropriate equipment is available to aid mobility. The resident's care records viewed showed that they had good access to healthcare services. One resident's record confirmed they had received regular visits from their GP and they had also been seen by a chiropodist, occupational therapist, physiotherapist, optician and Macmillan nurse and had been referred to a dentist. One health professional who complete a survey told us that they 'give exemplary care to patients'. and another told us 'nursing care is excellent , nothing is too much trouble'. A GP also told us they 'provide a caring environment with a great deal of professionalism'.

The medication systems were discussed with the registered nurse in charge on the day. Medication was administered by registered nurses and a list of staff signatures and initials was maintained to enable appropriate follow up in the event of an adverse incident. We were informed that the home had a medication policy and procedures. Medication was supplied from the local supplying pharmacist in individual containers. Medication was stored in the staff office and stored in a locked trolley that was secured to the wall. A drug refrigerator was also available and temperatures were monitored and recorded as were room temperatures to ensure medicines were stored within safe recommended levels (maximum 25 degrees centigrade). The medication storage and medicines administration records for three residents were examined. One PRN (when required) antacid medication had not been available since 1/02/2010. We were informed that the residents had not needed it for two months and it had been returned to the pharmacy but not removed from the MAR sheet. All other medication

Evidence:

was available and records completed when administered and any omissions followed up and the reason recorded. However there were some anomalies on the MAR sheets, for example one resident had been prescribed Omeprazole 20mgs x two daily but the MAR sheet stated one to be given twice daily. We were informed following the inspection that the drug and dosage remained the same and in agreement with the GP only the time had been changed to meet the resident's needs. Eye drops prescribed for another resident did not have the date of opening recorded on either the carton or the container to ensure they were given before the date of expiry. There was a cupboard for CD storage that met requirements and a CD register that was recorded. However temazepam was not stored in the CD cupboard or recorded in the CD register, as the regulations had changed since the previous inspection that the manager was not aware of. The CD register did not record the name and address on receipt and discharge/disposal of CD drugs.

Staff were observed to be friendly but respectful to residents during the visit to the home and to be courteous in their conversations with them. Residents spoken with confirmed that personal care was provided in private and from observation it was evident that efforts were made to maintain privacy. Rooms included personal items of furniture and lockable facilities for storage of valuable and medication in the event that a resident chose to self medicate. The AQAA informed us that two members of staff had attended a two day course organised by the local hospice entitled 'Dignity and Respect' and there were plans to support several other staff to also attend. This showed that residents' dignity and respect were an essential philosophy of care within the home. A health professional who completed a survey told us 'they treat all residents with dignity and respect and ensure each person keeps their own identity'.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents can be assured they will receive well balanced and nutritional meals in pleasant surroundings, be supported to keep in contact with their family and friends and have opportunities to take part in social activities that satisfies their cultural needs and expectations.

Evidence:

The social activities were discussed with the activities coordinator who had been employed since the previous key inspection and confirmed that she worked 10-1pm Monday to Friday. Activities provided included a range of group activities, for example word games, quizzes and seated exercise with soft bowling and throwing bean bags which care staff assisted with. An activities programme was on display in the home and in each of the residents' rooms for their information. There were no organised therapeutic activities for residents with high dependency needs who would benefit from sensory activities (music, hand massage etc). However a health professional told us that 'they do their utmost to ensure residents do not feel isolated'. A resident also said that staff are very accommodating and take me for walks in the garden. I am very lucky to be here'. A relative also told us 'they arrange events such as Christmas and a summer party' but when asked what they could do better said 'stimulate the able minded, arrange more trips -to places of interest rather than garden centres'.

Evidence:

The home's statement of purpose detailed the visiting arrangements for the home. The visitors' book also provided evidence that numerous people visited the home at various times during the day. One resident told us that their husband visited every day and there was no restriction on the time of visiting.

During the visit to the home residents were observed to have a choice of where they ate their meals and how they spent their day. Residents were seen spending time in their own room, in the garden or in one of the communal rooms of the home. Residents' rooms were seen to be personalised with their own belongings (photos, pictures, ornaments etc.) Information on advocacy services was seen on display in the home and the statement of purpose contained details of advocacy services that could be arranged on behalf of residents. A resident spoken with said they usually had their meals in one of the dining rooms but had a choice of where to eat, and what time they got up or went to bed.

The home's kitchen was viewed and was clean and well organised with appropriate cleaning schedules in place. The menus were discussed with the catering manager and were seen to be rotated on a four weekly basis and were varied and nutritious. The main dining room was adjacent to the kitchen enabling food to be served without delay and had recently been refurbished. New tables and chairs, wall sculptures and low level lighting had been provided. A smaller dining room was also available for residents. A small visitors' room with comfortable seating and tea and coffee making facilities had also been provided since the previous key inspection that was available for residents and their relatives. During the visit to the home staff were observed serving hot and cold drinks throughout the day. The lunchtime meal was observed and comprised chicken tarragon, mashed potato, broccoli, green beans with an alternative choice followed by raspberry slice and custard. Specialist diets were catered for and supplements were also provided as needed. Residents' records viewed confirmed that a nutritional risk assessment was undertaken on admission to the home and weights monitored with nutritional supplements provided as needed ensuring that residents did not lose weight unduly.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are protected by the home's robust recruitment and safeguarding procedures.

Evidence:

The home had a complaints procedure that had been reviewed during 2009 and was included in the statement of purpose and service user guide. A copy was also seen on display in the home. The AQAA informed us that there had been one complaint received by the home in the previous twelve months that had been investigated in line with the home's procedures. From previous knowledge of the home it was evident that the manager and proprietor operated an open door policy and were freely available for residents and their relatives should they have any concerns.

The home had safeguarding procedures in place and the records confirmed that all nursing staff attended training in safeguarding adults and 80% of care staff have NVQ level 2 qualification that includes a core abuse module. Annual updated safeguarding adults training is provided and the recently appointed activities coordinator is currently undertaking a NAPA course that has an abuse module. The Essex safeguarding procedures were available for staff guidance in the event of needing to refer an allegation. A whistle blowing policy was also available to support staff should they witness an allegation of abuse. There had been no safeguarding alerts made in the previous twelve months. From previous knowledge of the home and the manager it was evident that procedures would be followed appropriate action taken in the event

Evidence:

of an allegation being made. The home's recruitment procedures were inspected and were confirmed to protect residents by ensuring all relevant checks were undertaken prior to appointment. Information on the Mental Capacity Act and Deprivation of Liberty Standards was available for staff guidance.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Springfields provides a clean, well decorated , comfortably furnished and well maintained environment for residents with appropriate aids and adaptations to aid their mobility.

Evidence:

A tour of the premises was made during the visit to the home. The home was secure with a door entry system in place. Access to the home can be made through the main entrance or separate designated entrance to the nursing home. The home is purpose built single storey accommodation and linked to the administrative offices and adjacent residential home. All rooms are single with en-suite facilities. Several residents' rooms, communal rooms, bathrooms, a shower room, the kitchen and laundry were viewed. All accommodation was very pleasantly decorated and well furnished. Since the previous key inspection the dining room had been refurbished and new lighting and furniture provided. The home was clean and well maintained with no odorous smells. The home had a programme of maintenance in place with full-time maintenance staff employed. The large attractive gardens are planted with flowers, trees and shrubs and have views to open countryside with patio areas paths and seating that enable access to residents and wheelchairs users. Records viewed during the visit to the home confirmed that systems were in place to ensure the building complied with the requirements of the local fire and environmental health department.

Evidence:

There were grab rails in corridors and aids in bathrooms and toilets to meet the mobility needs of residents. Call systems were provided throughout communal and individual rooms to enable residents and staff to call for assistance and records confirmed these were well maintained. A number of variable height beds were provided and hoists to meet the mobility needs of residents. A range of specialist pressure relief equipment was available to meet the needs of individual residents. This included individual slings for hoists to be used for residents with mobility needs.

The home was clean with no malodorous smells evident. Systems were in place to ensure staff had personal protective clothing (liquid soap and paper towels) for use when providing personal care in residents en-suites and bathrooms. Paper towels and liquid soap were provided in all areas for staff handwashing including the laundry room and sluice rooms that was viewed. The laundry room was large, well equipped and well organised and was shared with the adjacent residential home. There were three washing machines (two in working order) and three driers that were in working use, a rotary iron, standard iron and ironing table. Washing machines had sluice facilities (able to wash at 65 degrees centigrade for a minimum of 10 minutes) to minimise the risk of infection. Designated laundry staff were employed at the home, meaning that care staff were not taken away from their duties to assist in the laundry. All linen and personal clothing was seen to be well laundered and ironed.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents can be assured they will be cared for by skilled, experienced and well trained staff who are employed in sufficient numbers.

Evidence:

The manager was on leave on the day of the visit to the home. We were informed that in addition to the nurse in charge, there was one registered nurse and seven care assistants on duty for twenty-six residents. The proprietor, an administrator, activities coordinator, a maintenance person, two domestic staff, two laundry assistants and three kitchen staff were on duty. The duty rota was seen and confirmed that staffing levels were as discussed and appeared to meet residents' needs. During the visit to the home, staff were noted to spend time interacting with residents who were all observed to be well cared for indicating that staffing levels were appropriate for their needs.

The AQAA informed us that there were a total of 32 care staff employed of which 30 had an NVQ level 2 qualification, or above. This is well above the recommended standard for 50% care staff to have an NVQ level 2 qualification. The recruitment files for three recently employed staff were viewed. All files included evidence that the relevant checks (CRB, two satisfactory references, identification etc.) were undertaken prior to appointment. The files also included staff contract/terms and conditions detailing their legal rights of employment.

Evidence:

The home had an ongoing in-house training programme that included manual handling, fire safety, first aid, COSHH, food hygiene etc) The training records for three recently appointed staff were viewed. These confirmed that induction training had been provided to Skills for Care Standard. The records of two staff were also viewed. These confirmed that health and safety, fire safety, manual handling training had been provided and other training included communication skills, enteral nutritional, infection control, syringe driver update, wound healing, swallowing difficulties, and palliative care training had also been arranged for some staff.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents can be assured that the home is well managed, run in their best interests and aims to protect health and safety of residents and staff.

Evidence:

The registered manager for the home is a registered nurse and holds an degree in nursing and a post graduate management qualification and has managed the home for ten years. During the visit to the home it was clear that the manager was well known to residents and relatives. From observation and an inspection of records, the home appeared to be well managed. One relative who completed a survey told us that 'Springfields is a well run home delivering high standards of nursing care' and a health professional told us 'this is the best nursing home that I have visited'.

The AQAA informed us that the home had a quality assurance programme that included annual consultation with residents, their representatives and other stakeholder, for example GPs, nurse practitioners, specialist nurses, physiotherapists, occupational therapists, chiropodists, etc. The home also has a quality steering group

Evidence:

with representatives from each service area who have responsibility to analyse data from the completed questionnaires and develop an action plan that aims to continually improve standards at the home.

The arrangements for handling residents' monies were discussed with the administrator and proprietor. Neither the manager nor representative were appointee for any resident. All residents had a relative or representative to manage their finances on their behalf. No personal monies were held on behalf of residents. All expenses for example chiropody, hairdressing, newspapers and toiletries were invoiced directly.

The home had a health and safety policy and procedures in place for staff guidance. The records confirmed that staff had attended health and safety training following appointment. Evidence of a sample of records viewed showed that there were systems in place to ensure the servicing of equipment and utilities and there was evidence of appropriate weekly and monthly internal checks being carried out (e.g. checks on fire equipment, fire alarms and emergency lighting etc.).

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	The medicine administration sheet must accurately record the prescription. This will ensure that medicines are given as prescribed.	31/05/2010
2	9	13	Controlled drugs (CD) including temazepam must be recorded in the CD register. This will safeguard residents.	31/05/2010
3	9	13	All medication including as required medication must be available as prescribed. This will safeguard residents.	31/05/2010
4	9	13	The date of opening must be recorded on medicine containers.	31/05/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			This will ensure medication is not given after the expiry date.	

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	Evidence of the resident/representative's agreement to the care plan should be confirmed by their signature.
2	7	Care plans should be rewritten where there are substantial changes to residents' needs to provide clear guidance for staff.
3	9	Medication policy and procedures should be available for staff guidance.
4	18	To ensure residents are protected all staff should receive training in safeguarding adults.
5	24	Lockable facilities should be provided in residents' rooms.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) 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.