

Madeprice Limited

Springkell House Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on the 15 October 2015 and was unannounced. Springkell House Care Home is a residential care home for up to 34 older people, some of whom were living with dementia. Accommodation is provided over three floors. On the day of our visit 30 people lived at the service.

On the day of our visit there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were met because there were enough staff at the service. People were supported in a timely way with their care needs. Accidents and incidents with people were recorded and trends analysed. Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff had undergone recruitment checks before they started work.

Summary of findings

People's medicines were administered and stored safely. Risks had been assessed and managed appropriately to keep people safe.

The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were followed. There was evidence of mental capacity assessments specific to particular decisions that needed to be made.

People were supported by staff that were knowledgeable and supported in their role. Staff had received all the appropriate training for their role and their competencies were regularly assessed.

People at risk of dehydration or malnutrition had effective systems in place to support them. People were weighed regularly and were supported to eat healthy and nutritious food. People had access to a range of health care professionals, such as the GP, dietician and chiropodist.

People and relatives told us that staff were caring. One told us, "I'm genuinely very impressed with staff, they are quite special people here, their level of care is amazing." Staff were caring and respectful of people.

Relatives and advocates supported people in the planning of people's care. Care plans had detail around people's backgrounds and personal history and included people's views on what they wanted. Staff knew and understood what was important to the person and supported them to maintain their interests.

People were supported by staff that were given up to date information to enable them to respond to people effectively. Where it had been identified that a person's needs had changed staff were providing the most up to date care. People were able to take part in activities which they enjoyed.

People and relatives said if they needed to make a complaint they would know how to. There was a complaints procedure in place for people to access if they needed to.

Staff said that they felt supported. One member of staff said that that they felt supported with the registered manager who they could go to them if needed.

Systems were in place to monitor the quality of the service that people received. This included audits, surveys and meetings with people and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to meet the needs of people.

Medicines were being managed appropriately and people were receiving the medicines when they should. Medicines were stored and disposed of safely.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and recognised what abuse was and knew how to report it if this was required. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Good



Is the service effective?

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had received appropriate up to date service mandatory training. They had regular supervision meetings with their manager.

Staff understood people's nutritional needs and provided them with appropriate assistance. People's weight, food and fluid intakes had been monitored and effectively managed.

People's health needs were monitored.

Good



Is the service caring?

People were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful or positive way.

People told us staff were caring and we observed that people were consulted about their care and their daily life in the service.

Relatives told us that staff were caring and respectful to their family members.

Good



Is the service responsive?

The service was responsive.

Staff knew the needs of people they were supporting. Care plans were detailed and reflected people's needs.

Activities and events were organised that people enjoyed.

There was a complaints policy and people understood what they needed to do if they were not happy about something.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There were effective procedures in place to monitor the quality of the service including audits and residents meetings. Where issues were identified and actions plans were in place these had been addressed.

Staff said that they felt supported and listened to in the service.

Good



Springkell House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on the 15 October 2015. The inspection team consisted of three inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) because we

inspected sooner than we had planned to. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit, we spoke with seven people, three visitors, the registered manager and three members of staff. We spent time observing care and support in communal areas. We looked at a sample of two care records of people, medicine administration records, two staff recruitment files, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records

that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this home was in 30 April 2013 where we found our standards were being met and no concerns were identified.

Is the service safe?

Our findings

People told us that they felt safe living at the service. When asked why one person told us, "I've got my alarm which I carry around my neck, it gives me peace of mind. If I ring it they (staff) answer it straight away." Relatives of people felt their family members were safe. One told us, "I absolutely have peace of mind when I leave that (the family member) is safe here."

People's needs were met because there were enough staff at the service. We saw that people received care from staff quickly and when they needed. As soon as a person needed a member of staff they were there to support them. One person said, "There are enough staff, when I need them they come quickly." We looked at the rotas and saw that there were always the correct numbers of staff on duty. The registered manager told us that any gaps were filled by calling upon other care staff and they did not use agency staff as there was no need. When asked staff told us that there were enough staff to meet people's needs. One member of staff said, "There's always one staff member in every (communal) room, always someone to hand." We observed that this was the case on the day.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. One member of staff said, "I would report any concerns to my manager and up the safeguarding chain if needed." There was a Safeguarding Adults policy and staff had received training regarding this which we confirmed from the training records. There was additional information available to staff in the office if they needed to refer any concerns about abuse. Accidents and incidents with people were recorded and kept in a file. The information included details of what happened, who was involved, who had been informed and what actions were taken.

People's medicines were administered and stored safely. The medicine cupboard was locked and only appropriate staff had the key to the cupboard. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored and disposed of safely. However we did raise with the manager that there was no guidance for staff around 'As required' medicines. They told us that staff knew people well at the service but would ensure that this guidance was included. We did see staff acted upon one person who became unwell and offered them a homely remedy.

Risks to people had been assessed and managed appropriately to keep people safe. One member of staff said, "I would make sure the environment is safe for people, make sure that the floor is clear so people can't trip up." We saw that one person was at risk of falling and staff always made sure they had their walking frame with them. Staff told us that they read all of the risks assessments for people in their care plans. The risk assessments were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of skin care, personal care, malnutrition and falls.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans.

People were safe because appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service. Staff recruitment included records of any cautions or conviction, references, evidence of the person's identity and full employment history. Staff told us that before they started work at the service they went through a recruitment process.

Is the service effective?

Our findings

People's human rights were protected because the requirements of the MCA and DoLS were being followed. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), or the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Appropriate assessments of people's mental capacity were completed. There was evidence of mental capacity assessments specific to particular decisions that needed to be made. These were around people's consent to care and the front door being locked. Where a lack of capacity had been established there were records of best interest decisions with an appropriate assessment in which detailed why it was in someone's best interest to restrict them of their liberty. For example, where it was necessary to lock the front door. Staff gave examples of how they would gain consent from people.

People were supported by staff that were knowledgeable and supported in their role. Staff's competencies were assessed regularly in one to one meetings with their manager. One member of staff said, "I feel supported and we work well as a team here." Another member of staff said that their competencies were always being reviewed by the registered manager. They said that if they had any doubts around what they needed to do they would ask the staff. Discussions included any additional training needs the member of staff may need. One member of staff gave a good account of the training they had received and felt the training was appropriate. Staff were kept up to date with the required service mandatory training which was centred

on the needs of the people living at the service. Training included dementia, moving and handling and fire safety. One person said, "I think staff understand my needs and I think they are trained well."

When asked about the food at the service one relative told us, "(The food) is fantastic, (the family member) is always going on about how nice the food is." People told us they liked the food and were able to choose what they wanted.

People at risk of dehydration or malnutrition had effective systems in place to support them. Where people needed to have their food and fluid recorded this was being done appropriately by staff. Intake and output of food and fluid was recorded if necessary. We saw people being offered snacks in between meals and there was fresh fruit available for people that they helped themselves to.

People were being weighed regularly. Where someone had lost weight there was evidence of staff consulting health care professionals where needed. We saw people being offered high fat drinks to help them to put on weight. Where people needed it they had special plates and cutlery to help them eat independently. Where people needed support to eat by staff this was being done at a pace that was appropriate for them. Drinks were being offered to people throughout the day and we saw staff remind people to drink them. The chef was aware of people's dietary needs. They told us, "I know that people (living with) dementia may change their taste in food and I will do what I can to find them things they like to eat."

People were supported to remain healthy. One relative said that their family member went through a period where their health had deteriorated. They said that staff consulted a health care professional and based on the advice the health care professional gave their family members health was better. People had access to a range of health care professionals, such as the GP, optician and chiropodist.

Is the service caring?

Our findings

When asked if staff were caring people and visitors comments included, "I'm genuinely very impressed with staff, they are quite special people here, their level of care is amazing", "The staff are amazing, they (staff) know people well, they build up good relationships" and "I like the home very much, it's hard job, it's good care here, the carers are very caring."

We heard and saw staff being kind and caring towards people at the service. One member of staff was heard saying to someone, "Are you happy?" to which the person responded with a smile that they were. One person was asked by a member of staff if they would like help to put their slippers on whilst another member of staff saw someone struggling to put their cardigan on and went and assisted them. Staff offered reassurances to people through the day and were tactile with people by placing a hand on their hand or on their shoulder. We heard one person become very agitated whilst being moved with a hoist and staff calmed the person and offered assurances. As a result the person became less agitated.

All staff interacted with people in a respectful and dignified way. One person told us, "I'm very impressed with the way they (staff) wash me, they are willing to do anything and they make sure that I am covered up." They told us that staff always made sure that the door was closed when staff gave personal care and always knocked before they came in. We heard conversations between staff and people that were respectful. One member of staff discreetly told one person that the chiropodist was ready to see them. Where

people were getting anxious staff knew how to respond to this in a calm way that people responded to. One person wanted a member of staff to walk with them around the service which the member of staff did willingly. People's privacy and dignity was maintained.

People and relatives told us they were involved in planning their family members care. They told us that they were asked what was important to them. We saw that care plans had detail around people's backgrounds and personal history. Staff were able to explain the needs of people they supported. They understood about people's life history and family. One visitor told us, "I think it's a good home, staff are so friendly and caring, the manager let me come to the home before (the family member) moved in so I could personalise the room." They told us that they were asked what the family member's likes and dislikes were.

People's bedrooms were personalised with photos of family and decorated with personal items important to the individual. Staff knew and understood what was important to the person and supported them to maintain their interests. One member of staff said, "I like it here, I enjoy being with the residents" whilst another said, "I love working here, everyone has a story here, I like to ask people about their lives, they won't always be able to tell me but sometimes they remember and that helps me understand them, I think of them as my mum or grandmother."

People's family and friends were welcome at the service. One visitor told us, "I always feel welcomed to the home and I am always offered a drink." Another visitor told us, "I always feel welcome, very much so."

Is the service responsive?

Our findings

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Care plans were detailed and covered activities of daily living and had relevant information with personal preferences noted. Care plans also contained information on people's medical history, mobility, communication, and essential care needs including: continence, care in the mornings, and care at night, diet and nutrition and mobility. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. There were details around each person morning and night time routines and how best to support them. One person's care plan stated that they liked a duvet and two pillows and staff ensured that they had this.

Staff were very knowledgeable about the needs of people at the service and how best to support them. One member of staff explained one person's morning routine in detail and what they needed to do to support this person. Where it had been identified that a person's needs had changed staff were providing the most up to date care. One person mobility had changed and staff understood what was now needed to be done to support the person. Staff had a handover between shifts with the team leaders. They discussed any particular concerns about people to ensure that the staff coming on duty had the most current information. Daily records were written by staff throughout the day. Records included what people had eaten and drunk. They included detail about the support people received throughout the day. Care plans were reviewed regularly to help ensure they were kept up to date and reflected each individual's current needs.

During the inspection we saw three different activities taking place which included music therapy with instruments, 'hook the loop' game and music and movement. People were encouraged to participate in the activities. One person came into the room whilst music was being played and said, "Oh I like this" and once sat down they grabbed an instrument and joined in. One lady during music and movement got up and started dancing. There were other rooms in the service where people sat if they wanted to be quieter, there were screens with photos showing in the reception area which people sat and watched. In another room people were watching the television with staff ensuring that it was something people wanted to watch. One visitor told us, "(The family member) enjoys all of the activities in the music room; (the family member) is really stimulated."

There were sensory items around the home for people who lived with dementia. This included hats, scarves, books, games and pictures and we saw people were interested in them. There were also outings arranged to the local garden centre and coffee shop.

People and relatives said that they knew what to do if they wanted to make a complaint. One person said, "I would happily complain if I needed to, I would speak to the manager but I've never had to complain." Other people we spoke with said that if they had any concerns they would speak to the manager. They all said that they were confident that the manager would listen and act. There was a complaints procedure in place for people to access if they needed and a copy was given to people and the relatives. The registered manager told us that there had not been any recent complaints received. According to the records the last complaint received was in 2013.

Is the service well-led?

Our findings

The registered manager was present on the day of the inspection. People and visitors we spoke with told us that the service was managed well. One visitor said, “I’m really really pleased, I can’t say enough positives” whilst another told us, “(The registered manager) is super, she always backs the carers” and another told us that the registered managers door is always open.

Staff told us that the service was managed well. One member of staff said, “She is a good manager; she will listen and will do what she can.” Staff told us that they were able to communicate with management openly about any concerns that they had. A newsletter was also produced for staff to keep them updated of any management changes and staff outings.

Systems were in place to monitor the quality of the service that people received. When incident reports were completed by the staff member involved and checked by the manager they were then sent to the head office, who would complete any notifications required with any actions needed to be sent back to the registered manager. Incidents were then discussed at team meetings to

determine any learning opportunities or actions needed. Staff meetings took place regularly and there were discussions around any changes to the service, training needs and events that had been planned.

The regional manager visited the service to complete audits every other month. These audits looked at various aspects of the service including the environment, care plans, policies, paperwork, equipment and staffing. Where a concern had been identified there were measures in place to set out who was responsible to address them and when this needed to be done. In addition staff undertook internal audits which included checks for legionella, water temperature checks and overall environment checks.

Quality questionnaires for people and relatives were completed. We saw that these had been analysed and improvements made where appropriate. For example, relatives had asked for a board for the date and time to be displayed for people and this had been implemented. Records for people were clear and kept securely.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Events had been informed to the CQC in a timely way.