

Springfield Health Services Limited

Prinsted 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 ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 23 January 2017.

Prinsted Care Home can provide accommodation, nursing and personal care for 44 older people and people who live with dementia. There were 43 people living in the service at the time of our inspection.

The service was operated by a company that was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse, including financial mistreatment. People were helped to avoid preventable accidents and medicines were managed safely. There were enough staff on duty and the recruitment procedure had ensured that only suitable and trustworthy staff had been employed.

Staff had received support and guidance and they knew how to care for people in the right way. People had been helped to eat and drink enough to stay well and they enjoyed their meals. Staff had assisted people to obtain all of the healthcare assistance they needed.

The registered manager and staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken the necessary steps to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, and promoted their dignity. Confidential information was kept private.

People had been consulted about the help they wanted to receive and had been given all of the nursing care and practical assistance they needed. Staff promoted positive outcomes for people who lived with dementia. People's choices were respected and they were offered the opportunity to pursue their hobbies and interests. There was a system for resolving complaints.

People had been invited to suggest improvements to their home and quality checks had been completed. The service was run in an open and inclusive way and good team work was promoted. Staff were supported

to speak out if they had any concerns and people who used the service had benefited from staff acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been protected from the risk of avoidable accidents.

Medicines were managed safely.

There were enough staff on duty.

The recruitment procedure had ensured that only suitable and trustworthy staff had been employed.

Is the service effective?

Good ●

The service was effective.

Staff had received the support and guidance they needed and they knew how to care for people in the right way.

People had been assisted to eat and drink enough.

Care was provided in a way that ensured people's legal rights were protected.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

People's rights to dignity and privacy were promoted.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and this had been provided in the right way.

Staff promoted positive outcomes for people who lived with dementia.

People were supported to make their own choices and they were helped to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

The service was well led.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Quality checks had been completed to ensure that people received safe care.

There was good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Good ●

Prinsted 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 registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. In addition, we spoke by telephone with three relatives. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 23 January 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with 10 people who lived in the service and with three relatives. We also spoke with four care workers, two activities managers, the chef, one of the nurses, a team leader and a senior care worker. We also met with the home services manager, catering manager, registered manager and with one of the directors of the company. We observed care that was provided in communal areas and looked at the care records for six people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "Yes I do feel quite safe here, because the staff are fine and the place is locked up and secure at night with lights on outside." We noted how people who lived with dementia and who had special communication needs were happy to be in the company of staff. An example of this occurred when we were in one of the corridors and saw a person accompanying a member of staff as they were putting some laundry away. We heard them chatting to the member of staff and recalling when they did the washing for their own family. Relatives were also confident that their family members were safe. One of them commented, "I think that the staff are excellent and I have no reservations whatsoever about the service. I leave her after a visit and never have to worry."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We found that people had been protected from the risk of financial mistreatment. This was because some people who needed help to manage their personal money were provided with the assistance they needed. Records showed that there was a clear account that described each occasion when staff had spent money on someone's behalf. This included paying for services such as seeing the hairdresser and chiropodist. In addition, we noted that there were receipts to support each purchase that had been made.

We noted that the registered persons had identified possible risks to each person's safety and that action had been taken to prevent avoidable accidents. We saw that hot water was temperature controlled in order to reduce the risk of people being scalded. Radiators that became hot enough to cause burns were fitted with guards. We noted that people had been offered the opportunity to have rails fitted to the side of their bed. This was so that they could be comfortable and not have to worry about rolling out of bed. Other examples were people being provided with equipment to help prevent them having falls including walking frames and raised toilet seats. In addition, we saw that windows were fitted with safety latches so that they did not open too far and could be safely used. Furthermore, we found that suitable arrangements had been made to enable people to safely and quickly leave the building in the event of an emergency.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future. These measures included people being provided with extra individual assistance when they wanted to move about their home.

We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them. We noted that in the 12 months preceding our inspection there had been four occasions when staff had not administered a medicine in the right way. Records showed that in each case the registered manager had carefully established what had gone wrong. They had then used this information to make improvements to reduce the risk of it happening again. These measures included providing individual members of staff with additional training and strengthening some of the procedures that governed how medicines were managed in the service.

The registered manager told us that they had completed an assessment of how many staff needed to be on duty taking into account how much assistance each person needed to receive. We noted that during the week preceding our inspection all of the shifts planned on the staff roster had been filled. People who lived in the service said that there were enough staff on duty to provide them with the individual care they needed and wanted. One of them commented, "When I need help there always seem to be staff around to provide it. If you ring the call bell the staff come quite quickly and so I've no real concerns about how the place is staffed." Another person said, "I sit in the lounge quite a bit and there are always staff around." During our inspection we noted that staff quickly responded when the call bell rang. We also saw that when people who were sitting in the lounge asked for assistance this was given without delay. We concluded that there were enough staff on duty because people were promptly being provided with care that met their needs and expectations.

We examined the background checks that had been completed before three members of staff had been appointed. Records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the people concerned did not have relevant criminal convictions. However, records also showed that in each case the registered persons had not obtained a suitably detailed account of the applicants' employment histories. In addition and in relation to one of the applicants, the registered persons had not robustly enquired into the reason why they had left a previous job that involved them providing personal care. These mistakes had reduced the registered persons' ability to ensure that they had obtained all of the necessary assurances about the previous good conduct of the people concerned. However, the registered manager told us and records confirmed that no concerns had been raised about any aspect of the performance of the members of staff in question. In addition, immediately after our inspection the registered manager confirmed that missing checks had been completed. They also assured us that the registered persons' recruitment procedure had been strengthened to ensure that similar oversights did not happen again.

Is the service effective?

Our findings

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "I get on well with the staff. It's a pity when staff leave but the new ones seem to be fine too." Another person remarked, "The staff in general seem to be genuine people. You like some more than others of course but all of them seem to know what they're doing." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I have a high regard for the staff who have to work really hard and who are unfailingly kind to the residents."

Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also found that most staff had obtained a nationally recognised qualification in the provision of care in residential settings.

Staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. The registered manager said that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way.

Documents showed that staff had received refresher training in key subjects. This training included how to safely assist people who experienced reduced mobility, providing first aid, ensuring good infection control practices and following fire safety procedures. We noted that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing.

People told us that they enjoyed their meals with one of them remarking, "The meals are quite good here and we're given more than enough to eat." Another person remarked, "I usually have my meals in my bedroom because I like privacy. The staff bring it on a covered tray and I've no complaints about the quality." We asked a person who lived with dementia and who had special communication needs about their experience of dining in the service. We saw them point towards one of the dining tables close to where they were standing and smile as a sign to show us a positive response. Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people who needed help to use cutlery were discreetly assisted by staff so that they too could enjoy their meal.

We also noted that there were measures in place to ensure that people had enough nutrition and hydration. Records showed that people had been offered the opportunity to have their body weight regularly checked. This had helped staff to quickly identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. As a result of this measure some people had been invited to use high calorie food supplements to help them build up and maintain their strength. Records also showed that staff were checking how much some people were drinking each day. This was being done to make sure that they were having sufficient hydration to maintain their health and wellbeing.

We also noted that the registered manager had arranged for some people who were at risk of choking to be seen by a healthcare professional. This had resulted in staff receiving advice about how best to specially prepare some people's meals so that they were easier to swallow. We saw that staff were following this advice and that people benefited from having their food prepared so that it met their individual needs.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals such as dentists and opticians. A relative spoke about this and remarked, "The staff are very much on the ball and they contact the doctor straight away if my family member is unwell and they tell me also which is good because I want to know."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. We found that the registered manager and staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to take all of the medicines that their doctor had prescribed for them. The member of staff gently reminded the person why their doctor had prescribed the various medicines in question. After this, we saw that the person was reassured and was pleased to accept all of the medicines that the member of staff offered to them.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals. They had done this to ensure that decisions were taken in people's best interests. An example of this was the registered manager liaising with a person's doctor and relatives. This was necessary because the person was sometimes reluctant to use medicines that were necessary to promote their health and wellbeing. We noted that as a result of this action suitable steps had been taken to support the person to fully benefit from all of the medicines that had been prescribed for them.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager had applied for a number of DoLS authorisations. This had ensured that only lawful restrictions were used in the service that respected people's rights.

Records showed that some people had made legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the registered manager and senior staff. This helped to ensure that suitable steps could be taken to liaise with people who had the legal right to be consulted about the care and other services provided for a person living in the service.

Is the service caring?

Our findings

People who lived in the service were positive about the quality of the care they received. We saw a person who lived with dementia and who had special communication needs sitting with a member of staff. They were smiling and pointing to photographs of their son and daughter. Another person said, "The staff are excellent and all of them are very kind to me." Relatives also gave a positive assessment with one of them remarking, "I call to see my family member regularly and I have always seen the staff being kind to all of the people who live here. I would say that this is an excellent service and the staff should be praised."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became a little upset shortly after their relative left after having visited them. The member of staff kindly reassured the person, made them a drink and chatted with them about when their next visitor was due to call. We saw that the person was pleased to look forward to this next visit, smiled and was happy to re-join other people sitting in one of the lounges.

Staff were knowledgeable about the care people needed, gave them time to express their wishes and respected the decisions they made. An example of this occurred when a person who was sitting in the lounge said that they wanted to return to their bedroom in order to use the telephone. We noted that a member of staff quietly assisted the person to gather together their personal possessions before walking with them back to their bedroom. We also noted that the member of staff gently reminded the person that the relative they wanted to ring was usually at work at that time of day. Shortly after this we saw that the person was happy to return to the lounge having decided to make the telephone call later in the day.

We noted that staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas. We saw staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented to us about this saying, "If I wanted to speak to my family member in private that would be fine with staff. I suppose it might be necessary if there was something private we needed to say but in general we sit in the lounge to watch what's going on."

We saw that the registered manager had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

We noted that written records which contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We noted that staff understood the importance of respecting confidential information. An example of this was the way in which staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We observed that that if staff needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Is the service responsive?

Our findings

We found that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person who lived with dementia and who had special communication needs. A member of staff used a number of methods to ask the person if they were warm enough. These included pointing to the weather outside and pointing to their own cardigan in order to see if the person wanted to wear additional clothes. The person concerned was able to relate to this communication. We saw them smile and squeeze the hand of the member of staff concerned to show them that they were comfortably warm.

People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. One of them remarked, "The staff here are very obliging and they give me all the care I need. I wouldn't be able to manage without them that's for sure. They're always there when you need them." Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. We saw an example of this when people were helped to reposition themselves when sitting in their armchair or when in bed so that they were comfortable. Another example was the way in which staff were helping people to use aids that enabled them to promote their continence in a dignified way.

We noted that staff promoted positive outcomes for people who lived with dementia and supported them when they became distressed. An example of this occurred when a person was becoming anxious about when their tea time meal would be served. A member of staff responded to this by walking with the person to the dining room so that they could see no one else was using the room at the time. The member of staff then spent time with the person looking through that day's written menu. They pointed out that their tea time meal would be served later on in the afternoon after they had enjoyed having their mid-afternoon cup of tea. Shortly after this we saw the person sitting in the lounge where they were enjoying having a drink. They were also enjoying some fruit that they had chosen from the platter of fresh fruit served by staff twice day. The member of staff had known how to recognise that the person needed reassurance and had provided this in the right way.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. We noted that people were offered the opportunity to meet their spiritual needs by attending a religious ceremony that was held in the service. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

People told us that there were enough activities for them to enjoy. One of them said, "The activities ladies are very good and they're always coming up with new things for us to try." Relatives also gave positive feedback with one of them remarking, "Although my family member prefers to watch rather than take part,

the activities make the place feel lively and not at all dull like I imagined a nursing home to be."

There were two activities managers who were known as 'the canaries' due to their distinctive yellow tops. People told us and records confirmed that they were offered the opportunity to enjoy taking part in a range of social events. These included activities such as arts and crafts, quizzes and gentle exercises. During our inspection we saw a group of people enjoying taking part in a 'disco party'. This involved them choosing and singing along to their favourite tunes. We also noted that some people were being regularly assisted to pursue individual activities such as reading, knitting and watching television. In addition, we noted that the activities managers made a point of spending time with people who preferred to rest in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. We also noted that there were entertainers who called to the service to play music and engage people in enjoying gentle exercises.

People said and showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We noted that people had been given a complaints procedure that explained their right to make a complaint. In addition, relatives were confident that they could freely raise any concerns they might have. One of them said, "I know the nurses who are on duty quite well and if there's a minor problem they'll sort it out for me." Another relative said, "Even in the best run place you'll get odd things not quite right. All I can say is that when I've raised a point it has been sorted out straight away."

We also saw that the registered persons had a procedure that helped to ensure that complaints could be quickly and fairly resolved. Records showed that the registered persons had received two formal complaints since our last inspection. In each case records showed that the registered persons had promptly investigated the issues that had been raised. This had enabled them to give the complainants a full response that addressed their concerns.

Is the service well-led?

Our findings

People who lived in the service said that they were asked for their views about their home as part of everyday life. One of them remarked, "It's mainly the same staff each day and so you get to know them and we have a chat about every-day things." We saw a lot of examples of staff consulting with people. One of these was a member of staff chatting with a person about any additional social activities they would like to see available in the service. We also noted that people had been invited to attend residents' meetings at which staff supported people to suggest improvements to their home. Records showed that an example was people being consulted about what extra dishes they wanted to be included in the lunch time menu. We saw that as a result of this changes had been made to the menu that reflected people's preferences. In addition, records showed that relatives were invited to meet with the registered manager every six months. This was so that they could give feedback about how well the service was meeting their family members' needs and wishes.

Records showed that the registered manager had regularly checked to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed and staff had the knowledge and skills they needed. We also noted that regular checks were being made of the accommodation so that any breakages or other damage could be identified and quickly repaired. In addition, equipment such as hoists and wheelchairs were being checked to make sure that they remained in good working order.

People and their relatives knew who the registered manager and senior staff were and said that they were helpful. Commenting in general on the management of the service a relative said, "I do indeed think that the place is well managed. It's professional without being formal." During our inspection visit we saw the registered manager and senior staff talking with people who lived in the service and with staff. The nurse and team leader with whom we spoke had a very detailed knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped the registered persons to effectively manage the service so that people received safe care.

We noted that staff were being provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was always a registered nurse on duty and in charge and they were supported by senior staff such as team leaders. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to support people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered persons. They were confident that they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they

would be listened to and that action would be taken if they needed to raise any concerns about poor practice.

We found that the registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this was one of the nurses having established a scheme to 'champion' the development of best practice within the service. We saw that this had resulted in a number of improvements that had benefited people who lived in the service. These included developments in the way people were supported after they had experienced a fall so that staff worked to clear guidance designed to keep the person safe. Another example was the activities managers following guidance about how to use objects in an imaginative and innovative way to engage the interests of people who lived with dementia. As a result of this one person who used to be a sailor had been given a ship-in-a-bottle that also smelt of tar. Another person had been supported to see a brownies uniform that had reminded them of a time in their life when they were a brown owl. The registered persons' commitment to using good practice guidance was reflected in the ways that staff promoted the dignity and individuality of people who lived in the service.