R & E Kitchen

Springfield House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

When we last inspected Springfield House Care Home on 26 April 2016, we found medicine records were not always accurate which meant it was not easy to establish from the records what prescribed medicines had been taken by people. We also identified concerns around some aspects of the environment and infection control.

During this inspection on 27 and 28 March 2017, which was unannounced, we found improvements had been made but we identified further concerns and areas for improvement.

Springfield House Care Home offers accommodation and care for up to 23 people who may be living with dementia. At the time of the inspection there were 22 people living at the home. The service is located in a detached house with two floors. There is a passenger lift providing access to the upper floor. The communal area is on the ground floor and is divided into a sitting and dining area.

There was a registered manager at the service. 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.

We found concerns with the systems around medicines. The numbers of tablets were not always correct against the records which meant tablets could be missing as staff did not know how many tablets there should be in the home. Some people were prescribed medicines "when required" but there was not a care plan in place for two of these people to guide staff in a consistent way when supporting people. The issues around medication had not been identified through the process of auditing.

Improvements could be made to the dining experience of people to ensure every meal time is a positive and enjoyable time. People were frequently offered a range of snacks and drinks, including fresh fruit and were offered choices to eat and drink.

Whilst auditing processes were in place, they had not been effective in identifying all the areas of concern we identified during our inspection.

People felt safe living at the home and were protected from avoidable harm through the use of equipment, such as special mattresses and walking frames. Risk assessments identified when people were at risk and the action taken to minimise the risks. The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they should do if they suspected or witnessed abuse.

People's needs were met by suitable numbers of staff and appropriate recruitment procedures were in

place. People were supported by staff who had received relevant training to enable them to support people. New staff had completed an initial induction to the home as wells as a formal certificate of induction.

Staff developed caring relationships with people using the service. People were supported to express their views and be involved in making daily decisions about their care and support. Staff described how they supported people with personal care whilst being mindful of their dignity.

Staff knew people well and met their assessed needs. Staff provided a range of activities for people and took time to encourage them to join. People could move around the home and spend time as they wished. Complaints were recorded, investigated and responded to and appropriate action taken, including additional training, to reduce the risk of a similar occurrence happening again.

There was a clear management structure, which consisted of the registered manager, deputy manager and senior care staff. The registered manager responded to, followed up on and shared learning from incidents which had occurred in the home. Visitors and staff were positive about the registered manager who they felt was approachable.

We identified a breach of a regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their medicines as prescribed but there were not always guidelines in place to ensure people were offered medicines when they needed them and not all medicines were accounted for.

Staff had completed training with regard to safeguarding people and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff had been recruited following satisfactory pre-employment checks. There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

People's mealtime experience could be improved so that every mealtime was positive.

The registered manager followed legislation designed to protect people's rights.

People were supported by staff who were trained and knowledgeable about people living at the service.

People had access to healthcare services when necessary.

Is the service caring?

Good

The service was caring.

Positive caring relationships were developed with people using the service.

People made decisions about how and where they spent their time.

People's dignity was respected by staff when supporting them with personal care.

Is the service responsive?

Good

The service was responsive.

People received care and support which met their needs and they enjoyed a range of activities.

The provider had a complaints procedure in place and sought peoples' views.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had systems to monitor the quality of the service provided but were not effective because these did not always identify concerns.

There were clear management systems in place and management were seen as approachable.

Springfield 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.

The inspection took place on 27 and 28 March 2017 and was unannounced. The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law and our previous inspection report. The registered manager completed a Provider Information Return (PIR) prior to the inspection, which we also reviewed. 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 inspection we spoke with six people living at the home, three visitors, one relative over the telephone, three staff and the registered manager. We also received written feedback from two social care professionals. We looked at a range of records including the care plans and associated records for two people, two recruitment files and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

During our last inspection in April 2016 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Good governance. This was because medicine records were not always accurate which meant it was not easy to establish from the records what prescribed medicines had been taken by people. During this inspection we found staff completed the medication administration records and tablets were not left in the packaging unaccounted for.

However, staff had been completing a daily medicines stock count as a way of auditing the amount of medicine in stock. We found the numbers of tablets were not always correct against the records. The number of tablets prescribed as "when required" left over from the previous month was not carried forward and added to the new stock record. One person's record showed they should have 27 and half tablets, but there were 25 and a half in stock. The balance was unaccounted for. Another person should have had five tablets, but there was only four in stock. A third person had two tablets more than records stated they should have. For two other people, staff were able to track back through previous records to find the number in stock was correct, but staff would not have known if tablets were missing. Medicines belong to the person they are prescribed for and where staff take responsibility for looking after them, they know how much each person should have in the home.
For medicines prescribed as "when required" (PRN), there should be a care plan in place. This type of care plan should include information regarding: what the medicine is used for; dosage, including maximum dosage in a specified time period; when it is to be offered; and what strategies should be tried before offering the medicine. Without these care plans people may be at risk of not receiving their medicines safely. We asked for this care plan for three people who should have had one in place, two did not have a care plan and one had one on the computer, which was therefore not easily accessible to staff. One person had been prescribed the medicine recently, but had taken one dose so a care plan should have been in place.

The failure to manage medicines properly and safely was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014: Safe care and treatment.

Medicines were stored securely, however the cupboard where some of the stock was stored was regularly at a temperature of 25 degrees. Some medicines (which were in stock at the home) require storage to be no higher than 25 degrees, as they may become less effective when subjected to higher temperatures. There had been two occasions when the temperature had reached 26 and 27 degrees. The registered manager told us they were aware of this issue and they were planning to move the medicines to a cooler place.

Staff checked the temperature of the fridge where some medicines were stored and this was within the recommended temperature range. Medicated prescribed creams were stored in individual named boxes and were labelled with the date they were opened when this was relevant. This is important because some medicated creams become less effective after being open for a period of time. People received their medicines by staff who were trained and assessed as being competent to administer medicines.

At the last inspection, we also found a breach of regulation 12 of the Health and Social Care Act 2008

Regulated Activities 2014: Safe care and treatment. There were concerns around risks to people from laundry procedures, fire doors slamming too quickly, animal excrement and malodours. During this inspection we found action had been taken to address these concerns. We spoke with the person responsible for maintenance who explained what had been done about the fire doors to ensure they closed more slowly. We spoke with staff who undertook laundry tasks and they explained the process they followed to ensure there was not any cross-contamination between soiled clothes and bedding. We found there was no longer a breach of this part of regulation 12.

The registered manager had a dog which spent time in the home and had been partially responsible for defecating on the floor as a puppy at the previous inspection. The dog still spent time at the home but was no longer a puppy and was therefore house trained. However, we detected some malodours in some areas of the home and spoke to the registered manager about this. They explained that in one part of the home, they were waiting for carpets to be replaced and in another part, the odour was due to the pet cat which used to live in the home. The registered manager said the carpet was cleaned and the area sprayed with freshener every day but the odour could not be removed.

The registered manager employed housekeeping staff who undertook cleaning tasks throughout the home. One person said "[Staff] come in my room, they hoover, wash the floor and dust" and a visitor said the home was, "Always lovely and clean, [person's] room is clean."

People felt safe living at the home. One person told us they had recently had an accident in the home but this had not been repeated as staff suggested they used different equipment. They said, "Now I only have a bath, it's lovely." Another person said "Yes, I'm well looked after which makes me feel safe." The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager made appropriate referrals to the local authority safeguarding team when necessary.

People were protected from avoidable harm through the use of equipment, such as special mattresses and walking frames. Risk assessments identified when people were at risk and the action taken to minimise the risks. Guidance and advice was sought from healthcare professionals where necessary. The registered manager was trained in the use of risk assessment.

People's needs were met by suitable numbers of staff. One person told us if they pressed their call bell staff came, "quickly, unless there is a crisis, but they let you know" and a relative said, "[Staff have] always got time for you." The registered manager told us they looked at people's level of need and responded when people's needs fluctuated or changed. Extra staff had been brought in to cover weekends and teatime during the week to ensure there were enough staff to support one person to eat. More staff had also been rostered on duty because a number of people were being supported in bed during the day which therefore meant more staff were needed. There was an "on call" system which meant staff could contact a senior staff member outside of management working hours.

Appropriate recruitment procedures were in place. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Requires Improvement

Is the service effective?

Our findings

People told us their views on the food provided. Comments included: "Not bad", "There's good choice", "I had bacon and eggs for breakfast; you can have it every day if you ask the day before. I like my bacon crispy and that's how [the cook] cooks it" and "I had the mild curry for lunch. It was very nice." A relative told us they had seen the food and that it looked, "Excellent. They have a choice." Where people had specific dietary requirements, such as pureed food, these were detailed on laminated card where kitchen staff could see at a glance people's preferences. People chose where they ate their meals and one person said, "I have breakfast in my room and go down to the dining room for lunch. I have tea in my room."

We observed two mealtimes on different days and found improvements could be made to the dining experience. During the first day of our inspection we sat in the dining area whilst people ate their tea. People were given a choice of crumpets or pate on toast. People sat at the table while they waited for their tea. Some people had been watching a film but all except one left the television area to go to the tea table. Staff did not stop the film playing, suggest eating tea whilst watching the film or ensure there was enough time to watch the film before starting to play it. Staff started to bring plates of crumpets out, a few at a time and placed them in front of people without saying anything. Crumpets were buttered but there was not a selection of spreads or other toppings, such as cheese. There were no drinks on the tables. Two people started to verbalise to the room that a cup of tea would be nice. One person said, albeit quietly, "Excuse me?" but staff did not hear and the person said to themselves, "Oh, she's gone." The person later tried to get staff attention again but was unsuccessful as staff were focussed on giving people their crumpets. People sat at the same table were served according to their choice which meant people who requested pate on toast waited longer and received their choice after other people sat at the table had eaten. Cups of tea were brought from the kitchen later than people would have liked.

During the lunch time on the second day of our inspection, we saw staff brought plates to people based on what food was being served. This meant some people were eating whilst others at the same table were waiting for their meal to be served. People's care plans identified how they preferred their meals to be served and we saw people used a variety of different sized plates, bowls and equipment such as a plate guard. This meant people were more inclined to eat their meal or continue to eat independently. Staff were heard asking people if they would like any more to eat when they finished their meal.

People were offered a range of snacks and drinks. On the first morning of the inspection staff offered people drinks and bananas. The next day, we saw staff offering chocolate, biscuits and a platter of fresh fruit. The staff member went to each person in turn, crouched down to be at eye level with the person they were speaking with and peeled the fruit when necessary.

People were supported by staff who had received relevant training to enable them to support people effectively. Staff completed a variety of training relevant to their role, including, moving and handling, first aid, infection control and supporting people living with dementia. One staff member told us training was "Very useful; I like the training: it gives you more ideas" and added that the training was face to face. Training was provided by people qualified to do so, for example, the registered manager was trained as a trainer for

moving and handling and community district nurses provided training on topics such as diabetes.

New staff had completed an initial induction to the home as well as the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Staff were further supported in their work through regular supervisions and annual appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that people had had their mental capacity assessed, for example, with regard to the use of a sensor mat and the necessary action had been taken in people's best interests where indicated.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements and an authorisation had been approved for some people. The registered manager had applied for others but were waiting for the local authority to consider the application. The registered manager was aware of the date for renewing the authorisations and said they put a date in their diary to review and re-apply if necessary, 28 days in advance.

People had access to healthcare services when necessary. Staff knew people well enough to know when they may be unwell which meant healthcare professionals could intervene before their health deteriorated further. We saw staff recorded information about healthcare visits from the GP, district nurses and so on and one person told us, "I go to the surgery" when they needed to see a doctor.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. During the inspection we observed staff showing people signs of affection, such as stroking their arm gently. Comments from people included: "They're pretty good to me. I don't have any problems", "They're friendly and helpful. Nothing is too much trouble. I'm utterly spoilt here", "They're as good as they could ever be. It's really good here" and "They look after me very well."

We also received positive feedback from relatives and visitors. We spoke with one on the telephone who said the home was, "excellent; [staff] keep me updated. I think [staff] understand, they look after us as well as [my relative]. I am really happy with them." We spoke with a visitor who said, "The [deputy manager] is good at explaining if we have a question." Another visitor told us they previously had two other relatives who had lived at the home and had been "very happy" there. A social care professional told us, "I have seen the carers interact with residents when I have visited, and the clients I have placed at Springfield have been content and happy living there. The families of my clients have also been generally pleased with the care their relatives are given at Springfield."

People were supported to express their views and be involved in making daily decisions about their care and support. People were offered choices such as what clothes they would like to wear and where they would like to sit. One person told us, "I go to bed quite early but that's my choice. I tend to watch TV or read in my room." Another said, "I like to get up early, about five or six: the staff help me get washed and dressed and I come down to the dining room and wait for breakfast. [Staff] make me a cup of tea. I have breakfast and then sit in the recliner chair. I was in bed at half past five the other night but I like to do that and watch the TV or listen to the radio."

Staff described how they supported people with personal care whilst being mindful of their dignity. They supported people's dignity by closing doors and curtains, covering the person with towels and using a privacy screen when necessary. There were two named staff who had the responsibility of being dignity champions and took the lead on promoting privacy and dignity within the home. One of the dignity champions said the role was to, "promote dignity for everyone to understand. We had a "Dignitea" party, we asked residents what dignity meant to them." The "Dignitea" formed part of a tea and cake afternoon where people's thoughts about dignity were written on paper and pinned to a "Dignitree" which served as a visual prompt showing what was important to people.

Good

Is the service responsive?

Our findings

Staff knew people well and met their assessed needs. A relative told us, "[There have been] no arguments, no concerns here. Right from the word go they knew what [person's name] was like and how to treat situations. I had a good feeling about this place and it hasn't disappointed. Since [person's] been here she's not as depressed, sleeps well, eats well and generally is very, very happy. I wouldn't want [my relative] to be anywhere else but here. I'm so pleased she's here, they are lovely to her, nothing is too much trouble. I can't sing their praises high enough. It's a really good place and would recommend anyone to come here."

People's needs were assessed before they moved to the service to ensure staff could meet their needs. People and their families were involved in care planning where possible. Care plans contained information about people's social histories and how their needs were to be met. For example, one person's care plan showed they needed staff support to reposition whilst in bed. Staff we spoke with were aware of how frequently this support should be provided and records confirmed the times were adhered to.

Staff provided a range of activities for people and took time to encourage them to join in. One person told us, "We did exercises this morning. The hairdresser comes every week and the chiropodist every 3 months. We have music every two weeks [from outside], shaking tambourines, I enjoy that. We have a raffle at Christmas and the money goes to the entertainment. Sometimes it's a man playing the guitar and we have a singer every two months." We observed an activity session where a staff member encouraged people to join in armchair exercises and nine people took part in some or all of it. People appeared to be having fun and one person was deliberately over exaggerating their moves which made others laugh. The staff member was enthusiastic and genuine in their enjoyment of interacting with people in this fun way. The staff member encouraged each person by name, saying things such as, "Well done [person's name]" and "[Person's name], you're doing really well."

We also observed a quiz session in the lounge and both televisions were turned off. The staff member knew people well and they were able to personalise questions or develop the conversation, for example, "[Person's name] was brought up in [country] until you were 26 weren't you?" One question led to a general discussion about the second world war. Later in the afternoon, we saw a staff member asking people if they would like their nails filed or painted.

We saw people could move around the home and spend time as they wished. We saw that one person went into the kitchen and spent some time with the cook and were told that one person liked to fold laundry and go around with a feather duster. We also saw one person sitting with the registered manager in their office and were told this often happened.

The registered manager held meetings where people and their families were invited to discuss issues affecting them, such as food and activities. Minutes were taken and displayed on the notice board.

The provider had a complaints procedure in place and this was displayed by the front door of the home. People were aware they could complain but one said, "I've never had any trouble. I've never had to speak to

staff about a problem, but I know if I had to they would sort things for me." Another person said "I'd speak to [the registered manager] or [deputy manager]." A visitor said they had once raised a concern and that it had been dealt with to their satisfaction.

Complaints were recorded, investigated and responded to and the provider took appropriate action, including additional training, to reduce the risk of a similar occurrence happening again.

Requires Improvement

Is the service well-led?

Our findings

Following our last inspection in April 2016, there were areas which required improvement. The registered manager produced an action plan and ensured action was taken to improve the service. Examples included re-training staff who administered medicines and re-homing the cat to improve the cleanliness of the home. The registered manager had also worked collaboratively with the local authority quality assurance and safeguarding teams when necessary to complete provider led reports regarding incidents or safeguarding alerts. However, during this inspection, we identified a breach of regulations around medicines and further areas where improvements were needed. The auditing systems which were in place were not effective for ensuring the requirements of all regulations were met or identifying where improvements could be made. A monthly medicines audit was completed which looked at storage, completion of records and staff training. The registered manager had taken action where issues had been identified, such as a missed signature on a medication administration record to remind staff to complete these records. However, the audit did not identify the concerns we found, notably around medicines and the dining experience.

The registered manager completed a number of other, regular audits. One of these audits was a monthly domestic audit were which looked at various aspects of the cleanliness of the home. The malodour and the need to replace carpets detailed elsewhere in this report, were regularly detailed in the audit but had not yet been actioned, due to the amount of financial outlay necessary. The registered manager said they included the deputy manager and staff member from the housekeeping team in the audit process so that they were aware of expectations. They also said "Staff come to me [with any concerns]. Any major concerns, I take them to the administrator, maintenance, or the provider." We looked at the maintenance records and saw that the majority of tasks were completed soon after they were reported: the exception was replacing flooring as detailed previously.

There was a clear management structure, which consisted of the registered manager, deputy manager and senior care staff. One staff member told us the culture of the home was to "take care of people" and another said the home was "homely, friendly. I would bring my [relative] here." Staff said the home was managed well and that they could "talk to [registered manager]. The home is open, friendly, and all the staff get on." Another staff member said the registered manager was "approachable."

When a new person moved into the home, the registered manager was aware of the need to make relationships with family members as well as the person and had an understanding as to the complex range of emotions they may be experiencing. Feedback from social care professionals included, "I have always found that the manager and deputy manager are very easy to speak to, always willing to take advice and are very welcoming", "The manager and her deputy are very approachable, and when an issue has arisen (which is very rare) they have acted efficiently to rectify any problem" and "I have found the manager of Springfield to be very professional, efficient and caring towards residents and their families."

The registered manager responded to, followed up on and shared learning from incidents which had occurred in the home. An example of this was following a person falling in the home, the registered manager ensured the care plan and risk assessments were updated straight away to reflect the changes in the

person's mobility. Another person, who walked independently, had fallen and told staff it was because of their footwear (which they had chosen). Staff were informed of the incident which was reported appropriately to the relevant professionals and the person wore different footwear.

The registered manager told us they had regular management meetings between the registered manager, deputy manager and area manager to discuss the service.
The registered manager also had monthly management meetings with the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to manage medicines properly and safely was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014: Safe care and treatment.