

Mrs S Hart

Springfield House Retirement Home

Inspection report

Springfield Avenue
Morley
Leeds
West Yorkshire
LS27 9PW

Tel: 01132521969

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

Springfield House is a care home providing personal care for 18 older people. The service can support up to 22 people.

People's experience of using the service

People told us they felt safe living at Springfield House and processes were in place to reduce the risk of abuse. There were enough staff to meet people's needs and recruitment processes were sufficient. Risk assessments were carried out to mitigate potential risks and lessons were learnt from incidents and accidents. We found medicines were not always managed safely and we made a recommendation for the provider to ensure errors were investigated in a timely manner. Health and safety checks were carried out. However, actions from the last electrical test had not been completed. The registered manager immediately took action to rectify this and confirmed the work was completed following our inspection.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were offered choices about their care. People were involved in meal choices and supported to maintain a balanced diet. Health needs were regularly monitored, and staff followed the advice healthcare professionals gave them. Staff received training and followed best practice.

People said staff were kind and caring. One person said, "I don't think I would find a better home. Staff are always polite, lovely and do anything for you." People were well cared for by staff who treated them with respect and dignity. Observations of staff practice was carried out by to ensure people's privacy and dignity was constantly being embedded into day to day practice. Each person had a keyworker who spent time with people to gather their views and manage any concerns.

Care plans were created and included guidance for staff to support people in a way they wanted. People's wishes for end of life care had been recorded and staff were trained to support people when needed. A complaints system was in place and complaints were managed effectively.

Quality assurance systems were in place to monitor the quality and safety of the care provided. Surveys and meetings were held with people, their relatives and staff to ask for their views and their suggestions were used to improve the home. The registered manager had good links to local services, charities and organisations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 25 May 2017).

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Springfield House Retirement Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector.

Service and service type

Springfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the

local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with three people to ask about their experience of the care provided and one relative. We spoke with the registered manager and staff members. We looked at three people's care records and medicine records. We looked at two staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always administered as prescribed. One person had not been given a medicine for a period of six days because they were sleeping. However, there had been no review of their medicine to ensure their health needs were being met.
- Another person was prescribed a tablet which had not been given for four days. However, staff had not provided a reason as to why this had not been administered.
- Medicine administration records (MARs) were not always accurate. One person was prescribed a shampoo to be used twice weekly. However, staff had not recorded when this had been administered.
- We discussed these issues with the registered manager who said they were considering using a new electronic medication system to reduce errors. In the mean time they put an action plan together to address the issues we raised at inspection.

We checked and found no person had come to harm. However, we recommend the provider ensure all medicine errors are investigated in a timely manner and medicine records are accurate.

- Medicine audits had been carried out to check the medicine management system remained safe. Actions were taken to address any concerns identified. The audit from October 2019 found some stock checks for PRN medicines were not accurate and this had been discussed with staff and had improved.
- MARs included specific information about medication requirements. For example, one person was prescribed simvastatin and it advised staff not to give with any grapefruit products at the same time as this medicine.
- Where people were prescribed medicines on an 'as required' basis, protocols contained enough information for staff about the circumstances in which these medicines were to be used.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and said they knew how to communicate any concerns. One person said, "I would speak to the [registered manager's name] or my keyworker if I needed to raise anything."
- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.

Assessing risk, safety monitoring and management

- Environmental health and safety checks were carried out and included gas and fire assessments.

- However, the electrical 5 yearly check carried out in March 2016 was unsatisfactory. The report recommended immediate action was taken to address some lights which were becoming overheated due to them needing to be on 24 hours a day. We received confirmation after the inspection that this work had been actioned and completed.
- People's care plans included risk assessments and staff promoted people's independence and freedom, as well as minimising risks to support their safety. One person told us, "I use a frame as I have no balance and use this to steady myself."
- People remained safe as risk management plans were reviewed, individualised and contained clear guidance for staff to follow. For example, one person was at risk of pressure ulcers and had followed the tissue viability services advice to minimise risk.

Staffing and recruitment

- There were enough staff to meet people's needs and we observed people being attended to in a timely manner. One person said, "Staff always come if I buzz for them."
- The provider had robust recruitment checks in place to ensure staff were suitable to work in a care setting.

Preventing and controlling infection

- Infection and control audits were carried out to ensure the home was always safe.
- The home was clean and tidy.
- We observed staff members wearing protective equipment when carrying out personal care or when handling food to prevent cross infection.

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs.
- Care plans instructed staff to offer people choices. One relative told us their relative's appetite was poor and staff ensured they offered them various food choices to encourage them to eat. One person said, "We get asked what we want to do. Staff ask me if I want to go out, but I prefer not to."

Staff support: induction, training, skills and experience

- Staff completed training to ensure they had the knowledge to support people. Staff training was up to date and followed best practice.
- We found a lack of supervision records in staff files. However, staff told us they had informal and formal meetings with the registered manager and felt very supported. The registered manager took immediate action to address this.
- Staff told us they were supported by the management team. Staff comments included, "The registered manager is lovely, really understanding and easy to talk to." And "We have brilliant support. We have regular meetings and informal meetings each day to discuss any concerns."

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in meal choices and supported to maintain a balanced diet. One person asked for cheese with their dessert and staff immediately bought this to them.
- We observed people being offered snacks and drinks throughout the day.

Some people required specific diets and staff were aware of these. Staff respected one person's choice to have meals in their room. The person told us, "I don't like to eat in front of others because sometimes I spill my food and I want to keep my dignity, so I have my meals in my room."

- Food surveys had been carried out with people to gather their views on food choices. For example, what specific biscuits people enjoyed, and these were then bought.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to remain healthy and staff arranged appointments for people when required. The registered manager told us they focused on keeping people out of hospital and said, "In the last three months we have only had one person who needed to attend hospital."

- Oral health care assessments were carried out to ensure people's oral health was monitored.
- Staff were proactive in seeking support from health professionals when required. One person had a fall and a GP came to assess. The person had a urine infection which was immediately treated with medicine.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- People confirmed staff asked for their views and sought their consent before assisting with care and support. We observed staff explaining to one person what they were doing whilst helping them to move with a hoist.
- Staff were knowledgeable about the MCA and capacity assessments were carried out when required.
- DoLS authorisations had been requested for people when required. One staff member said, "A deprivation of liberty authorisation would be put in place when people haven't got the capacity to make their own decisions. We look and monitor people's capacity."
- Consent forms were signed by people living in the home, so information could be shared with other health professionals when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were treated kindly by caring staff. Comments from people and relatives included, "I can't fault this place, everyone is friendly with me. I have fun with them (staff) and I get on with all of them." "The staff are first class, and nobody waits for anything."
- We observed positive interactions between people and the staff. We saw people laughing and joking with staff.
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted. Care records contained information about people's life history. For example, one person enjoyed historical events. Staff had devised weekly quizzes on history and articles about past events which a member of staff spent time discussing with them every week.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff.
- Dignity audits were carried out by the management team observing staff's practice with people living in the home. For example, we saw one staff member asking a person what clothes they would like to wear and if they would like them to brush their hair.
- Care plans recorded how staff could support people to maintain their dignity. Actions were taken with staff if they had not followed the care plan. For example, one staff member had not checked that a person's hearing aid batteries were working, and management reminded them of this at the observation to improve the care people received.
- Staff were proactive and encouraged people to remain independent.

Supporting people to express their views and be involved in making decisions about their care

- People said they were involved in making decisions about their care. Everyone had a key worker who spent time with people to discuss their preferences for care.
- People had a picture in their rooms of their keyworkers, so they knew who to speak with should they have any concerns. One person said, "My Keyworker is [Name], we have chats in my bedroom once a week."
- The registered manager told us that should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support people to raise their views, if required. The registered manager had recently attended an advocacy course and following this informed people living in the home of what had been learnt.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Care plans were created to inform staff of how to support people with their care needs.
- People were encouraged to have full control of their lives. Staff observed people's abilities and proactively supported them to enhance their independence. For example, some people who had been assessed as being competent were administering their own medicines.
- People were offered choices. We observed staff asking people what they would like at meal times. For example, one person wanted some cheese with their dessert and this was given by the staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their family and friends. One person had stayed in the home for respite, made friends with a resident and now visits weekly to continue their friendship.
- Some staff had their own relatives staying in the home and other people lived in the home with their family members. Staff knew relatives well and we observed positive engagements.
- Activities took place within the home. Staff had been trained to provide an adapted ping pong for those people living in the home. We saw people enjoying this activity.
- The activities coordinator said they did a holiday week which included, a Hawaiian and seaside day. They also arranged a pet day when a dog was bought into the home for people to pet and play with. The home had chicks at Easter time and people were involved in caring for them.
- On the day we inspected, staff, the registered manager and people living in the home had gone to a local school to watch their Christmas pantomime.
- The registered manager said some people were a little bored with the CDs in the home and so they bought an Alexa with a music subscription for people to use. We observed people requesting certain songs to be played during our inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support the person to communicate. For example, one person was deaf, and staff communicated with them by writing on a board so they could communicate their needs to staff.

- The registered manager told us information could be provided in different formats, if required.

The home had three computer tablets for people to use, and the registered manager said one of the volunteers had demonstrated what they could do to all interested. One person living in the home was partially sighted and had their own computer which they used daily. They had a large adapted keyboard and the screen was enlarged so they could watch tv.

Improving care quality in response to complaints or concerns

- People told us they knew who to speak with should they need to raise a concern and felt confident any feedback would be managed effectively.
- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

End of life care and support

- People's wishes and preferences for end of life care were discussed and recorded. For example, care plans asked people preferences for funeral arrangements and any wishes to donate to health or scientific facilities.
- One person had expressed their wishes to return to the home for end of life care rather than to stay in hospital. The registered manager said the person came back to the home and was receiving end of life care from the people who knew and loved them. The person started to eat and drink and enjoying life again and went on to celebrate their 100th birthday at the home.
- Staff had received training on end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and the staff we spoke with demonstrated a commitment to providing high-quality care. They placed people using the service at the centre of everything they did. One relative complimented the home and said, "This time last year mum was not in a good place but thanks to your love, care and patience it's great to see her enjoying life again."
- Staff told us they were clear about what was expected of them and were encouraged by the provider to identify areas which required improvement to address and improve care for people.
- Throughout the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- People told us any concerns raised were managed effectively. The registered manager understood and acted on their duty of candour responsibilities.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was, open and inclusive. Staff told us they felt supported by the manager, and they were comfortable raising any concerns.
- Surveys were carried out with people and relatives to gather their views. These were mainly positive, 100% of people felt that staff were friendly and respectful. Actions were taken to address issues raised.
- Staff surveys were carried out and again actions taken to address concerns. For example, improvements had been made to their hand overs.
- A choices survey was carried out with people about their preferences. This included what their wishes were for personal care, if they would like checks at night by staff, privacy and when they would like to be woken by staff in the morning. Two people requested a door knocker for their bedroom and some people did not wish to be checked by staff during the night. We saw these actions had been implemented.
- Resident and relative meetings were held monthly and actions taken to improve the service. For example, people asked for staff to wear badges to help them learn names. Actions where that badges were being made by a staff member and planning to also get these for people living in the home.
- Meetings were held with care staff and the kitchen staff. Within these meetings actions had been taken. One person wanted mini pizzas and the kitchen staff ensured these were available for them.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links. The registered manager said they have good links with two nearby primary schools and the local church. They also have volunteers in the home who are undertaking their Duke of Edinburgh awards.
- The registered manager said they engaged in charities and helped to support these. For example, they held a MacMillan coffee afternoon which raised money for the charity, had a pyjama day for Comic Relief and saved unwanted clothing for the British Heart Foundation.
- The service worked in partnership with people, relatives and healthcare professionals to seek good outcomes for people.