

R & E Kitchen

Springfield House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 5 and 6 June 2018 and was unannounced.

We carried out an unannounced, comprehensive inspection of Springfield House Care Home in March 2017. We identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured there were robust procedures in place for the administration of medicines. During this inspection we found action had been taken and there was no longer a breach of the regulation.

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

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 18 people living at the home. The service is 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.

People were supported to take their medicines as prescribed, by staff who were trained and assessed as being competent. The home was clean and benefitted from some new flooring. The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people.

Risk assessments identified when people were at risk from every day activities, such as moving around the home or using equipment. Arrangements were in place to ensure people's safety in the building. People's needs were met by suitable numbers of staff and appropriate recruitment procedures were in place. The registered manager ensured that lessons were learnt and improvements made when necessary.

People were offered a choice of meals, drinks and snacks. People had access to healthcare services when necessary. People were able to walk around the building independently and sit in the garden if they wished.

People were supported by sufficient staff who had received relevant training to enable them to support people effectively. New staff completed 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.

People received care and support which met their needs and was responsive to changes. There were detailed care plans in place. The registered manager and staff organised and provided a range of different activities. People were supported to stay at Springfield House Care Home at the end of their lives if this was their wish and staff could meet their needs.

The provider had a complaints procedure in place which was displayed where people and visitors could see it. The registered manager promoted a positive culture that was open and inclusive. The registered manager had developed a system of seeking the views of people about the quality of the care provided. The service worked with other agencies to improve people's health and wellbeing.

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.

The provider had policies and procedures in place designed to protect people from abuse.

People's needs were met by suitable numbers of staff.

People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported to eat and drink and were given choices and people had access to healthcare services.

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.

Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with people and respected their privacy and dignity.

People were supported to express their views and be involved in making daily decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs and they enjoyed a range of activities.

People and their relatives had access to the complaints procedure.

End of life care was provided in ways people preferred.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had effective systems in place to monitor the quality of the service provided.

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

The service worked with other agencies to improve people's health and wellbeing.

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.

This inspection took place on 5 and 6 June 2018 and was unannounced. The inspection team consisted of 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. The registered manager completed a Provider Information Return (PIR). 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. We also received written feedback from two health and social care professionals.

During the inspection, we spoke with eight people, two relatives, two care staff, the chef and the registered manager. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual using the service. We pathway tracked the care and support of two people. We also looked at a range of records, including three care plans, three staff recruitment files and quality assurance audits.

Is the service safe?

Our findings

During our last inspection in March 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014: Safe care and treatment. Some people did not have care plans in place for medicines prescribed as "when required" and audits did not accurately record the quantity of tablets in stock.

During this inspection we found the registered manager had taken action to address the concerns. An audit system had been implemented which ensured stock numbers tallied with records. Where people were prescribed medicine "when required", care plans were in place which ensured staff knew when and how they should offer the medicine.

People were supported to take their medicines as prescribed, by staff who were trained and assessed as being competent. One person told us, "I do have a lot of medication – the staff deal with it all for me, we have a senior member of staff who brings it to us on a trolley, it takes all the worry away". A Medication Administration Record was completed to record that people had received their medicines. A risk assessment was completed to identify whether people were able to manage their own medicines safely or whether they needed staff support. People's medicines were stored safely and appropriately.

During the last inspection we detected some malodours in one area of the home. The reason for this had been explained at the time and an action plan was in place. During this inspection, this area of the home smelt fresh. The carpet in the area of concern had been taken up and a new wood style vinyl flooring had been laid, which was easier to clean. During the inspection we saw the home was clean. Two staff had completed "infection control lead training" and all other staff were going to undertake an e-learning course. This would ensure all staff were aware of the risks associated with infection.

People told us they felt safe living at Springfield House Care Home. The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. The registered manager knew how and when to use safeguarding procedures appropriately and staff told us what action they would take if they suspected or witnessed abuse. This helped to ensure that people were kept safe from harm. One person told us, "I feel really safe with them [staff] and I feel they know what they are doing".

Risk assessments identified when people were at risk from every day activities, such as moving around the home or using equipment. Risk assessments detailed what action was to be taken to minimise those risks and to deliver care and support which met individual needs. The registered manager was trained in the use of risk assessment.

Arrangements were in place to ensure people's safety in the building. Personal emergency evacuation plans were kept in a place where they could be accessed quickly and were reviewed regularly, as needed. There was a plan in place for where people would go if the building had to be evacuated. There were fire and gas safety checks, electrical equipment checks and equipment such as hoists was maintained.

People's needs were met by suitable numbers of staff. The registered manager decided the staffing levels based on people's assessed needs. The staffing levels had been increased recently for a period of time in response to the increasing health care needs of a number of people. We observed staff responding to people's needs straight away and they gave them the time they needed.

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.

The registered manager ensured that lessons were learnt and improvements made when necessary. The registered manager had investigated following a concern being raised. They addressed the concern by completing staff supervision sessions on the issue and providing further training.

Is the service effective?

Our findings

During our last inspection in March 2017, we found the mealtime experience was not always positive for people. During this inspection we found the registered manager had taken action to improve mealtimes.

People had attended a meeting to discuss what food they would like to eat and a summer menu had been created. The registered manager said some people liked to sit together, with friends so they could chat at mealtimes. We observed lunch during our inspection and saw staff asked people if they would like any assistance with their lunch, such as cutting food up. We saw a staff member sitting at a dining table and eating with people. The registered manager told us that people were encouraged to eat by staff eating at the same table and conversing with them. People were encouraged to eat their meals at the dining table but people could choose to sit elsewhere, for example, some people chose to eat in their room.

The cook offered people a choice of two meals and took the time to find an alternative choice if they did not want the main meal. Breakfast time was flexible and we saw people eating breakfast later in the morning as they had just got up. People were eating fresh fruit and we heard staff offer a choice of red or green, when someone said they would like an apple. There were no people who had specific dietary needs such as a gluten free diet, but the cook had the relevant knowledge should this be needed.

People's needs were assessed before they moved into the home, either on a respite or permanent basis. The home took people as an emergency and staff gained as much information about the person that was available.

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. Training was offered as face to face training as well as an online training package and staff found the training useful. One staff member told us, "The training is really interesting, you pick up things and things change." They went on to give us an example of learning they had put into practice around speaking to people face to face. Staff had received "sensory training" so that staff could gain insight into how people may experience hearing or sight loss and the impact it may have on their wellbeing.

New staff had completed 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.

People had access to healthcare services when necessary. Staff knew when people appeared unwell and sought advice from GPs and district nurses. The registered manager had supported people to go to the doctor's surgery, rather than the doctor visiting them at home. Some people had been assessed as needing equipment such as pressure relieving cushions and mattresses and this was in place. A visitor confirmed

that "The staff are fully aware of [the health condition]" which their relative was diagnosed with.

The home has two floors with the first floor being accessed by passenger lift or stairs. Some bedrooms were shared rooms and some had en-suite facilities. The open plan communal area is divided into a dining area and two sitting areas. There is a secure garden which people can access. People were able to walk around the building independently.

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 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 a system in place to review and re-apply for authorisations before the date expired.

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. One person told us, "Generally, I get on really well with the staff." A visitor told us that staff always spoke politely to their relative and called them by their chosen name. They added, "The staff are always very kind and friendly to [person's name]. I am really pleased with the way [relative's name] is cared for". Their relative had recently had a birthday and the staff had arranged a party for them. Another visitor said, "The staff are kind, and mean well, they certainly have a thorough understanding of [my relative's] needs."

We saw staff were kind and attentive to people. We observed two staff supporting a person to sit down. They did so gently, discretely and carefully. Staff were evidently concerned about the person as they did not always get out of bed and staff wanted to ensure the person was both safe and comfortable. Staff did not leave straight away once the task was achieved, but observed the person for a while, offering them a blanket and a drink. Another person said they were cold and staff brought a blanket, and asked "Is that better [name of person]?" The person confirmed they felt more comfortable.

Staff respected people's choices about everyday decisions. One person confirmed that they could decline support, decide to stay in bed longer or eat meals in their bedroom. The person told us, "The staff are fine with that, I am very independent."

People's privacy, dignity and independence was respected and promoted. One person told us that staff encouraged them to do as much for themselves as they could. They said, "Usually the staff are all very patient with me, and let me do things my way." The registered manager's view was, "We're here to enable, not disable" when supporting people.

The registered manager told us about one person whose needs had changed. The registered manager and staff had assessed that to promote the person's dignity, they should be offered a single room downstairs, rather than their shared room. The person had agreed and had moved downstairs.

Staff told us how they ensured they respected people's privacy and dignity when supporting them with personal care. One staff member said, "I always knock on the door, speak to [person], I always introduce myself and ask them if I can assist with washing and dressing. I make sure I have everything ready [to support them with personal care]. I ask [the person] about what clothes they want to wear, whether they want shoes or slippers, how they want their hair [styled]." The staff member also said that they would get two to three outfits out for people to choose from, if they were living with dementia and could not choose from the complete wardrobe.

Is the service responsive?

Our findings

People received care and support which met their needs. One person told us, "I need help with mobility. The staff know what they are doing." Another person told us the staff were, "responsive" to their wishes.

People had care plans in place which outlined their support needs. A visitor told us, "I was involved with the preparation of [relative's] care plan." The care plans were very detailed and showed an in-depth knowledge of people's personalities and their needs. Staff confirmed that the care plans were up to date and relevant. The registered manager ensured that care planning was responsive to people's changing needs and care plans reflected new ideas to support people. One example was a person who wanted to leave the home and catch a bus. Staff had watched a television programme on supporting people living with dementia which gave them an idea to support the person. Staff made a bus stop with the number of the bus the person used to catch and placed it in the garden. The person had responded well to this and would sit next to the bus stop without showing any anxiety. Another person became agitated if they did not have any money in their purse and accused people of stealing it. The registered manager had purchased realistic fake money so the person could keep it in their purse and could 'pay' for things like cups of tea. The person was happy doing this and the strategy meant they did not become upset or agitated.

The registered manager and staff organised and provided a range of different activities. One person told us, "I do as many of the activities as I can, we do not always know what the event is going to be. The staff often arrange the things themselves on the day". Social events, such as people's birthdays and a recent royal wedding, were celebrated. There had been a number of birthdays recently and people who chose to stay in their bedroom during the day, were included. The home was decorated according to the function, for example, for the royal wedding, there were flags, photographs of the couple, special tablecloths and a buffet lunch.

The registered manager told us when people moved into the home, they asked what activities or hobbies they enjoyed. The information was used to tailor activities where possible. An example was one person used to be a florist so a florist visited one day and supported people to plant bulbs which they could watch grow. Activities included craft, giant games such as snakes and ladders, "music for health", karaoke and pamper beauty sessions. During the inspection we heard staff undertake a quiz, which was also used as a base to explore other topics of discussion with people. It was evident that the staff member knew about people's social history and used this knowledge effectively.

The provider had a complaints procedure in place which was displayed where people and visitors could see it. There had not been any complaints raised since the last inspection. People knew how to complain. One person told us, "If I needed to complain I would go to the manager" and another person told us, "I have never had to raise a complaint. Although I know who to go to, from what I have experienced so far nothing would be too much trouble."

People were supported to stay at Springfield House Care Home at the end of their lives if this was their wish and if staff could meet their needs. End of life care plans were written to reflect people's changing needs and

the GP and family were involved. The registered manager and deputy manager took the lead on this and senior staff would usually care for people at end of life. The ethos was to treat people with dignity and respect at this time.

Is the service well-led?

Our findings

During our inspection of March 2017, we found that systems put in place to monitor the quality of the service were not always effective because they did not always identify concerns.

Since that inspection, the registered manager had continued to audit the quality of the service. Monthly audits were completed in a range of subjects, including care plans, medicines records and cleanliness. The registered manager undertook audits which identified if other audits had not been completed that month and action was taken to address this.

The registered manager promoted a positive culture that was open and inclusive. We asked people their view of management. One person said, "The manager is always around the place doing things" and a visitor said they would recommend the home, "Without hesitation, the manager is hands on and always approachable". Staff found the registered manager to be approachable. One staff member said, "I've always been able to talk to [the registered manager]. It is very friendly here, [the registered manager] is very fair, she will deal with problems. The atmosphere is really good, it's a happy place to work. There is always somebody to help you, we work as a team." Another staff member said, "It is a very homely place. I would recommend it. It is a warm atmosphere, the staff morale is usually happy, jolly, we all get on well." When speaking of the registered manager, the staff member said they were, "lovely, easy to get on with."

Health and social care professionals also gave us feedback about the registered manager. One professional said, "The home have always been very open to new ideas and instigating changes to benefit the residents and to develop staff. Training was given [on a particular topic] and the manager was keen to implement [the training]. This has had a positive impact on staff knowledge, joint working with health care professionals and better resident outcomes." Another professional told us, "I have always seen the service to be very safe and effective, all the staff are very caring and well supported by the manager and owner. If I hear a buzzer [when visiting] the staff are very quick to respond. The staff are very well led by the manager and deputy manager."

The registered manager had developed a system of seeking the views of people concerning individual staff members as part of staff supervision. They also sat with people and talked to them to gain their views and held meetings which relatives could join. Relatives were invited to complete a questionnaire and the registered manager followed up any areas where relatives thought there could be improvements. One example was around issues with laundry and the registered manager made improvements to the laundry processes. Comments from the most recent survey included, "Staff are superb and they genuinely care", "The home is well run, friendly and comfortable, I have no cause for complaint" and, "With the fantastic care from all the staff [my relative] is treated with dignity and respect."

Staff meetings were held monthly and staff were asked for feedback and ideas. The registered manager wrote a monthly newsletter for staff, which provided updates and feedback to staff. Staff signed policies to show they had read them.

The registered manager ran a workshop for staff about the Care Quality Commission's key lines of enquiry and inspection process. Staff members were asked to research and talk about the standards as well as reflect on how they were being met in the home. The registered manager told us this had had a good impact on staff and they enjoyed the process.

The registered manager was supported by the provider and accessed supervision from a senior staff member from the company. Within the home the registered manager was supported by a deputy manager. The registered manager ensured that they continued to learn so that the home could improve. The registered manager attended relevant forums and conferences to further their knowledge of supporting people living in a residential home. A monthly management meeting was held with all the registered managers of homes run by the provider and ideas for good practice were shared within the group. The registered manager told us the meetings included learning from previous inspections.

The service worked with other agencies to improve people's health and wellbeing. The registered manager was involved in a local pilot scheme which looked at people's overall health care needs. The scheme involved the care home staff, community nurses, GPs and pharmacists. Nurses visited people in the home and reported back to the GPs. People could access further health care support when needed. Part of the scheme also included training for staff to undertake basic health observations to reduce the need for hospital admissions. The scheme was ongoing and conclusions about the impact would be identified in the future. As part of the project, training had been provided about skin care and pressure areas. The subject was then covered in the daily reports within the home and the registered manager said the staff had been empowered to make decisions in this area.