

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Springfields Nursing Home

Rectory Road, Copford Green, Colchester, CO6
1DH

Tel: 01206211065

Date of Inspection: 14 November 2012

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✗ Action needed

Safeguarding people who use services from abuse ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Staffing ✓ Met this standard

Supporting workers ✓ Met this standard

Details about this location

Registered Provider	Springfields
Registered Manager	Mrs. Samantha Hursey
Overview of the service	Springfields Nursing Home provides nursing, respite, convalescent and end of life care to up to 36 people in the Copford, Colchester area. At the time of our inspection there were 33 people living in the service.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 November 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us they had been getting the care they required. However we found that people's safety and welfare was not ensured as risk assessments were not reviewed regularly. We found that care plans had not been signed by the person receiving the care or their families. We found that the risk of using latex gloves on people who use the service had not been assessed.

The premises were clean, tidy and recently refurbished to a good standard. The gardens were well maintained. People told us they liked the decorative style, one person told us, "It's very colourful and British." Another person told us, "The gardens are lovely I really like looking out at the scenery."

Arrangements for safeguarding of vulnerable adults were in place. People told us there were enough staff to provide care and the staff were adequately trained.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 25 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. We saw two pre-admission assessments which showed that people has been assessed prior to being admitted to the service. This was to ensure that the service would be able to meet their needs. However the provider may wish to note we found that people or their families had not signed to indicate their agreement with care plans.

People expressed their views and were involved in making decisions about their care and treatment. We observed staff supporting the people living in the service and saw that the interaction between staff and the people was enabling and ensured people's privacy and dignity. Staff took time to listen to people as they supported them, asking them questions rather than making decisions for them.

People's privacy, dignity and independence were respected. We spoke with four staff members during our inspection. All four demonstrated a clear understanding of how they provided care whilst maintaining the privacy and dignity of people who used the service. All four knew the history of the people they provided care for and provided us with examples of how they met the individual needs of each person.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People experienced care, treatment and support that did not meet their needs or protected their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Care and treatment was not planned or delivered in a way that ensured people's safety and welfare. We examined three care records during our inspection. Care plans contained detailed daily recording of care that had been provided. The care plans were detailed and gave a clear indication of how best to meet people's individual needs, whilst supporting their independence. However we found the care plans had not been signed by the person who used the service or their families. We spoke with the Manager about this who told us that the care plans are consulted with people, however they are not signed. We spoke with five people who use the service and three told us they had not seen their care plan. This meant that we were not assured the care plans are developed with people who use the service, and/or those acting on their behalf.

We found evidence in one care record that bed rails were in place for a person who used the service; however there was no risk assessment for bedrails in the records. We found one person's diabetic monitoring chart had not been completed for a period of fifteen days. We found one person's Waterlow pressure sore risk assessment which had not been reviewed since March 2011 despite the person being documented as 'high risk' of damage from pressure to their skin. We saw that other people's assessments including falls, nutrition, Waterlow score, and moving and handling were last dated January 2011. These assessments were out of date for the risk levels presented. This meant that people who use the service were not protected from the risk of harm from inadequate nutrition or hydration, falls or pressure sores.

We saw clear information in people's care records to show they had access to and advice from a variety of health care professionals. Regular activities were scheduled for people who use the service. However staff told us that the activities did not always meet the needs of those who used the service. For example those with limited communication abilities would be unable to participate in a quiz. We were informed that activities were scheduled for two days each week, with the option for other activities to be arranged by the staff or management where possible. We were informed these options included film afternoons or yoga. During our inspection we saw that there was no proactive stimulation for people using the service. They sat in chairs and watched television either in the lounge or in their bedrooms.

We saw that the first choice glove for staff was latex based. We asked the General Manager if risk assessments about using latex gloves on the people who used the service and for the staff using them had been carried out. We were informed they were not however they said that non latex Nitrile gloves were available if needed. The provider may wish to note that people were not assessed on the risk of harm from exposure to sensitising or allergic agents such as latex.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was a safeguarding and whistleblowing policy and procedure in place. There was guidance about safeguarding vulnerable adults for all who used the service in information packs in each person's room. Additional information was available in the office on how to raise a safeguarding concern with the local authority.

We spoke with five people who used the service. Three people told us that if they had any concerns they would speak to the manager and they had confidence that they would resolve any issue.

Staff had attended training on safeguarding and how to prevent abuse of vulnerable people, and were able to refresh their training yearly. Staff had also attended appropriate training on the Mental Capacity Act 2005. We saw training records for the service and certificates of training in staff files that supported what we were told. In the care records we saw that people had appropriate mental capacity assessments in place to meet their needs.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We found the premises to be clean, tidy and decorated to a good standard. We asked people who used the service about the condition of their home. One person told us, "It is decorated in a lovely way, and has great views from the windows."

The fixtures and fittings were in a good condition, we saw evidence that there was an ongoing redecoration programme in place. The windows had the required restrictors on them. During the inspection we checked some of the windows to ensure there were appropriate restrictors in place. We were told there were restrictors in place on all windows. We saw that the service had made regular checks to ensure window restrictors were working safely.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. The manager provided evidence that the service has taken steps to ensure the protection of people from Legionella bacteria in the water supply. The manager told us that annual portable electrical appliance testing was carried out and we saw evidence in maintenance records which supported what we were told. The management confirmed that appropriate arrangements were in place for the safe disposal of both general and infectious waste.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified and experienced staff to meet peoples needs. Three care staff told us that there were enough staff employed and sufficient staff on duty at any given time. We examined the roster and found that there was nursing and care staff on duty throughout the day in sufficient numbers. The shift patterns for staff meant that care was continually provided as shift times overlapped. On the day of our inspection there was one agency staff member working, all other staff were employed by the service. We asked the manager about the staffing who told us that they recently had a nurse leave and this was being covered by agency. The agency worker was a regular at the service and they felt that they knew the service and the people. The manager also told us the permanent position had been filled and the staffing would be full once that person starts employment.

We spoke with three care staff on duty and they told us that there was slow turn over of staff. All three staff members told us the dependency levels of people who used the service was high. This meant people required a lot of care, at the time of our inspection. All three told us that they are pressured at work due to the dependency levels but that it was manageable at present. We discussed this with the manager who provided assurances with a risk based staffing ratio to show that additional staff could be brought in should the dependency level require it.

We spoke with five people who used the service about their experience with staff on duty. We were told that there was enough staff to meet their needs without having to wait. We saw that the call bell was answered promptly and all people were appropriately supported throughout our visit. However the provider may wish to note that three people told us that staff had spoken to them in a way which caused them to be upset. One person told us, "The staff are a bit sharp when they speak to me sometimes." We spoke with the Matron and General Manager regarding the staff attitude concerns raised to us during our inspection. They both stated they would address what was raised with the staff.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We examined the files for three members of staff. The most recently employed staff file contained evidence that they had received an induction programme and training which covered the mandatory topics.

Staff received appropriate professional development. The Matron provided evidence that all staff had attended refresher training in mandatory topics. We also saw evidence that staff had attended training sessions to support them in caring for people with specific medical conditions. This included pressure sore management, epilepsy and diabetes care. Staff told us that they felt well supported by the provider and that they felt competent and confident in delivering high quality care. Most care staff had National Vocational Qualifications (NVQ) at level three and the nurses were supported to maintain their nursing registration through clinical education. This meant that staff were able, from time to time, to obtain further relevant qualifications.

Staff had received regular supervision and appraisals from managers. Records of these had been kept on file, along with training certificates. Staff members told us that supervisions were a useful opportunity to feedback any issues. Staff fed back to us that they found the manager to be approachable and proactive in solving issues.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: The provider had not ensured that risk assessments for people's safety and welfare were reviewed regularly. The provider had not provided people with activities that met their individual needs. Regulation 9 (1) (b) (i) and (ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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