Inspection Report

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

Springfield Court Nursing Home

33 Springfield Road, Aughton, Ormskirk, L39 6ST

Tel: 01695424344

Date of Inspection: 24 January 2013

Date of Publication: February 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	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Springfield Court Limited
Registered Manager	Mrs. Linda Burrows
Overview of the service	Springfield Court is located in the picturesque village of Aughton, Ormskirk. Accommodation is provided on one level for up to 56 adults requiring help with personal and nursing care needs. Single occupancy and shared rooms are available with ensuite facilities. Lounges and dining areas are available, including a conservatory and theatre. A variety of amenities are close by,including pubs, restaurants, shops, post office and churches. There is a car park to the front of the premises.
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'.

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 reviewed all the information we have gathered about Springfield Court Nursing Home, looked at the personal care or treatment records of people who use the service, carried out a visit on 24 January 2013 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders.

What people told us and what we found

During our visit to this location we spoke with a number of people who lived at Springfield Court Nursing Home, who all gave us positive feedback about the services and facilities provided. People spoke extremely highly about the staff team and managers of the home.

Comments included:

"Springfield Court is tip top."

"Make sure you give them top marks. They deserve ten out of ten and more. You couldn't get anywhere better than here, I am sure."

"I only need to have a sniffle and they (the staff) look after me so well."

We also spoke with several visiting relatives, who all expressed satisfaction with every aspect of the service and one commented, "My husband gets all the care he needs here. The staff are fantastic with him."

During our inspection we looked at how the provider involved people in planning their own care and support and how welfare was promoted. We also looked at staff training and processes for monitoring the quality of service provided. We found the service was compliant with all areas we looked at.

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

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 living at the home were able to be involved in decisions about the care and support they received, with their privacy, dignity and independence being continuously promoted.

Reasons for our judgement

People moving into the home were provided with all relevant information about the facilities and services available to them. This enabled them to choose a variety of options and highlighted the flexibility of the daily routines, whilst living at Springfield Court.

The policies and procedures of the home outlined the need for respecting people's privacy, dignity, rights and independence. However, the provider may find it useful if this information was always incorporated into people's plans of care, particularly during the provision of intimate personal care.

We observed people being treated with respect throughout the day, which was pleasing to see and those we spoke with told us staff were kind and caring. One person commented, "They (the staff) help me to have a shower and they do it in such a nice way. They let me shave myself too. I want to do as much as I can for myself."

Staff were able to discuss the needs of those living at the home well and were confident in promoting individual choices and wishes. We observed people receiving person centred care and support and the plans of care seen recorded some preferences and wishes. However, the provider may find it useful if this area was extended, so that plans of care incorporated a wider range of choices. For example, the times people liked to go to bed and get up in the morning, clothes they preferred to wear, the type of razor they liked to shave with or if they liked to wear jewellery and makeup. This would make the plans of care more person centred and specific to individual needs.

It was clear relatives felt very welcome to the home and were familiar with the staff team and the registered manager. We observed some good examples of residents being provided with the opportunity to make a variety of choices.

People we spoke with confirmed they were able to be involved in a range of community activities and their wishes were always taken into account. The provider may find it useful if recorded evidence was always available to show those living at the home, or their

relatives had been involved in the planning of their own care. However, customer satisfaction questionnaires did indicate that people had been involved in the admission and care planning processes. This information was confirmed as accurate by those we spoke with.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The care and support provided was person centred and staff had a good understanding of individual residents and the care they needed.

Reasons for our judgement

The needs of people wishing to move into the home had been carefully assessed before a decision was made to arrange a placement at Springfield Court. This ensured the staff team were confident they could provide the care and support needed by each individual.

Following admission to the home, care plans had been developed based on the majority of needs identified during the pre-admission assessment process, which included risk assessments in areas such as pressure care, falling, moving and handling and nutrition. However, the provider may like to note that care plans had not always been generated in response to the results of high risk assessments, in order to promote people's safety and health care needs.

We noted one person needed some emotional support and this was being given. However, the provider may find it useful if a care plan was developed to cover this area of need. Also, in one instance, information recorded provided conflicting advice for the staff team about someone's mental capacity. This was discussed with the manager at the time of our visit, who agreed to look into the matter further. Also, areas of risk had not always been fully assessed, such as the use of bed rails. A formal risk assessment with strategies implemented would help to promote the safety of those using bed rails.

Staff spoken with had a good understanding of what people needed. We looked at the care plans of two people living at the home. The provider may find it useful if vague terminology was avoided and the formal planning of people's care was as person centred as that which we saw being provided. For example, where a hoist was being used for transferring people, the type of equipment most suitable for individual needs was not always recorded. Also, records showed one highly dependent person liked to listen to the radio, but information about preferred stations was not recorded. Another person enjoyed watching television, but their favourite programmes were not included in a social plan of care. One gentleman was an avid football fan, but the team he supported was not recorded. However, we learned that several people living at the home were members of a football club disability supporters group and attended annual dinners, as well as football matches.

The plans of care had been reviewed every month, or more frequently if needed with any changes in circumstances clearly recorded. It was quite evident the home sought advice

from a wide range of external professionals, so that people's health care needs were being fully met. People spoken with told us they felt safe whilst care and treatment was being provided.

It was pleasing to see the home had contingency plans in place, should an emergency situation arise, such as disruption to utility services, flood or severe weather conditions and staff spoken with were confident in responding to any emergency situation.

Those living at the home appeared well presented and looked comfortable and relaxed when engaging with staff members. We received positive feedback from those we spoke with, who told us their needs were consistently met and staff were kind, caring and considerate.

Good social histories had been recorded within the care files seen, which included people's hobbies and interests, such as gardening and baking. Records showed people were encouraged and supported to maintain their interests whilst living at the home.

A full planned programme of activities was in place, which included involvement of a number of volunteers, visiting musicians, group and individual activities. Those spoken with told us they enjoyed the range of activities provided and that they were able to pursue any interests or hobbies they had.

Two co-coordinators were employed, who were responsible for planning and implementing a variety of leisure activities both inside and outside the home. We spoke with one of them at length about how people were supported to do what they wanted to do whilst living at the home. She was enthusiastic and very passionate about what she did. She commented, "I am really excited about the future of Springfield Court." She explained how she encouraged people from the community to come to the home. She added, "It is important we get people from the community involved, as well as animals and children. The people here need someone to love, something to do and something to look forward to."

People we spoke with gave us some good examples of individual and small group activities provided, both inside the home and out in the community. Good relationships had been forged with local schools, churches and other community groups. During our visit we saw people reading newspapers, doing crosswords or tackling jigsaws. A beautiful, well planned theatre was a significant part of the home and of the daily lives of people living there, where a wide range of entertainment was provided, including visits from well known personalities.

One resident, who was sitting in the conservatory, enjoying reading her newspaper commented, "It is lovely to see the sun today. Perhaps we will be able to get out in the garden again soon." She told us she liked baking and had helped to make some scones the previous day, which she had enjoyed. Another resident told us, "It is Burns night tomorrow, so we are having a Scottish day, with Haggis and Scottish music. They always go to town with special celebrations. When it was the Royal Wedding, we had our own wedding here, with wedding cake and we got all dressed up. It was a smashing day."

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were provided with a choice of suitable food and drink, which met their nutritional needs.

Reasons for our judgement

As part of the admission process, the home had conducted nutritional assessments to identify if people were at risk of becoming malnourished. Where there was an element of risk, the home had implemented measures to closely monitor the resident's weight and well being, including seeking advice from other external professionals, such as the dietitian and speech and language therapist. However, the provider may find it useful if the care planning process incorporated more detailed guidance in relation to people's nutritional needs, particularly for those assessed as being at high risk of malnutrition.

It was quite evident that lunch was a pleasant experience for those living at the home. The menu of the day was clearly displayed, offering people a choice of meals. The environment was conducive to pleasant dining and we saw food served was nicely presented and independence was encouraged as far as possible. Staff were assisting people, where necessary with their food in a kind and caring manner.

Several people told us they were able to ask for an alternative to the menu, if they did not like the choice of meals available. One person commented, "I had the curry today. It was lovely, but I don't like rice and they know that, so they always give me vegetables instead of rice, which I enjoy." We heard one carer say to a resident, in a pleasant and helpful manner, "Would you like me to cut up your food, or can you manage?"

We looked at the catering records, which were well maintained and showed people were protected against the risk of poor nutrition. The last Environmental Health Officer's inspection report showed a rating of 5 stars, which was commendable. We sampled the food served and found it to be nutritious, well cooked and tasty. It was pleasing to note that improvements had been made in this outcome area since our previous inspection to this location.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The home had, in general robust procedures in place, which helped to ensure people were protected from abusive situations.

Reasons for our judgement

A range of policies and procedures addressed the importance of whistle blowing, staff discipline, codes of conduct and the rights of people living at the home. Clear information was also readily available for staff outlining necessary measures to safeguard people living at Springfield Court.

Staff members spoken with confirmed they had received training in Safeguarding Vulnerable Adults, the Mental Capacity Act and Deprivation of Liberty Safeguards. The manager of the home and her staff were confident about the correct procedure to follow, should there be any allegations of actual or suspected abuse raised within the home. One member of staff commented, "If I had any worries at all I would report them to the manager straight away."

During our visit to this location we saw staff transferring people, using moving and handling equipment in an appropriate manner, ensuring that people's safety was consistently promoted. People we spoke with told us they felt safe living at Springfield Court and trusted the staff team to protect their health and safety. One person commented, "I feel very safe with these staff. I trust them whole heartedly and I'm sure they would never treat anyone badly. I have never heard any of them raise their voices."

We looked at the personnel records of two members of staff whilst we were at Springfield Court. We found that, in general good recruitment practices had been adopted, which helped to ensure people appointed were fit to work with this vulnerable client group. However, the provider may find it useful if potential employees did not commence working at the home until satisfactory written references had been received.

Supporting workers ✓ Met this standard

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 needs of people living at the home were met by a competent and well trained staff team.

Reasons for our judgement

We observed staff going about their duties in a cheerful and pleasant manner throughout the day and those living at the home appeared comfortable in the presence of their care workers. Staff we spoke with were enthusiastic about their work and it was clear they cared about the people they supported.

Staff had been issued with job descriptions specific to their role, Terms and Conditions of employment and Codes of Conduct, to ensure they were fully aware of their job role and what was expected of them, whilst working at Springfield Court

We were told by staff that when new employees first started working at the home they underwent an induction period, working alongside a more experienced member of staff. However, the provider may find it useful if this process was formalised, so that clear records showed a more structured approach to the training for new staff members.

A matrix had been introduced since we last inspected the home, which showed a range of training courses people had attended, such as Fire Awareness, Moving and Handling, Health and Safety, Food Hygiene and Infection Control and certificates of training were available on staff files.

Staff we spoke with told us about the training they had completed and identified a range of mandatory courses, which we were told by most staff were repeated annually. However, one member of staff told us she had not received any training since her induction almost two years previously.

Evidence was available to show some training courses, specific to the needs of those living at the home, had been rolled out amongst the staff team, such as end of life care and dementia awareness. In discussion the manager told us that a good percentage of staff were due to undertake training in nutrition and infection control, which would increase their knowledge in these areas and therefore further promote good care for those living at the home. Records showed a good percentage of staff had achieved a nationally recognised qualification in care, demonstrating a well trained staff team.

The manager had started to introduce a more formal approach to appraisals for staff, which incorporated supervision, so that people's work performance and development could

be monitored each year. The provider may find it useful if supervision of all staff was conducted more regularly and if annual appraisals continued to be rolled out across the entire work force. The possibility of delegating some of this work amongst senior staff was discussed with the manager of the home, as it would be difficult for her to solely complete regular supervisions and annual appraisals across such a large workforce.

We were told by staff that they felt well supported by the management of the home. One member of staff commented, "Linda (the manager) is lovely. We can always go and speak to her, if we need to and she always listens to us."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

People living at Springfield Court benefited from a well managed home and there were systems in place to monitor the quality of service provided.

Reasons for our judgement

Everyone we spoke with had nothing but praise for the owners, manager and staff team. We were told the owners of the home were on site most days and were very much 'hands on'. Therefore, close monitoring of the service provided was evident.

People living at the home, their relatives and staff had been involved in regular meetings and were very aware of the management structure of the home. Everyone spoke very highly of the manager of Springfield Court. It was evident she was committed to her position and had strong leadership skills to manage the home well.

A wide range of systems were in place, so the quality of service provided could be closely monitored and any shortfalls identified and addressed as soon as possible. A business continuity plan, supported by crisis management planning, described what staff needed to do should any incident occur, which could cause significant disruption to critical systems, procedures or service delivery.

People living at the home and their relatives had completed customer satisfaction surveys, expressing their views about how they felt the home was performing, so any issues highlighted could be investigated and promptly addressed.

A wide range of detailed audits and risk assessments had been regularly conducted, showing systems had been put in place in order to reduce the possibility of injury to people living at the home. The fire safety risk assessment was supported by an emergency evacuation plan, which was considered to be good practice.

The home had been accredited by an external assessor, showing Springfield Court was periodically audited by an outside professional organisation, to ensure good standards were consistently maintained within the home.

A wide range of policies and procedures were in place at the home, which provided staff with clear guidance about good practice and current legislation. These included, Health and Safety, Infection Control, Fire Awareness, Food Hygiene and disposal of clinical waste.

We looked at a random selection of service certificates, which showed systems and equipment had been appropriately checked, so the health and safety of people living at the home was well protected. Accidents had been recorded well, so the manager was able to audit and monitor their frequency and identify any recurring patterns.

Fire safety procedures, risk assessments and checks had all been conducted to ensure people knew what to do in the event of a fire. Clinical Waste was being disposed of in the correct manner to ensure the risk of cross infection was minimised.

People told us they knew what to do if they were unhappy about something and wished to make a formal complaint. The complaints policy was clearly displayed within the home, so that people had easy access to the procedure they needed to follow and systems were in place for recording any complaints received and monitoring their progress. One person commented, "If I had any problems I would go and talk to Linda (the manager), but I have no worries. I am happy living here. Naturally there is no place like home, but this is the next best thing. The staff are fantastic."

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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