

Review of compliance

R & E Kitchen Springfield House Care Home	
Region:	South East
Location address:	95-97 Portsmouth Road Woolston Southampton Hampshire SO19 9BE
Type of service:	Care home service without nursing
Date of Publication:	August 2011
Overview of the service:	Springfield House is a privately owned care home for older people who have dementia needing personal care and accommodation. It provides care for up to 23 older people. It is registered to provide accommodation for persons who require nursing or personal care'. The registered providers are R & E Kitchen and the registered manager is Ms. Julie Harris.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Springfield House Care Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 July 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke to the majority of people living in the home. Sometimes this was limited due to their impaired memory. People reflected they were happy living at the home. One person told us, " They feed us well here". Other people told us they liked the food and there was a choice at meal times. People were having breakfast on our arrival to the home; people confirmed this was the time they choose to get up and have breakfast. Other people told us they like getting up earlier and had already had breakfast. People were unsure what we meant by written care plans, but told us they were well looked after. One person advised us they were encouraged and never forced to join in with activities. People told us they knew the staff and there was always enough staff on duty to meet their needs.

What we found about the standards we reviewed and how well Springfield House Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are not always asked about their choices and there is a lack of recording when people are asked about choices they wish to make.

There is a minor concern people are not always consulted on decision made regarding their care and choices.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People have assessments and care plans, including risk assessments which identify their needs.

There is a minor concern care plans do not identify all current needs or give adequate information to show how the home is meeting these needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People are protected from possible abuse. Staff have a good awareness of the principles of safeguarding vulnerable people.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People can be sure the home has an effective recruitment procedure to ensure staff are suitable for meeting their needs in a competent manner.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The service needs more formal systems in place to monitor the quality of service that people receive.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People reported they had choices throughout the day. People told us they had a choice of food at each meal time. People told us they can spend their time how they wish.

Other evidence

On arrival to the home at 9.15am nine people were having breakfast in the dining area. People told us this was what time they wanted their breakfast and were eating what they had chosen.

Whilst sat in the lounge looking at care plans, interactions between staff and people were observed. It was clear people were usually treated in a respectful and dignified manner. On one occasion one person was sat in a wheelchair and the staff member came behind her and moved her. The staff member did not speak or explain to the person what they were doing. In one care plan seen it noted 'the person may go in a communal toilet and take their clothes off'. The care plan gave no detail of how staff should respond to this and how the person's privacy and dignity should be maintained. It was also been brought to our attention before the visit one person had changed bedrooms due to difficulties with sharing a room. When looking at their care plan and notes, it was very difficult to establish the person had been consulted on any of the changes, with their choice or opinion reflected anywhere.

One visitor stated they visited on a regular basis and felt people were treated well. They

reported they had not seen any incidents which had raised concerns. They stated they felt people were treated with dignity and their privacy was maintained.

Our judgement

People are not always asked about their choices and there is a lack of recording when people are asked about choices they wish to make.

There is a minor concern people are not always consulted on decision made regarding their care and choices.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us they were well cared for. People did not understand when we asked if they had written care plans, but reported they were well looked after.

Other evidence

The assessments and care plans of two people were looked at. It was clear pre admission assessments had been carried out on both people, taking into account their abilities and needs at that time. A visitor reported she was aware of the assessment process, which had taken place regarding their relative. They reported they had not been involved but thought person's next of kin had been involved.

Care plans had been developed for both people. These included all areas of daily living and clearly reflected people's choices. Risk assessments and a moving and handling plan were also included. It was noted sometimes information was not dated or signed making it very difficult to establish if the information was still current. Other information recorded at times made it difficult to establish the person's needs were met. In one example it stated the person wandered at night, however when reading the notes written by staff no information could be found on this. In another example one person in their daily notes had a record of three falls, but there was a lack of information relating to this issue in the care plan. In another example one person had changed rooms three times. Whilst in discussion with the manager the reason why this had happened was explained. However there was no information regarding these changes in the care plan and no record of discussion or explanation with the person.

One visitor, a relative of one person in the home stated they were happy with the care

their relative was receiving. They stated they were kept up to date with all that was happening regarding their relatives care.

Our judgement

People have assessments and care plans, including risk assessments which identify their needs.

There is a minor concern care plans do not identify all current needs or give adequate information to show how the home is meeting these needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not, on this occasion, speak to people about this outcome, so cannot report what the people using the service said.

Other evidence

The home has had five safeguarding referrals to the safeguarding team in Southampton in the last twelve months. An audit of our records showed the home had not always notified us of all these referrals. The manager advised us she has nothing to hide and will always work with the safeguarding team to improve the quality of service provided to people. All safeguarding referrals have now been closed. The safeguarding team confirmed they have been involved with safeguarding issues in the home, but there are no on-going issues currently.

We were advised all staff receive training on the differing types of abuse and the process they should take if they have any concerns about a person in the home. When speaking to staff they were able to talk about the different types of abuse and what action they would take if they had concerns someone was being abused.

Our judgement

People are protected from possible abuse. Staff have a good awareness of the principles of safeguarding vulnerable people.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People told us they liked the staff and they were very kind.

Other evidence

The recruitment files of two members of staff were viewed. The files contained all the necessary checks required including application form with details of qualifications and previous experience, photographic identification, checks with Independent Safeguarding being allowed to work until all the necessary checks had been completed. The manager informed us all staff have up to date Criminal Records Bureau (CRB) checks.

Staff spoken to and one visitor reported there was always adequate staff on duty to be able to meet peoples needs. People had a good rapport with the staff.

Authority ISA and a Criminal Records Bureau (CRB) check and references.

Staff on duty were spoken with. They could all remember going through a stringent recruitment procedure and not being allowed to work until all the necessary checks had been completed. The manager informed us all staff have up to date Criminal Records Bureau (CRB) checks.

Staff spoken to and one visitor reported there was always adequate staff on duty to be able to meet peoples needs. People had a good rapport with the staff.

Our judgement

People can be sure the home has an effective recruitment procedure to ensure staff are suitable for meeting their needs in a competent manner.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not, on this occasion, speak to people about this outcome, so cannot report what the people using the service said.

Other evidence

When asked how the home audits to ensure people are happy with the service provided, the manager was unsure. When she thought about the subject and consulted the provider compliance assessment, which she had completed, she felt more sure.

The manager explained on a daily basis she will talk to people, ensuring they are clean and appropriately dressed. The manager also stated she introduced herself to all visitors and encouraged them to give her any feedback on the home.

From a formal basis the manager had very little information recorded. She advised a new quality audit form was being developed by the owners of the home. The last recorded surveys to family members was in 2009 and no surveys to professionals could be found. We were advised the regional manager completes a visit on a regular basis but no copies on any reports made could be found. The manager then discussed how she audits on a more formal basis, including looking at equipment, reviewing care plans, looking how clean the home is and supervising staff.

Our judgement

The service needs more formal systems in place to monitor the quality of service that people receive.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns:</p> <p>People are not always asked about their choices and there is a lack of recording when people are asked about choices they wish to make. There is a minor concern people are not always consulted on decision made regarding their care and choices.</p>	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People have assessments and care plans, including risk assessments which identify their needs. There is a minor concern care plans do not identify all current needs or give adequate information to show how the home is meeting these needs.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met:</p> <p>The service needs more formal systems in place to monitor the quality of service that people receive.</p> <p>There is a minor concern the service does not have formal systems in place to monitor the quality of the service provided.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA