

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

Springfield House Care Home

95-97 Portsmouth Road, Woolston, Southampton,
SO19 9BE

Tel: 02380442873

Date of Inspection: 20 December 2012

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
Management of medicines	✓ Met this standard
Supporting workers	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	R & E Kitchen
Registered Manager	Mrs. Julie Harris
Overview of the service	Springfield House Care Home provides accommodation and care for up to 23 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 20 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us they could make choices such as what they ate, when they got up, when they went to bed and when they bathed. They told us that staff met their care needs and that they were happy living there. Staff supported them with their medication and ensured they got their tablets when they needed them. People felt able to talk to the manager if they had any concerns or complaints.

We found that people did have choice on a daily basis and that staff knew them and their needs well. Staff respected people's privacy and dignity when they supported them with personal care. Staff spoke to people respectfully and acknowledged their wishes. There was a complaints procedure in place which was given to people when they moved into the home. Staff were trained to give medication and medication records were maintained accurately. Staff were trained in the other aspects of their work but were not fully supported through the use of supervision and appraisal.

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 27 February 2013, 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 made choices in their everyday lives and their personal care needs were met with dignity and respect.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care. We spoke with three people who told us they could choose when to get up, go to bed and take a bath or shower. People also told us that staff offered them choices in their everyday lives and respected their wishes. We spoke with three visitors who echoed these comments and said they felt welcome at the home.

We spoke with staff who told us how they ensured people were given choices about the care and support provided. They knew when people liked to get up and go to bed and noted that some people had recently or temporarily changed their routines and preferences. Staff described how they responded to this to enable people to make their own choices on a daily basis. Records showed that individual needs were responded to appropriately, for example, one person got out of bed frequently and was given tea and biscuits, before going back to bed.

The manager told us that the cook spoke to people in the morning and offered them a choice of food and we saw records which confirmed this. We saw staff supporting people at the lunch table and they offered them choices, such as suggesting they cut potatoes for someone.

We sat in the lounge area and saw that staff continued to offer people choice about where they sat and what they did in the afternoon. We saw that staff spoke to people respectfully and discreetly. Staff asked whether people would like their clothing adjusted or whether they would like their hair cut. Their choice was respected.

We also saw that people's dignity was respected. Shared bedrooms had privacy screens in place and staff told us they used them when assisting people with personal care. Staff also gave us other examples of how they respected people's dignity, with tasks such as bathing or showering.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. People told us they were happy living at the home and that their individual needs were met.

Reasons for our judgement

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. People told us they were happy living at the home and felt their needs were met. One person told us that staff helped them a lot and that they ensured they were safely in bed at a time which 'suited' them. Another person told us they could not wish for anything better. One person told us that the staff were very good, that they helped but did not 'interfere'. Visitors told us that staff knew people's needs and supported them well.

We looked at care plans for three people which contained a good level of detail. Information was included about their health and social care needs as well as their wishes and preferences for their daily routines. Daily records showed how the care plans were met, for example, times that people got up and went to bed. Records also showed how individual needs were met, such as one person getting up at night and being offered tea and biscuits. Care plans were reviewed regularly and any changes in people's needs were noted and acted upon. The manager told us that they were working towards actively involving family members, where appropriate, in reviewing care plans. One relative told us they had been involved in creating the care plan and were consulted about changes which were needed to improve staff interactions with the person. The relative felt this had worked well.

We spoke with staff who knew the people well. They described people's individual needs as spoke about how they met those needs. One example of this was knowing the tone of voice and particular phrasing to use when speaking to one person about going to bed.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Medication was stored appropriately and people received their medication as prescribed.

Reasons for our judgement

Medicines were safely administered. People told us that they receive their medication when they need it and confirmed that staff asked them if they wanted any pain relief for a headache, for example. Staff told us about the procedures for giving people their medication, which varied for different people.

Systems were in place for the ordering, administration and recording of medication. We looked at how medication was stored as well as records of which medication had been given to people. We found the storage of medication was secure and administration records were complete. There were auditing systems in place which meant staff could identify how much medication should be in the home at any time. Audits were also used to ensure the records were maintained correctly.

Three people were prescribed medication which was complex to administer but we found that people did receive the correct dose at the right time. Care plans were in place for medication prescribed as 'when required', such as painkillers, and staff asked people if they needed any. These care plans were reviewed for any changes on a four weekly basis.

Some people were prescribed topical creams in pump bottles, such as Diprobase, and these were stored in people's bedrooms. We found that for two people, the cream in their room was prescribed for other people in the home and therefore did not belong to them. The manager explained the circumstances for the creams being incorrect in one of the bedrooms, which had been a recent oversight and the manager felt sure that the cream had not been used for the people currently in the bedroom, due to where they had been found. There was not an explanation regarding the other bedroom. The provider may like to note that any prescribed item legally belongs to the person it is prescribed for and should therefore only be used by them.

Staff who administered medication had received training in the safe handling of medication. The manager had undertaken training in how to monitor and assess competency and they observed staff giving medication. This ensured that staff were competent to give medication to people.

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

Our judgement

The provider was not meeting this standard.

People were supported by staff who had received the relevant training but staff had not received regular supervision or annual appraisal to support them in their role.

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

Staff received appropriate professional development. There was an induction programme in place for new staff and staff were supported to undertake care related qualifications. There was a training programme in place and a training matrix was completed to show who was due refresher training and when. We were shown the matrix and saw that staff were up to date with their training. Staff training had included moving and handling; first aid; food hygiene; dementia; health and safety; fire safety; infection control and safeguarding vulnerable adults. Staff confirmed they did 'lots' of training and that the training was relevant to their work.

Staff were not fully supported in their work. The manager had booked staff supervision sessions in the diary for December, and had completed them for seven of the seventeen staff. However, there had not been any other supervision sessions since May 2012. The manager was aware of the need to undertake regular supervision and anticipated that sessions would be every 5-6 weeks. They also said that staff could always talk to them about any issues. Annual appraisals were last conducted in June 2011 and the manager was aware of this and planned to schedule them in. The lack of supervision and appraisal meant that staff were not fully supported in their role to support people living in the home.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. People felt they could complain to the manager if they needed to.

Reasons for our judgement

People were made aware of the complaints system. People told us they would feel able to complain should they need to. Visitors told us they would feel able to speak to the manager about any concerns and one said they would call a meeting.

There was a written complaints policy in place which was given to people as part of their contract, when they moved into the home. We saw a copy of the complaints procedure and this stated how a complaint could be made. However, the provider may like to note that there was not a copy on display in a public place so that everyone could be made aware of the procedure, should they wish to complain. The manager told us there had not been any formal complaints in 2012 and that they deal with any issues raised straight away.

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 activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010
	Supporting workers
	How the regulation was not being met: Staff were not receiving regular supervision or annual appraisal. Regulation 23 (1)

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 27 February 2013.

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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