

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

## The Springs Nursing and Residential Home

Spring Lane, Malvern, WR14 1AL

Tel: 01684571300

Date of Inspection: 19 February 2013

Date of Publication: March 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Bupa Care Homes (CFC Homes) Limited
Overview of the service	The Springs Nursing and Residential Home provides accommodation and nursing care for older people living with dementia.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 February 2013, 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 and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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We carried out this inspection as part of a planned review of the service and also to check on areas where we had concerns at our last inspection in March 2012. We had concerns that people had not received care which met their assessed needs, because records had not contained the information staff needed; that people were not protected from the risk of infection because cleaning within the home had not been effective; systems had not been used effectively to manage the risks associated with medication. We found that improvements had been made for all these concerns.

Due to the nature of nature of people's conditions we were not able to ask people about their experiences of the home. We therefore observed how care was provided for the people who lived at the home. We spoke with the manager and four members of staff.

We saw that staff treated people with dignity and respect. We saw that staff were friendly and supportive to people who lived at the home and helped them to make everyday decisions. Staff showed they knew how to care for people and they told us they had access to the information they needed to meet people's needs.

People's needs had been assessed and care and treatment was planned and delivered in line with their individual care plan.

Recruitment procedures made sure that suitable staff were employed to work in the home. The manager had applied to the Care Quality Commission to become the registered manager for this service.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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During this inspection we used our Short Observational Framework for Inspection (SOFI) tool to help us see what people's experiences were. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This included looking at the support that was given to them by the staff.

We spent 30 minutes watching people during lunch time and found that people had positive experiences. Staff knew what help people needed and they respected people's wishes if they wanted to manage on their own. We saw that the support given to people matched what their care records said they needed.

We saw staff interact with people and saw how people were supported in their day to day routines. Staff told us that people were able to choose what they wanted to do. We saw how some people chose to spend their time during the day. For example, some people sat in the lounge watching the television, some people chose to stay in their room, while other people moved freely about the home. We saw staff sat talking to people, often reassuring people when they became anxious or confused.

We saw that people were offered choices about food and drinks. We saw morning and afternoon drinks with a choice of biscuits and cakes served to people. We saw that people were offered choices at lunch time. For example, people were offered a choice of drinks with their meal, and alternative desserts where people did not like or want the pudding offered.

Staff provided a calm and relaxed approach to people and used people's preferred name as recorded in their care records when speaking with them. Doors to people's bedrooms were kept shut at all times to maintain privacy and staff were considerate not to discuss people's personal matters in front of others. This meant that people's views, choices and independence were respected by staff.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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At our last inspection in March 2012 we found that there had been a lack of drinks available to people who lived at the home. During this inspection we found that improvements had been made.

We walked around the home at the start of this inspection. We saw that jugs of drinks, with glasses were readily available throughout the home. For example, we saw a range of drinks were made available throughout the day on the side tables in the dining rooms. We saw jugs and glasses available in all of the lounges and the bedrooms we looked at. We spoke with one person who had their drink of water and a cup of tea within reach on their table. This person confirmed that drinks were always there and that staff came and checked that these were drunk throughout the day. "I have to drink all this you know", this person told me. "They come and check I am drinking it". Staff told us that fluid charts were kept when people had been assessed to be at risk of dehydration. We saw records that confirmed this. Staff described signs of dehydration to look out for and the action they would take should they notice any of these signs. This meant that staff supported people to maintain their fluid intake and ensure people remained hydrated.

At our last inspection in March 2012 we found that people were not getting the support they needed at lunch time. We spent time observing how support was given at lunch time. We found that staff attended to people's needs throughout. They took the time to listen to what people had to say. We saw that staff took time to explain everything to people and got down to each person's level when speaking with them. We saw how staff managed potentially difficult situations. For example, we saw where a situation of potential conflict between some people was suitably diffused. This was done respectfully for the individuals involved and without disruption to other people who were eating their meals. This meant that staff gave people the support they needed to ensure their wellbeing and welfare was maintained.

At our last inspection in March 2012 some of the information in the care records was inconsistent and meant that staff may not have had the correct information to provide appropriate care and support to people. During this inspection we found that people's needs had been assessed, with care and treatment planned and delivered in line with their individual care plan.

We looked at the care records for three people who lived at the home. We saw that care records had been reviewed regularly to make sure they met people's needs as any changes occurred. We saw that the care and support people received corresponded with the information in their care plan. For example, staff told us about how one person's support needs had changed and we saw how these changes had been responded to in their care plan.

We found that staff had a good knowledge of the care needs of the people whose care we tracked. This matched the information in the care records and what people told us about their individual care needs. This meant that people received a consistent level of care that met their individual needs.

People had risk assessments and risk management plans in place and we saw that these had been kept under regular review. For example, risk assessments had been completed where people had been at risk of falls and where they needed the staff to use the hoist when they needed help to move. This meant that people received the care they needed while the risk of harm to them was minimised.



**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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At our last inspection in March 2012 we found that furniture and furnishings in some of the lounges were soiled. During this inspection we found that improvements had been made. The provider had sent us a service improvement plan with details of all action taken to address the concerns raised at the last inspection. For example, the plan confirmed that all soiled furniture had been replaced; a cleaning programme and checklist had been agreed with the housekeeper and was now completed regularly. The manager told us that they were recruiting more cleaning staff for the home. We met with the housekeeper who told us they were interviewing two potential cleaning staff that day. Staff we spoke with confirmed that they had completed infection control training in June 2012.

We looked around the home and saw that all lounge furniture and the walls appeared to be clean and stain free. All rooms we saw were clean and odour free. This meant that the provider had improved appropriate levels of hygiene and cleanliness to ensure that people were protected from the risk of infection.

At our last inspection in March 2012 we found that the sluice room doors had not been kept locked. There was a risk that people could have entered the rooms where soiled waste had been stored. During this inspection we found that improvements had been made. We saw that these doors were kept locked. We checked these doors at different times throughout our inspection and saw that these doors had been kept locked. Staff we spoke with confirmed that the sluice room doors were kept locked at all times. This meant that people were protected from the risk of infection.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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At our last inspection in March 2012 we found that the systems in place to manage the risks associated with the management of medication were not fully effective.

Medication had been stored in rooms that were very hot and this was potentially unsafe for the storage of medicines. During this inspection we found that improvements had been made. Air conditioning units had been installed in all clinical rooms and confirmed by the provider as fully operational in June 2012. Daily temperature charts were completed and these were audited by the manager. We saw details of these checks in the monthly medication audits we looked at. This meant that all medicines were now stored at the correct temperatures.

At our last inspection in March 2012 we found that suitable arrangements had not been made to ensure people who lived at the home received their medicines as prescribed by their doctors. During this inspection we found that improvements had been made. We saw that appropriate arrangements had been put in place so that people's medicines were made available and given as prescribed by their doctors. Each unit manager carried out regular weekly checks on the administration of medication. In addition we saw that medicine audits had been completed by the manager on a monthly basis, with actions to address any shortfalls identified. This meant that systems were in place to make sure that people received their medication as prescribed by their doctor.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at records for three recently recruited staff. We found that appropriate checks had been made before these staff had begun work at the home. For example, records showed that the service had obtained information about the conduct of these staff during previous employment. An enhanced criminal record certificate had been obtained for all staff before they began work. Discussion with staff confirmed this. This meant that the provider had made sure that suitable staff were employed to care for people who used the service.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had systems in place to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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We saw that the provider had carried out a full review of the service during December 2012. We saw that people who used the service, their representatives and staff had been asked for their views about the care and treatment provided.

We saw minutes of a meeting with relatives held 6 December 2012 to provide feedback and discuss the findings of the service review. Feedback comments from relatives were recorded. Relatives commented that the staff were: "Wonderful" and: "Very caring to residents and relatives". Relatives also commented that the: "Food is very good always looks and smells nice and a good variety is offered. Pureed food looks nice and is presented individually on the plate".

Staff told us that their feedback about the home was sought through regular supervision and staff meetings. Staff told us that the home was: "Well managed" and that staff worked well together as a team. Staff told us that: "The manager is very approachable and listens to our views".

We found that audit systems were in place to monitor the quality of the service provided. For example, we saw audits for medication and training. We saw that action plans were in place for any shortfalls found and these had been followed up and completed by the manager.

We saw records that showed care plans were regularly audited and evaluated. For example, one care plan we looked at was last audited January 2013. Staff we spoke with confirmed that care plans were reviewed regularly. The manager told us that all mandatory parts of people's care was reviewed monthly or as needs changed.

The manager and unit manager told us about the 'resident of the day' process they had introduced as a way of fully reviewing the service for a person. A 'resident of the day' was identified for each of the three units within the home. During this review all aspects of the person's life at the home was looked at, to achieve a more holistic view of their experiences. This review took place every month. We saw evidence to show this was carried out.

This meant that the provider had effective systems in place to gather information about people's health, welfare and safety.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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