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 June 2013 Date of Publication: July 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ 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 or 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 looked at the personal care or treatment records of people who use the service, carried out a visit on 24 June 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, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We talked with local groups of people in the community or voluntary sector.

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.

What people told us and what we found

During our inspection we were able to chat with five people living at the home. They told us their needs were being met by a kind and caring staff team and they were always consulted about the care and treatment provided. We were also able to speak with three relatives.

We found staff had been appropriately recruited and were well supported by the management team. Methods for monitoring the quality of service provided had been established and systems had been developed in order to protect the health and safety of those living at the home.

Comments from those living at the home and some relatives included:

"My husband is being really well looked after. I have no complaints about this home."

"We cannot fault them. The staff are very caring towards everyone. They are so conscientious and work very hard."

"I am happy here, but there is no place like your own home. At least I am safe and have some company."

"What I like about being here is the staff. They are super. The surroundings are magnificent too."

During our inspection we assessed standards relating to care and welfare and how people

were supported to be involved in the planning of their own care. We also looked at the management of medications. Standards relating to staff support, recruitment and monitoring the quality of service provision were also inspected. We did not identify any concerns in any of the outcome areas we assessed.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

People living at the home had agreed to the care and support they were receiving.

Reasons for our judgement

A wide range of written policies were in place, which incorporated the importance of obtaining people's consent to care and treatment. Detailed information was also readily available about the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and access to advocacy services.

Records showed that the mental capacity of those living at the home had been thoroughly assessed and appropriate intervention taken in response to the evaluation. The manager gave us examples of where people had been assessed as needing more specific care in relation to their mental health needs and therefore more appropriate placements had been found.

We spoke with three visitors during the course of our inspection, who confirmed they were fully involved in the care their relatives received. The care planning process showed that people had been given the opportunity to decide how they wanted to be supported. However, the provider may find it beneficial if formal documentation was introduced in relation to people consenting to the care and treatment provided on a daily basis.

We observed staff offering people a wide range of choices throughout the day and people spoken with confirmed they were able to make decisions about the care and treatment they received. One care file we viewed showed quite clearly that a female resident preferred the assistance of female staff to attend to her personal care needs and we were able to confirm this request was carried out in day to day practice, which was pleasing to note.

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.

People living at the home received person centred care and support 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 helped to ensure 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 needs identified during the pre-admission assessment process. This included risk assessments in areas such as pressure care, falling, moving and handling and nutrition.

Staff spoken with had a good understanding of what people needed. We looked at the care plans of four people living at the home, who had very different needs. We found these to be in general, person centred and they had been reviewed regularly 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. The community mental health team were on site at the time of our visit and we saw a General Practitioner visiting one individual, whilst we were at the home.

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.

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. Staff spoken with were confident in responding to any emergency situation.

Two co-coordinators were employed, who were responsible for planning and implementing a variety of leisure activities both inside and outside the home. Both these staff members appeared enthusiastic and very passionate about what they did.

Good social histories had been recorded within the care files seen, which included

people's hobbies and interests, such as gardening, music and sport. Records showed people were encouraged and supported to maintain their interests whilst living at the home and we were able to confirm this by speaking with those using the service and by observation of the activities provided on the day of our visit.

A monthly newsletter had been introduced, which outlined various activities that had taken place and which incorporated planned entertainment and excursions, such as a canal barge trip, picnic and cheese and wine evenings. It was also evident that a forthcoming street party was being arranged to celebrate the Queen's Coronation. An activity entitled, 'All the fun of the fair' was being organised for the local primary school children.

A full planned programme of activities was in place, which included involvement of a number of volunteers, visiting musicians, trips out, 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. Records showed individual events, which people had participated in. This helped to avoid isolation and encouraged people to join in activities, in order to prevent boredom. However, people we spoke with told us they were able to choose which activities they participated in and were never forced to join in things they did not want to.

People we spoke with gave us some good examples of individual and small group activities provided, both at Springfield Court and out in the community. It was evident good relationships had been forged with local schools, churches and other community groups.

During our visit we saw people reading newspapers, playing scrabble, 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.

At the time of our inspection the home was a hive of activity. A visiting musician was encouraging people to become involved in the musical entertainment and another external entertainer was presenting a Tai Chi class, which people were enjoying. One resident was eager to show us the flowers she had planted in the raised beds outdoors and another talked about his love for music.

Management of medicines ✓ Met this standard

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 arrangements in place to manage medications in an appropriate and safe manner.

Reasons for our judgement

The medication policies and procedures were detailed and covered a wide range of areas, including self administration and homely remedies. Photographs of each resident were attached to their individual Medication Administration Records (MAR) for identification purposes, so that the possibility of drug errors was reduced.

The receipt of medications had been recorded on the MAR charts and had been witnessed by two members of staff. This helped to reduce the possibility of any miscalculation of medications entering the home. However, the provider may wish to note that hand written entries had not always been signed, witnessed and countersigned, in order to minimise the possibility of transcription errors.

Controlled drugs were being managed effectively and any needing to be destroyed were recorded within the relevant register and appropriate methods were used to render these drugs ineffective. The balance of controlled drugs was checked by two staff members at the time each drug was administered, which was considered to be good practice.

Medications were stored at appropriate temperatures. Eye preparations were dated on opening, to ensure they remained within their recommended shelf life. The amount of variable dose medications had been clearly recorded on the MAR charts, so that staff were consistently aware of the amount administered. Any 'as and when required' medications had been administered in accordance with the MAR charts and the reason for omissions of regular dose medications had been recorded appropriately.

We were told that only registered nurses were responsible for the administration of medications and signatures of these staff members were clearly evident within the medication records, so that it was easily recognisable who had administered the medications on each occasion.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Robust recruitment practices had been adopted by the home, which helped to ensure only suitable people were appointed to work with this vulnerable client group.

Reasons for our judgement

At the time of our visit to this service we looked at the personnel record of a recently appointed member of staff. We found a Criminal Record Bureau (CRB) disclosure and two written references had been obtained before this person commenced employment at Springfield Court. This showed good recruitment practices had been adopted by the home. However, the provider may find it beneficial if employees were periodically checked with the Disclosure and Barring service (DBS), which superseded the CRB, to ensure they remain fit to work with this vulnerable client group.

Evidence was available to demonstrate that verification from the Nursing and Midwifery Council (NMC) had been obtained annually to ensure registered nurses were eligible to continue practicing.

Records showed that potential employees had completed application forms and had gone through an interview process, showing that they were suitably appraised before being offered a position at the home. The policies clearly outlined disciplinary procedures for staff, so that they were fully aware of action that would be taken by the company in the event of staff misconduct.

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 their presence. Staff we spoke with were enthusiastic about their work and it was clear they cared about the people they supported. We were able to confirm the turnover of staff was very low, with a high percentage having worked at the home for many years, which helped to promote continuity of care.

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. Policies also provided staff with additional support and guidance about grievance procedures, should the need arise.

We were told by staff that when new employees first started working at the home they underwent an induction period, shadowing a more experienced member of staff for several days. 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, which showed some training courses people had attended. However, the provider may find it beneficial if this was kept up to date, so that the training of all staff could be easily audited. This would help to identify any additional training needs for staff, linked to individual supervision and appraisal programmes.

Staff we spoke with told us about the training they had completed and identified a range of mandatory courses available, such as Infection Control, Fire Awareness, Moving and Handling and Safeguarding Vulnerable Adults. We were able to confirm that training courses, specific to the needs of those living at the home, had been rolled out amongst some of the staff team, such as dementia awareness and we were told a further course had been arranged for other members of staff to attend this training.

Records showed a good percentage of staff had achieved a nationally recognised qualification in care, demonstrating a well trained staff team. We were able to establish that appraisals and supervision of staff had occasionally been conducted, although not at

regular intervals. Therefore, the provider may find it beneficial if a more formal approach to appraisals and supervision for staff were introduced, so that people's work performance and development could be easily monitored each year. 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 care worker told us, "Linda's (the manager) door is always open. We just have to tell her if we have any concerns and it is sorted straight away. The nurses are very helpful too." One person living at the home commented, "The staff are all very good. They are committed to their work."

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 providers were on site most days and were very much 'hands on'. Therefore, close monitoring of the service provided was evident and this was clear at the time of our visit.

A wide range of monitoring systems were in place, so that any shortfalls could be identified and addressed as soon as possible. People living at the home, their relatives and staff had been involved in regular discussions and were very aware of the management structure of the home. 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 Springfield Court 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. Comments submitted to the home included, 'In general a high quality of care is provided and staff have helpful attitudes' and 'The staff are friendly and caring.' Letters were in the process of being circulated to relatives inviting them to meet with the Directors of the company, allowing them to discuss any matters on an individual basis.

A wide range of detailed audits and risk assessments had been 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. Records showed reports were compiled following regular inspections by the provider. Evidence was available to show actions taken in response to feedback from residents, relatives and staff.

A wide range of policies and procedures were in place, 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. One member of staff commented, "If we need any equipment for the residents, we just have to ask and it is provided really quickly." Accidents had been recorded well, so the manager was able to audit and monitor their frequency and identify any recurring patterns.

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.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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