

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 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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ 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 is situated in Woolston, Southampton. They provide accommodation and care for up to 23 older persons.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	12
Assessing and monitoring the quality of service provision	14
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	16
<hr/>	
About CQC Inspections	17
<hr/>	
How we define our judgements	18
<hr/>	
Glossary of terms we use in this report	20
<hr/>	
Contact us	22

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 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 and talked with staff.

What people told us and what we found

We spoke with three people who use the service, three relatives of people, three staff and the manager. We looked at five people's care records and staff and management files were viewed. We observed care given to people in communal areas throughout our inspection.

One person told us: "I got lonely living on my own, now I live here I have my friends." Another person told us: "It's what I expected in a care home. I can choose how much I join in and find I get on with most people." Where people were able to discuss their care needs they were involved in their care planning. The manager told us mental capacity act assessments were used to support those people who were unable to consent.

People were safe and staff were trained in identifying abuse and knew how to respond to safeguarding concerns. One person told us they would talk to the manager if they felt they were not being treated well by staff.

Our last inspection found staff were not being adequately supported and were not receiving regular supervision. We found staff had received supervision in January of this year however this had not occurred since. therefore staff were still not being adequately supported as they were not receiving regular supervision.

The service had received comments from people who used it and had prepared an action plan accordingly. This showed they responded to feedback received.

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 29 August 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

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.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at the care records of five people and found three statements about people's ability to give consent. One person's assessment stated they had "full capacity to make decisions on their care." We spoke with the manager who told us they did not use consent forms except for the use of photographs. Staff would ask people for consent when giving care and we observed this when people were offered choices of activities in the morning.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We looked at three people's notes where they were unable to give consent around major issues. One person's notes said they could give consent by nodding and saying yes or no but could not physically sign anything. In this instance the person's son acted on their behalf and held their power of attorney. In another record we looked at, we saw minutes from a best interest meeting which involved relatives, a social worker and an advocate.

Another person's care records showed they were unable to give physical or verbal consent and were unable to understand questions asked around their consent. The person did not have the support of relatives and a best interests meeting was being arranged with social services. The manager showed us they had made a referral to an advocacy service on behalf of this person.

We asked to look at records to show where the mental capacity act had been adhered to and assessments carried out. The manager told us there were several assessments in place but the social workers had not passed on these assessments for their records. The provider may wish to note written evidence of mental capacity assessment decisions had not been sought by the manager who could not therefore evidence these had been completed.

The provider was aware of concerns around obtaining consent from people who may not be able to give or understand the need for consent. They were using support from other professionals and referring on to advocacy services when appropriate. Where people could give consent we saw the provider was including their wishes in the care plans we saw. Staff told us they were aware of this and acted on them.

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's needs were assessed and care plans were in place to meet identified needs.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at five people's care records and they all contained pre admission assessments. Another assessment of needs was undertaken after their admission to the service. One person's pre-admission assessment identified the person required support around incontinence. This subject was also included in the full assessment. We saw care plans were in place highlighting the support the person required with their toileting. We found records of appointments with the general practitioner where this area was discussed and medication prescribed to assist the person. This showed us care plans reflected needs identified within the assessment and people received support with those needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We were told by a relative "My mother was very fearful of taking a bath following a fall at home. The staff have helped her by reassuring her and supporting her." We looked at the person's care plan and saw the guidance for bathing this person. This showed staff how to physically support the person into the bath and some key statements to use to encourage the person. It also identified the lifting equipment required and we saw a risk assessment was in place for moving and handling. When we spoke to the person they told us "I would like to have more baths and the staff help me so much." We looked in bathing records for the person and saw they received two baths a week. This showed us people's care needs were delivered in a way that ensured the person's safety and welfare.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. For example we saw in one person's care record they had identified their religion as Jehovah's witness. We spoke with a staff member who told us the person was visited by people from the church and read pamphlets and information left for them. Staff gave the person the choice to be involved or not in Christian festivals that were not recognised within their religion. We were told the person accepted others choice and joined in the Christmas festivities.

There were arrangements in place to deal with foreseeable emergencies. The manager told us they provided an on call service when senior staff were not on duty. Staff told us they knew when they would need to contact the manager and were happy with the support they received. We saw in the office a sign giving staff instructions for people to contact in most common emergency situations. We saw the service had fire alarm systems and equipment to fight fire. We also saw they had automatic door closures on doors. These were all tested on a weekly basis and records maintained. We looked in the Fire Log book and saw maintenance had been completed recently by the service's fire equipment contractor. People had personal evacuation and egress plans in their records that highlighted the support they would need to leave the building in an emergency situation.

We observed a person sitting in the dining room after eating their breakfast. A member of staff approached them and asked if they wanted to move to the lounge to watch a film. The person said they would like to. The member of staff helped the person transfer to another dining room chair which had arms. We looked in the person's care plan and saw this had been detailed within their moving and handling assessment. This showed us staff were aware of people's support plans and followed them.

We saw people were offered a range of activities and could choose where they wished to sit during the day. DVDs and music were put on and one person asked to watch the horse racing later on in the day. Some people chose to sit out in the garden for a while. Staff told us they were aware of people's care plans and could add suggestions when they were reviewed.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff received regular training and updates in safeguarding vulnerable adults.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We looked at the training matrix and in staff personnel files. We found all staff had attended safeguarding vulnerable adults training within the last year. One person told us they would report any abuse they saw to the manager. The three staff we spoke with were all able to identify types of abuse and told us who they would report abusive practices to. They all identified reporting to social services or ourselves if they could not report to the manager or provider. The manager showed us records of training booked for the year to demonstrate when staff received their annual update. By having training and policies in place the provider was able to demonstrate they were protecting people from abuse.

The provider responded appropriately to any allegation of abuse. We spoke with the manager who told us of a safeguarding concern they were aware of. The manager notified the local safeguarding team who involved the police. A best interest meeting was arranged due to the level of understanding of the person concerned. The manager had referred the individual to an independent advocate. We were told the police investigation had not been concluded. . These actions demonstrated the provider's appropriate response to an allegation of abuse.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We spoke with the manager and three staff who all informed us the service did not require support or training in physical management of challenging behaviours. Staff told us they had not received training in the use of restraint as they did not need to use this intervention. One member of staff told us they would re-direct a person to another activity if they showed signs of becoming upset.

We observed one person become unsettled and shouted and swore at staff. A member of staff knelt down beside the person and asked them if they wanted a drink. The person made it very clear they wanted an ice cream. The member of staff told the person they

would ask the cook if they had any. They then came back to the person with a bowl of ice cream which the person ate. We checked with the manager to see if staff had received dementia or management of challenging behaviours training. We saw in training records some staff had attended dementia awareness training. This demonstrated staff were able to identify causes for behaviours and responded in a way that was appropriate for the individual.

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 cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff did not receive regular supervisions and feedback on their performance and support they needed.

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

On our last inspection in December 2012, we found the provider to be non compliant in supporting workers. This was due to the lack of supervisions carried out for staff by management. An appraisal system was also not in place for staff. The provider sent us an action plan which stated appraisal and supervision systems would be put in place by March 2013.

We spoke with the manager, three staff and also looked at three personnel records. We saw the manager had booked and carried out supervisions with staff in December 2012 and January 2013. We were told by the manager they had not been able to carry out any further supervisions from January until our visit this June. Staff confirmed this with us when we asked them about their supervisions. Records in the files we looked confirmed this. The manager stated they had not been able to find the time to carry out the supervisions and they had to respond to other events in the home. They showed us the supervision plans for all staff for the rest of the year. This showed these would be happening every six to eight weeks.

We asked to look at a risk assessment for a member of staff as the manager had informed us a member of staff was pregnant. They told us they had held a meeting with them to identify tasks they could do and those they would be unable to carry out. The manager was unable to find this document and believed may have been with the person for them to sign. The provider may wish to note the manager was unable to locate a document.

An appraisal system had been set up as outlined in the provider's action plan. Staff met with the manager in January 2013 and had identified key areas for their professional development. This included discussions on training and personal responsibility areas for individuals. We saw these were in place in the three staff files we looked at. Staff also confirmed they had attended an appraisal meeting when we spoke with them.

We found the service had made some progress in implementing a supervision system for

staff. They had also commenced to use an appraisal system for staff. However supervisions had not occurred since January 2013 when the initial supervisions had been undertaken. Staff were therefore not receiving regular supervision. We did note the manager had scheduled a supervision for a member of staff on the day of our inspection and had dates for other supervisions recorded on their diary.

Staff received appropriate professional development. We looked at training records for staff and the manager shared with us their matrix of training attended and booked. We saw staff had received training from an external provider in a number of subjects relevant to the role they carried out. This included food handling, first aid, moving and handling and health and safety. They also received regular updates on safeguarding, administration of medicine and dementia awareness.

New staff received training in line with the skills for life care standards for care staff induction. This gave them a balanced introduction to working with people in the service and an orientation to the workplace. A member of staff told us they felt well prepared for their role following the completion of their induction programme.

Staff were able, from time to time, to obtain further relevant qualifications. We spoke with one member of staff who had recently been promoted to a senior carer position. They had completed a national vocational qualification (NVQ) in social care at a level three. The manager was looking at starting them on a qualification credit framework (QCF) course in managing in social care which was at level 4. A member of staff told us they enjoyed training and the provider was very good at giving people the training they needed.

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.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager showed us the report and action plan from their review of relative's questionnaires. They received 27 responses which gave a balance view of areas for improvement. A comment was received about the stair lift to the first floor and the non operational passenger lift. This had been addressed and the lift was working which gave people the option of using the passenger lift or stair lift.

The manager told us they used to hold resident's meetings but these were stopped as people did not want to attend them. They told us they were looking at starting this up again and we saw a notice in different areas of the home advertising when the next meeting would be held. Staff meetings were held on a monthly basis where staff could raise suggestions.

A comment had been received concerning the laundry facility where people had been wearing others clothing and clothing had not been washed appropriately. The service responded by discussing laundry concerns with staff, ensuring clothes were labelled and prepared guidelines for staff to follow when washing clothing and different materials. The service also introduced records of mistakes within the laundry or reported to the manager. This showed the service responded to feedback received on the quality of the service they provided.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw in people's care records and through discussion with the manager that decisions were made in accordance with professional advice. We noticed one person had a do not resuscitate note attached to their file which had been made while they were in hospital. The family felt this had been made while their relative was unable to understand fully the implications of this. The manager told us they worked with the general practitioner (GP) and psychiatric team to review this status and all were in agreement that this should be removed. The provider may wish to remove this from the person's file to prevent any

possible confusion.

There was evidence that learning from incidents took place and appropriate changes were implemented. We spoke with the manager who told us of an incident where medication was given to the wrong person. They immediately contacted the GP to ensure safety of the person who received the wrong medication. They confirmed this should have no effect on them. The service then investigated how the mistake had occurred. The person giving medication had been distracted and answered the doorbell while carrying out the medication round. The service put in place a no distractions process for the medication administrator. A member of staff was identified who would answer the phone or door-bell during the time medications were administered. This showed the service had responded to an incident and introduced a system to ensure the safety of people who used the service.

The provider took account of complaints and comments to improve the service. We looked at the complaints file and found the service had not received any complaints since our last visit. We checked on the feedback from the relative's questionnaire and saw some relatives did not have a copy of the complaints procedure. The manager printed off copies of the complaints procedure and posted this to all relatives in March 2013.

We saw in the relative's questionnaire report some comments had been made about the cleanliness of the home. The manager told us they had brought in daily cleaning schedules for each bedroom and communal areas. These were signed off as completed by cleaners and other staff each time they completed the cleaning. These were then checked each week by the manager or deputy manager. The shift leader allocated cleaning tasks when housekeeping staff were off duty and recorded this in the handover book.

The manager told us of other checks they undertook frequently to monitor the quality of the service. This included a daily walk around the home taking note of maintenance and health & safety concerns. They also undertook regular room risk reviews which covered storage and cleanliness. The manager monitored accidents, falls and health records of each person every month. This showed they were actively checking the quality of the service they provided on an appropriate basis.

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 did not receive appropriate supervision to enable them to deliver care and treatment to service users safely and to an appropriate standard. (Regulation 23 (1) (a))

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 29 August 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 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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
