Inspection Report

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: 30 January 2014

Date of Publication: March 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Supporting workers	✓ 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 people.
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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 30 January 2014, 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

In this report the name of the registered manager appeared who was not in post and not managing the regulatory activities at this location. This was because they were still a registered manager on our register at the time of this inspection.

We spoke with two people who used the service and they were positive about living there. One person told us, "whatever I want, I get it" and that staff were, "very polite, helpful". Another said the home was, "very good". Staff were, "very attentive" and would stop and talk, often asking "is there anything I can do for you?" We also spoke with two visitors, who were both positive about the care provided. One said, "it's fabulous. I don't know what we would have done without them. You just couldn't ask for a better place." The other told us about an incident involving their relative and said the service's response had been positive.

We looked at the care plans for three people who used the service and whose needs were considered complex. Their needs had been assessed and regularly reviewed to ensure any changes were identified and responded to. Care plans were detailed and personalised to individuals and included risk assessments. Daily records showed the care plans were being followed which meant people's assessed needs were being met. Staff received appropriate professional development and annual appraisal to support them in their work.

The home appeared clean but the home did not have a policy and procedure regarding infection control and did not have a named staff member responsible for ensuring risks were minimised. We saw five beds which were stained and a bath which was damaged and posed a risk to people using the service.

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 26 March 2014, 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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs were assessed and met in an individual way. Staff spent time with people ensuring their independence was promoted.

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 spoke with two people who used the service and they were positive about living there. One person told us, "whatever I want, I get it" and that staff were, "very polite, helpful". Another said the home was, "very good". Staff were, "very attentive" and would stop and talk, often asking "is there anything I can do for you?" We also spoke with two visitors, who were both positive about the care provided. One said, "it's fabulous. I don't know what we would have done without them. You just couldn't ask for a better place." The other told us about an incident involving their relative and said the service's response had been positive.

We looked at the care plans for three people who used the service and whose needs were considered complex. Their needs had been assessed and regularly reviewed to ensure any changes were identified and responded to. Care plans were detailed and personalised to individuals and included risk assessments. Daily records showed the care plans were being followed which meant people's assessed needs were being met.

There were some people using the service whose physical and mental health had declined recently. The manager told us how they had sought further professional advice and support from care professionals such as district nurses and social workers. Multi-disciplinary meetings had been held to consider where people's needs would be best met. Nursing assessments had been undertaken where necessary and care plans reflected the action being taken to meet people's needs whilst living in the home. Additional staffing had been put in place at key times during the day and two staff worked together as a team to support people who needed this level of care.

We spoke with three members of staff about their understanding of people's needs. They were clear about the level of support people needed, including their mobility and continence needs. However, the provider may find it useful to note that one person's care

plan stated they liked two sugars in their tea. One staff member confirmed they put two sugars in the tea but another staff member said she had been told by a colleague that the person did not have sugar and had given them tea without. Another said they put one sugar in the tea. This meant the person was not always given the tea sweetened in the way they liked.

We observed care and support being provided in the lounge and dining area. We saw staff were attentive and talked to people as they undertook tasks, such as hoisting. We watched as a staff member supported a person walking with a frame, their hand lightly on their back and at the person's own pace. We saw staff supporting another person by encouraging them to walk to maintain their independence. The staff member was monitoring the person's progress and when they became tired, they requested assistance from another staff member who brought a wheelchair. The person was gently assisted into the chair and the footplates put in place to ensure they were comfortable and safe. We saw one person requested staff to scratch their back and staff obliged and spent time chatting with them. This meant people had their needs met by staff who interacted with them in a kind way.

People who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards, (DOLs). The manager was aware of when it was appropriate to refer under the DOLs scheme and had used the procedure to ensure a person using the service was safe and that they stayed in the home within the legal framework. This meant the person's safety was maintained.

Cleanliness and infection control ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not fully protected against the risk of the spread of infection within the home. However, the provider ensured the home was cleaned regularly and people were pleased with the general cleanliness.

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

There were not effective systems in place to reduce the risk and spread of infection. Staff had received training but there were not any policies, procedures or risk assessments in place for infection prevention and the home did not have a named staff member responsible for infection control.

The manager told us soiled laundry should be collected from bedrooms using red bags specifically for this purpose and washed using the sluice wash, (cycle 2) which reached a temperature of 75 degrees. We asked three staff how they dealt with soiled laundry. One told us they used red bags and washed at cycle 2. However, another said they would collect soiled laundry in an open basket and showed us which wash cycles they would use, which were 30 and 40 degrees. Another told us they used the red bags and cycles 5 or 6, which washed at 40 degrees. Staff were therefore not consistent in how they processed linen to minimise the risk of infection and were not aware of current guidance. Together with the lack of policies and procedures, this meant people could not be assured that linen was laundered appropriately to reduce the risk of infection.

There was a good supply of liquid soap, paper hand towels and personal protective equipment, such as disposable gloves which meant the risk of spreading infection was reduced. We spoke with one person who said the home was, "very clean, which is the main thing." We saw the environment, such as communal areas and toilets appeared clean. However, in the upstairs bathroom we saw flaking paint and rust on the underneath of the bath chair hoist. The boarded bath panel was split and peeling along the underneath of the top of the bath. The manager agreed this meant it would be difficult to completely clean this area to reduce the risk of spreading infection. The fragmented board at the side of the bath could also catch people's skin resulting in possible injury.

We looked at 13 bed bases and found five of them to be visibly stained around the sides which put people at risk of infection. We showed the manager what we had found and they said they had identified that some beds needed replacing. However, this was not

evidenced in any of the regular written audits completed by the manager. The manager told us they would rectify this.

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.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff had received training in subjects necessary to support people living at the service.

Reasons for our judgement

On our last inspection in June 2013, we found the provider to be non-compliant in supporting workers. This was due to the lack of regular supervisions carried out for staff by management. We looked at personnel files for nine staff and two showed the staff had received two supervision sessions in 2013. The remainder showed one or none. The manager said they had been in post since August 2013 and were sure they had undertaken supervision sessions with staff. They showed us lists of staff names and dates when the supervision had taken place. Some records of individual supervision sessions were available but had not been dated so we could not ascertain whether they were recent or not.

The provider may find it useful to know that during this inspection the manager could not find records to support the assertion that staff had received regular supervision. The manager looked for the missing records but could not find them at the time. The manager subsequently informed us they had since found the majority of the missing paperwork and could obtain statements from staff to confirm supervision had occurred.

A system was in place to ensure staff received annual appraisal. We saw records which showed staff had received their appraisals in January 2014, which was a year after the previous ones.

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 and health and safety. The manager had completed a 'train the trainer' course on moving and handling and ensured staff had received training in this. Staff also received regular updates on safeguarding, administration of medicine and dementia awareness. One staff member told us they enjoyed the training and that there was, 'always something new to learn'.

We spoke with a member of staff about their induction when they began working at the home. They told us they supported people with less complex needs and 'shadowed' more

experienced staff. New staff received training in line with the skills for life care standards for care staff induction, when a place on the course became available. This gave them an introduction to working with people in the service and an orientation to the workplace.

Staff were able, from time to time, to obtain further relevant qualifications such as a national vocational qualification (NVQ) in social care. This meant staff were supported to undertake additional learning to improve the skills necessary to work with people using the service.

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 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: The provider did not have an effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection. Regulation 12 (2)(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 26 March 2014.

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk