

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

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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
Cooperating with other providers	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Bupa Care Homes (CFC Homes) Limited
Registered Manager	Mr. Stephen Joseph Whitfield
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'.

	Page
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
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cooperating with other providers	9
Safety and suitability of premises	10
Complaints	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 November 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 carers and / or family members 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.

What people told us and what we found

We inspected The Springs and observed the care and support given to people who lived at the home. The home is set out over three floors and this inspection focused on Morgan floor.

We spoke with a registered nurse, an activities coordinator, three care staff and the registered manager. We also spoke with a visiting relative. We were unable to hold conversations with the people who lived at the home due to their communication difficulties. We spent time and observed the care and support people received.

We read care records for three people and other supporting documents for the service. Staff asked people if they were happy with them giving care before they gave it.

People's needs had been assessed and care and treatment was planned and delivered in line with their individual care plan. Staff were aware of each person's needs and how to give care and support to meet those needs. We saw that staff were kind and caring in their approach to people who lived at the home.

People were supported with access to additional medical services as necessary which made sure their health and social welfare was protected at all times.

There was a complaints procedure in place at the home. The registered manager told us this procedure would be followed in the event people had any comments or complaints. A relative we spoke with told us: "I don't have any complaints, they give great care here".

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.

The provider had systems in place to gain and review consent from people who used the service.

Reasons for our judgement

We observed the care and support given to people who lived at the home. We saw that staff spoke kindly to people, and gave them time to respond. We saw that when staff had asked a person a question or offered to help them they had been patient and waited for people to give their answer. Staff told us they would know if people were unhappy or wanted something. They told us people would indicate in their own way what they wanted and that staff would respond to this.

We observed how people were supported with their lunch time meal. We saw that staff gave people a choice of meal and took the time to explain to people if they were unclear what the meal was. The provider may wish to note that people may find it easier to make a choice if they were shown the meal options available to them.

We found that people had been asked for their consent before they were given any care or treatment and staff had acted in accordance with their wishes. Staff told us that they asked people and supported them to make decisions in their everyday lives. Staff told us that many people they supported with dementia could not always make everyday decisions for themselves: "But I still give them the choice and explain what I would like to do for them". "When I give personal care I ask first before I give it". This meant that staff recognised the importance of ensuring people agreed to any provision of care before they carried it out.

We saw that care records had been kept under review and people had been involved where they had been able. We saw that people's wishes had been recorded. We saw records that showed how support had been obtained when people had been unable to consent to their care or where decisions needed to be made on their behalf. For example, support from relatives, advocates or medical professionals had been sought in these instances. The registered manager told us that best interest meetings were held to support people who were unable to make significant decisions for themselves. We saw evidence of best interest meetings that had been held for this purpose. This meant that people were kept fully informed about the care available to them and were supported to make informed decisions about their care and treatment.

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.

Reasons for our judgement

We saw that staff had a kind and caring approach towards people they supported. People looked comfortable and relaxed in their home.

During the morning of our inspection a weekly coffee morning had taken place, with relatives and members of the local community invited. The activities coordinator told us that the coffee morning and the raffles they held helped to raise funds: "To buy sensory equipment. We are hoping to buy these soon as we have chosen some small things, like mobile equipment we can use with residents". "Using sensory equipment would be so helpful, just being able to calm people who are anxious or frustrated would be much better".

The registered manager told us that they planned to extend their enhanced dementia training for all staff. This would ensure that the dementia care provided in the home followed the recommended dementia standards. This would include the move to non uniforms for staff, and the availability of individual rummage boxes for people so they had access at all times to objects that were relevant to them. Staff we spoke with were enthusiastic about these developments and how this would improve activities and stimulation for people. This meant that people's welfare was promoted in keeping with published research and guidance.

We read the care records for three people and saw how their care had been provided and managed. We saw that these care records had been reviewed regularly and changes had been recorded which made sure that people's needs had been met as changes had occurred. Staff told us they made sure they were fully up to date with any changes to people's care needs. This made sure that staff had the information they needed so they could provide consistent care. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We found that staff we spoke with had a good knowledge of the care needs of the people whose care records we had read. This matched the information in the care records and the care we saw people received during our inspection.

We saw that risk assessments had been carried out whenever a risk had been identified

for people associated with their conditions. For example, risk assessments for manual handling, eating and drinking were in place where required. We saw that plans were in place that made sure staff had the information they needed on how to manage, support and keep people safe. Staff confirmed this. This meant that people received the care they needed whilst the risk of harm to them was minimised.

The provider may wish to note that we looked at the risk assessments for people where risks had been identified associated with their mobility. We found that where the use of hoists was required to minimise these risks, appropriate slings had not always been available. We found that slings had not been identified or made available for individual use, or that appropriately sized slings had not always been available as needed. Staff we spoke with confirmed this. This meant that there were potential risks associated with shared slings, such as the risk of cross infection and the risk that incorrect size slings may be used. We spoke with the registered manager who assured us that action would be taken to address this.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

Arrangements were in place to make sure that people's health and social welfare was protected at all times.

Reasons for our judgement

We found records showed that arrangements were in place that made sure people's health and social welfare was protected at all times. We saw evidence that staff had worked with various agencies and made sure that people accessed other services in cases of emergency, or when people's needs had changed. This had included doctors, consultants and specialists.

Staff confirmed that they worked well with other agencies. Staff we spoke with told us that they: "Don't hesitate to get medical support straight away if people need it". This meant that people's health and welfare was protected because staff worked in cooperation with others to achieve this.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

Reasons for our judgement

We spent time and looked around the home. We found that corridors were uncluttered which meant that people could easily walk or move around the home. We saw that the home was well decorated and that furniture was suitable for people's needs and in good repair. Facilities were available for people with a variety of needs. Toilets and bathrooms were fitted with suitable aids such as grab rails, chairs and call bells.

The gardens were attractive and easily accessible to people who lived at the home. There were flower borders, paved and grassed areas. For example, in one area we saw a stone water feature, an old style pram used as a planter, lamb statues positioned on the grassed area, and several benches for people to sit on as they chose, weather permitting.

We spent time in the communal lounge and dining area on the second floor of the home. We saw that the home was well maintained. Staff we spoke with said there was a maintenance person employed at the home who: "Soon sorts things where he can". We saw records that confirmed this. We saw that regular checks were carried out that ensured the safety and suitability of the premises. For example, water temperatures were checked so that people were not at risk from scalding.

There were also in house checks on the fire alarms. Regular fire drills had taken place that ensured staff knew how to keep people safe in the event of a fire. We saw that an inspection of the building by the local authority contracts monitoring team had been done on 8 November 2013. We saw a copy of the report which showed that actions needed to be taken. For example, fire extinguishers located in the sluice room had not been inspected since 2010. The registered manager told us that action had been taken to address these issues. This meant that the provider complied with fire standards but also ensured people's safety.

We found that there had been an on-going problem with the heating of some bedrooms in the home. This was confirmed by the staff we spoke with and by the registered manager. The registered manager told us that the contractor had attempted to resolve the problem but the issue had remained. The morning of the inspection had been particularly cold and staff had commented that some people had been cold when they got up and dressed. This was discussed with the registered manager and additional heating had been sourced by

the end of the day of the inspection.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

The provider had an effective complaints system available and any comments and complaints people made would be responded to appropriately.

Reasons for our judgement

We found that people had their comments and complaints listened to and acted upon without the fear that they would be discriminated against for making a complaint.

We found that the service had kept a record of some of the comments they had received. We saw that positive comments had been made about the home such as: "Thank you on behalf of the family for all your work in helping X (person's name)".

We saw that the provider had a procedure in place should anyone wish to make a complaint. This procedure had been kept under review and was last reviewed in June 2013. Staff told us they were aware of the complaints procedure and where it was kept should they need to access this.

We saw that a copy of the complaints procedure had been made available to people and their relatives. Information had been given to people about what they should do if they felt they were not being treated well. People were also given information on who they could talk to if they were unhappy about anything. Staff we spoke with told us they would support people if they wanted to make a complaint.

We looked at the provider's complaint records and saw that complaints or concerns received had been recorded. We saw that all complaints had been responded to in line with the organisations own procedures. At the time of the inspection no complaints had been received by the Care Quality Commission (CQC). The registered manager confirmed that the procedure would be followed whenever they received any complaints. This meant that people's complaints would be listened to and acted upon.

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.

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