

Ascot Care North East Limited

# Springfield Lodge Care Home

## Inspection report

North Street  
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Tyne and Wear  
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Date of inspection visit:  
02 December 2022  
08 December 2022

Date of publication:  
05 January 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Springfield Lodge Care Home is a residential care home providing accommodation and personal care to up to 40 older people, people with physical disabilities and people living with a dementia. People are supported in 1 adapted building. At the time of our inspection there were 39 people using the service.

### People's experience of using this service and what we found

Medicines and risk were not always managed safely. The provider had not ensured staff had received the training needed for their roles. Eating and drinking support was not always effective. Care records did not always reflect people's care choices and needs. The provider's governance processes had not always identified or addressed issues at the service.

A number of staff had recently left the service, meaning agency staff were regularly used until new staff could be recruited. Staff were safely recruited. Effective infection prevention and control systems were in place.

People's needs were assessed but were not always subject to effective ongoing review. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The premises were adapted to suit people's choices and support needs.

People spoke positively about staff at the service, who they said were caring and kind. People and relatives said people were treated with dignity and respect.

People were supported to access activities they enjoyed and to avoid social isolation. The provider had a clear complaints process in place.

We received mixed feedback on how people's views and opinions were sought and acted on, and how the provider worked in partnership with others. People and relatives said staff helped people to achieve the outcomes they wanted.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 11 December 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about medicines management. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We have identified breaches in relation to medicines and risk management, training, eating and drinking support, care records and governance processes.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Springfield Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

An inspector, a medicines inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Springfield Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Springfield Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The most recent manager left the service in December 2022 while our inspection was ongoing. The provider was in the process of recruiting a new manager.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people and 5 relatives about their experience of the care provided. We reviewed a range of records. This included 6 people's care records and 8 medicine administration records, with accompanying documentation. We spoke with 13 members of staff, including the nominated individual, the manager, care, kitchen and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed safely. Quantities of remaining medicines did not always match the records of doses administered, so we could not be assured medicines were administered as prescribed.
- Guidance and records were not always in place to support the safe administration of creams and lotions. Guidance was not clear for how often creams should be applied and some records were missing. People had patch application records for medicated patches, but these were not fully completed to demonstrate they were being used safely.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was missing or not sufficiently detailed for some people.
- Thickening agents used to thicken food or fluids were not always well managed. Records were not available showing the administration of food and fluid thickener therefore we could not be assured people were receiving the correct amount.
- We spoke with the provider about the issues we identified, and they said medicine management would be reviewed and improvement action taken.

Medicines were not always managed safely. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risks to people were not always effectively assessed which meant meaningful plans could not be put in place to keep them safe. For example, one person took medicines that presented a risk to them if they fell. This information was not included in their falls risk assessment.
- Systems were in place to support people in emergency situations. However, plans on how people would be evacuated in an emergency situation were not regularly reviewed.

Risk was not always effectively assessed or addressed. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The premises and equipment were monitored to ensure they were safe to use. This included regular servicing and testing.

### Staffing and recruitment

- A number of staff had recently left the service, meaning agency staff were regularly used until new staff

could be recruited. We received mixed feedback on how agency staff were used. One person said, "I don't like agency staff, because I don't know them and find they don't always want to help me." We spoke with the provider about this, who said they would review how agency staff were used alongside permanent staff while recruitment was ongoing.

- The provider's recruitment processes minimised the risk of unsuitable staff being employed. This included checking employment histories and completing Disclosure and Barring Service checks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse and said they felt safe around staff. One person told us, "I feel safe and loved."
- Staff had not always received safeguarding training but said they would be confident to report any concerns they had. One member of staff told us, "I haven't seen anything concerning but if I did, I'd report it." The provider said safeguarding training was being arranged for those staff who had not completed it.
- Accidents and incidents were reviewed to see if lessons could be learnt to keep people safe. This included a monthly review of falls to see if further preventative measures could be taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Safe visiting to the home was taking place. Relatives we spoke with confirmed they were able to visit people, and we saw this taking place during the inspection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Risks associated with eating and drinking were not always effectively monitored. Care plans had not always been updated where people needed specialist diets, and monitoring was not always taking place to ensure they received them.
- People were not effectively monitored to ensure their nutritional health and wellbeing. For example, weight records and nutritional risk assessments were not consistently completed.

People did not always receive effective support with eating and drinking. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People spoke positively about the choice of food available at the service. Comments included, "The staff have found out what I like to eat and get it for me" and, "I do get a choice with food. It's very good."

Staff support: induction, training, skills and experience

- Staff had not always received the training needed to ensure they had the skills required to provide safe support. For example, only 14% of staff had completed training in fluids and nutrition awareness and only 32% in dementia awareness. The provider had plans in place to arrange further training but had not effectively monitored and arranged training before this.
- New staff had not always been effectively inducted into the service. Staff files did not always contain evidence of the induction process staff had followed. One member of staff told us, "I had very little help on how to do the job, I was just put on the floor and left."

The provider had failed to ensure staff had the training and skills needed to carry out their roles. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received support through supervision and appraisal meetings, though these had not always taken place regularly. The provider had identified this and was taking steps to arrange meetings more regularly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they started using the service. These were subject to ongoing review to ensure effective support was delivered, but we saw that this was not always done

regularly. We spoke with the provider about this, who said they would review and improve the ongoing assessment of people's needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with a range of external professionals to maintain and improve people's health and wellbeing. Care records contained evidence of collaborative working with GPs, district nurses and other healthcare services.

Adapting service, design, decoration to meet people's needs

- The premises had been effectively designed and adapted to meet people's needs. For example, communal areas allowed people to spend time socialising and also spend quiet time on their own if they wished.
- People had customised their rooms with their possessions and in line with their own tastes. One relative told us, "My mum's room is kept very clean and is well decorated."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS were generally appropriately applied for and monitored, though for some people applications had not been made where external professionals had advised they should have been. The provider was taking action to address this.
- People's consent to their care was recorded. Where people lacked capacity to consent, best interests decisions were taken on their behalf.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff treated them well. Comments from people included, "It couldn't be better. I am cared for really well" and, "[Staff] are so kind to me. They are like family."
- Relatives we spoke with said people were well cared for. One relative told us, "I can't speak too highly of the staff. They work so well as a team. They are a good caring community team of people."
- People appeared well treated and happy during our visit. We saw people laughing and joking with staff and spending time socialising with one another.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "[Staff] care for me and treat me with respect." We saw staff were polite and respectful in their interactions with people during our visit.
- Staff helped people to maintain their independence by encouraging them to do as much as they safely could for themselves. One person told us, "The staff allow me independence, but support me when I need it." A relative we spoke with said, "[Named person] is kept safe, but still allowing him independence and dignity."

Supporting people to express their views and be involved in making decisions about their care

- During the inspection we saw that people were supported to make decisions about their care. Records did not always contain evidence of how people and relatives were involved in developing care plans, but the provider told us this was being reviewed and improvement plans would be put in place.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider did not have an effective system in place to ensure people's care plans were current and reflected their needs and choices. For example, a person who was living with a dementia had not had the care plan for this reviewed since 2020. One member of staff told us, "The paperwork is a bit hit and miss. Sometimes there is no plan at all, other times blank like they have just moved in but they have been there longer."
- Daily records were not used effectively to monitor people's ongoing support to see if any changes were needed or wanted. For example, records on how people were supported with continence were inconsistently and infrequently completed.

Systems had not been established to maintain securely an accurate, complete and contemporaneous record in respect of each service use. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Systems were in place to promote effective communication. We saw that staff were able to communicate with people in ways that best supported them during our inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives spoke positively about activities at the service and the opportunities to socialise that were available. One relative told us, "The atmosphere in the home is good and this is created by the activities co-ordinator. She manages to make the home warm and welcoming."
- The service was well integrated into the surrounding community. People accessed local services and groups, for example a local support group for people living with a dementia. A relative we spoke with said, "Being in this home has been a blessing for [named person]. He socialises more and this has made him very content and settled."

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. One relative we spoke with said, "I have had to raise certain problems, nothing serious, and they were dealt with."

#### End of life care and support

- Policies and procedures were in place to provide end of life care where needed. At the time of our inspection nobody was receiving this support.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's governance processes had not identified or addressed the issues we identified at this inspection with medicines management, risk management, training, eating and drinking support and care records.
- Audits completed by the provider did not monitor or check that actions recorded had been completed. For example, an action plan from November 2022 recorded that staff were to be reminded that training was to be completed without setting out how staff would be supported to do this. When we inspected, we saw mandatory training had not been completed.

Systems had not been put in place to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When our inspection started a manager who had joined the service in November 2022 was in post. They left their role during our inspection. The provider arranged for a new manager to oversee the service temporarily while a permanent replacement was recruited.
- Staff gave us mixed feedback on how they were engaged and involved in running the service. One member of staff said, "You can always go and speak with them". Another member of staff told us, "I'm asked for feedback once in a blue moon."
- People and relatives were asked for feedback during general conversations. However, regular and sustained opportunities to do so (for example, in meetings or through surveys) were not given. We spoke with the provider, who said this would be reviewed and improvement action taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We received mixed feedback from staff on the culture and values of the home, which they said had been impacted by the recent turnover of staff. One member of staff said, "It's a lovely place to work" while another told us that morale had been impacted by recent changes of staff.
- People and relatives said staff helped people to achieve their outcomes. One person told us, "I feel safe and loved."

- Systems were in place to tell people and relatives when things went wrong. One relative we spoke with gave us an example of how this had happened with them.

Continuous learning and improving care; Working in partnership with others

- We received mixed feedback on how the provider worked in partnership with others, including sharing important information with them. We spoke with the provider, who said this would be reviewed and action taken to improve partnership working.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed safely. Risk was not always effectively assessed or addressed. People did not always receive effective support with eating and drinking. The provider had failed to ensure staff had the training and skills needed to carry out their roles. Regulation 12(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems had not been established to maintain securely an accurate, complete and contemporaneous record in respect of each service user. Systems had not been put in place to assess, monitor and improve the quality and safety of the services. Regulation 17(2)(a) and (c).