

Springdene Nursing and Care Homes Limited

Springview

Inspection report

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Date of inspection visit:
06 September 2022
08 December 2022

Date of publication:
16 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Springview is a residential care home providing personal care to up to fifty eight older people, some of who may be living with dementia. At the time of our inspection there were 49 people using the service. The home is a large purpose-built building, all bedrooms have en-suite facilities. There is a garden to the rear of the building which people had access to.

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

People and relatives were positive about their experience of care at Springview. People and relatives felt staff were kind and caring and understood their needs. People told us they felt safe living at Springview. Staff had received training around safeguarding and how to recognise signs of abuse. Falls were well managed at the home and there were systems and processes in place to monitor people and keep them safe. People's risks were clearly assessed and guidance provided to staff on how to minimise identified risks. People received their medicines safely and on time. People were protected from the risk of infection by clear infection control practices.

Relatives felt staff were well trained and we saw records of regular staff training. People were fully involved in choosing what they wanted to eat and complimentary of the food that was provided. People were actively supported to maintain their health and well-being through routine and specialist healthcare appointments. 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.

There was an open and inclusive culture within the home. People, their relatives and staff were positive about how well the home was run. People experienced good care due to the good management oversight and commitment to learning. There were various audits and ways of gaining feedback completed by the registered manager. Staff worked in partnership with other healthcare agencies to improve and maintain people's quality of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 5 November 2019).

Why we inspected

The inspection was prompted in part due to concerns received about falls management in the home. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report for more details.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springview on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Springview

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, two experts by experience and a CQC nurse specialist advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The two Experts by Experience supported this inspection by contacting relatives to gain their feedback of the care and support people were receiving.

Service and service type

Springview 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. Springview 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 a registered manager in post.

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 and formal notifications that the service had sent to CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. 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 the registered manager, the owner of the home, 2 team leaders, 7 care staff, 8 people living at the home and 14 relatives. We looked at 7 people's care plans and risk assessments and 10 people's medicines records, 4 staff files including supervision and recruitment records, and other paperwork related to the management of the service including staff training, quality assurance and rota systems

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks in relation to their health, care and safety were robustly assessed and clear guidance provided to staff on how to minimise identified risks.
- We had undertaken this inspection due to concerns around the high number of falls at the home. We looked at how falls were managed to assure us people who were at risk of falls were kept safe.
- There were systems in place to analyse trends and patterns of falls. People were referred to the falls clinic where they had sustained a fall or were at risk of falls. People had detailed falls risk assessments where staff had clear guidance on how to minimise this risk. Where necessary, equipment such as falls sensors had been put in place to support people effectively.
- There was a member of staff who was a 'falls champion'. The staff member was responsible for ensuring the team was up to date on best practice around falls management and involved in reviewing any falls, in conjunction with the management team, to help analyse and prevent falls. The falls champion said, "We monitor monthly and audit falls. We look for regularity and patterns and report to the falls clinic."
- Risk assessments were reviewed regularly and immediately if any risks occurred.
- Staff were positive about information provided to help minimise risks. Staff said, "We constantly observe and monitor people's risks and report to management and update them" and "There are protocols in people's care plans about risks and hazards to keep them safe from harm."
- Staff had received training in manual handling. Following training staff received a competency assessment to ensure training had been embedded and staff were safe to carry out manual handling procedures.
- Accidents and incidents were documented with actions taken and outcomes. Where an accident or incident occurred, the service used this to review what had happened and learn from the issue to improve the quality of care.
- The home had up to date maintenance checks for gas, electrical installation and fire equipment. Staff understood how to report any maintenance issues regarding the building.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm.
- People and relatives were positive about their safety living at Springview. One person told us, "I am very very happy here. Very safe." Relatives said, "She's definitely safe. They prioritise her safety. They call me if there's any problems. They are very professional with that. They are very aware of health and safety" and "She is [safe]. She's got an alarm thing, so they know if she gets out of bed and she's got a bell at the side. When she wasn't so good, they didn't leave her on her own they got her to go into the lounge where there was always someone there. They're aware of when she needs attention."
- Staff had received training in safeguarding which was refreshed regularly.

- Staff demonstrated a thorough understanding of safeguarding and whistleblowing. Staff told us, "If I saw something wrong, would report to team leader and if not taken seriously would go straight to CQC" and "Staff are encouraged to be vigilant and report concerns."

Staffing and recruitment

- There were enough staff to ensure people's care and support needs were met.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were positive there were enough staff to support them. One person said, "Staff are wonderful. I receive all the support I need." A relative commented, "She's [person] never said she's called out and she's been left. There's always someone on the floor or in the lounge when she's been in there, keeping a watchful eye."

Using medicines safely

- People received their medicines safely and on time.
- The service used an electronic system to document the administration and overall management of medicines. This meant the registered manager was able to have good oversight of the management of medicines within the home.
- People's care plans clearly documented their individual care and support needs around medicine.
- There were appropriate systems in place for the ordering, storage and disposal of medicines.
- Relatives were positive about people receiving their medicines as prescribed. One relative said, "I've seen the medication round in action. They've got a trolley and it's a secure procedure. When I took her out to see her [relative] they counted out the tablets for me and made sure I knew when to give them to her."
- We observed a medicine round and saw staff approaching people kindly and asking if they were ready for their medicines. Where staff needed to support people to take their medicines, we saw this was provided.
- Staff had received training in medicines administration which was refreshed regularly. Staff received competency assessments every six months to ensure they were safe to administer medicines.

Preventing and controlling infection

- People were protected from the risks of infection by effective infection control procedures.
- The home was clean and smelled fresh at the time of the inspection. We observed regular cleaning taking place. People and relatives were positive about the cleanliness of the home. A person said, "The place is very good, light and airy. It's clean." Relatives told us, "Yes [the home is clean] and her bed's always made, whenever we come. All the surfaces on her sink area are clean. You never look at something and think, 'that could be cleaner'."
- Staff had access to appropriate Personal Protective Equipment (PPE) such as masks, gloves and aprons. A staff member said, "More than enough PPE is provided, including gloves, aprons and masks, which we change everyday."
- Staff were encouraged to be vaccinated against COVID-19 and flu.
- There were no restrictions on relatives and friends visiting people. The service recognised the importance of maintaining contact with loved ones and actively encouraged visiting. At the time of the inspection, we observed relatives visiting people in the communal areas and in their rooms. A relative said, "I can visit anytime now, before [during COVID] I had to book an appointment."

Learning lessons when things go wrong

- The service proactively sought to learn lesson when things went wrong to improve the quality of care.

- We saw there were staff meetings where accidents and incidents were discussed, and any learning shared. Staff also confirmed this and said, "Management take risk management seriously and are discussed in meetings" and "We have had a lot of falls; they call us together and discuss what is going on and why it has happened."

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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed in line with standards, guidance and the law.
- The service understood its responsibilities in planning care according to current guidance and legislation. This included the Mental Capacity Act, NICE guidance and the Health and Social Care Act. We saw this was reflected in people's care records.
- Before moving in, people received a full assessment to ensure the home would be able to meet their needs. This also gave people and relatives an opportunity to discuss their likes and dislikes and what they expected from the care they would be receiving. The assessment helped the home create a care plan tailored to people's individual needs.

Staff support: induction, training, skills and experience

- Staff were suitably trained and supported to carry out their roles, and effectively work with the people they cared for.
- Staff had a robust induction when they began working at the home. This included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff also completed numerous training courses as well as shadowing more experienced staff before working alone.
- Staff also received regular training. The registered manager had a system in place to ensure that staff refreshed their training when necessary. Staff were positive about the training they received and told us, "They push us to do a lot of training" and "I am happy to do my training, it helps us know what we are doing."
- Staff were supported through regular supervision and annual appraisal. A staff member commented, "We have appraisals and discuss our career development and areas we have done well and can improve."
- Relatives told us they felt staff were well trained and understood the people they worked with. Comments included, "All the ones [staff] I dealt with, they're very professional. The senior staff have been there a long time; that's always a good sign" and "She's [person] quite independent, they [staff] seem very competent. They're caring and they're pleasant and that's very important."

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

- People were supported to eat and drink and their preferences around food were met.
- People's individual care and support needs around food were clearly documented in their care plans.
- Staff had a good understanding of people's needs and were aware of which people required specialist diets such as pureed foods. A staff member said, "We have to know about people's specialist foods,

including [nutritional supplements], use of supplements and how to use thickeners."

- Staff had received training on appropriate nutrition and specialist diets where people may have swallowing difficulties.
- People were able to choose the food they wanted and were provided with several options. If they did not like any of the options, an alternative was available. People said, "Menus are very good and if you don't eat them, you can have a sandwich or cheese on toast. I can get a drink at any time and ask for a drink or sandwich at night" and "The food's too good!"

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

- People were supported to access healthcare in a timely manner. Staff knew people well and had built a relationship with them. This meant staff were able to quickly recognise when a person was not feeling well and take timely action.
- The home monitored people's weights and people were referred to appropriate services if there was significant weight loss / gain. This ensured people's health needs around nutrition were met.
- We saw people had access to routine healthcare such as doctors, dentists and GP's. A relative commented, "Yeah. She's [person] under the local GP. She sees the chiropodist every six weeks. She gets far, far more attention about her health needs at the home."

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

- The home was well adapted to ensure people's needs were met.
- There was clear signage in large font to direct people to places, such as, the nearest toilet. Hallways were wide which allowed for wheelchair access and there was a lift to help people navigate between floors.
- People were able to personalise their rooms with items such as furniture, pictures and ornaments.
- There was a warm and cosy feel to the home which supported people's mental wellbeing. One person told us, "It's really relaxed here."

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.

- People were supported in line with the MCA.
- Staff had received training and understood the principles of the MCA and how this impacted on the care people received. Staff were able to clearly demonstrate this and said, "It's [the MCA] for people not able to make a full decision" and "If people have capacity, we ask them. If people lack capacity, we involve next of kin, as some have legal power of attorney. If not, we approach the local authority."
- Staff understood the importance of asking people for consent before carrying out any care tasks. A staff member said, "We ask people about consent for everything, from entering their rooms to asking their wishes

and choices. We ask all the time!" Another staff member said, "We always involve people and ask them about their preferences and choices."

- People were positive about the manner in which care was provided. One person said, "Not forced to do things. We do as we please, go in and out as I wish."
- Where people were subject to a DoLS, this was clearly documented in their care plans and records showed when DoLS needed to be reviewed.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service which promoted good outcomes for people.
- The service worked collaboratively with people and where appropriate, their relatives, to empower them in making decisions about their care and support. This included care planning, reviews of care and day to day wellbeing, such as, activities.
- People knew who the registered manager was and told us, "[Registered manager] is very polite, he acknowledges you which is a nice thing" and "very helpful". People also told us the owners / directors of the home spent time with them. One person said, "The directors come and talk to you, they listen."
- People told us they were happy living at Springview and felt well supported. People commented, "I like this place. I do things that I want to do" and "Staff are wonderful. I receive all the support I need."
- The registered manager and owner recognised well supported staff were vital to maintaining good care. Staff told us about the employee recognition scheme where staff who had gone the extra mile were awarded with vouchers. A staff member said, "Opportunities are provided by the company, like employee of the month, we are given vouchers."
- Staff told us they felt valued and listened to by the managers. Staff said, "Management listen to us, we can put our point of view forward and they come back to us with a plan", "The manager is very supportive; they act on things and get things done" and "The manager is proactive and doesn't sit in their office."
- We asked relatives if they would recommend the home to other people. Relatives were overwhelmingly positive and told us they would. Relatives said, "I have already. It's a lovely place, it's all open plan. Her room's nice. You can visit anytime. The staff are all nice" and "I would, in fact I have!"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear staff structure in place and staff were aware of how to report concerns and understood the service's management structure. A staff member said, "It is well organised, and our routines are clear."
- There were multiple audits which ensured the registered manager had good oversight of the service. Audits included, monthly medicines audits, infection control, DoLS and care plan audits. The operations manager also conducted regular audits of the home. Where there were any issues identified, these were documented and addressed.
- The registered manager had good oversight of staff recruitment and training. There were systems in place to ensure robust staff recruitment and training was refreshed regularly.
- The registered manager understood their responsibilities to notify CQC of any incidents or concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were fully involved in the home. The registered manager was committed to ensuring people had a voice in the care they received.
- People were fully involved in planning their care, where they were able, and relatives were also involved. There were regular residents' meetings where people could talk about their experiences of the home and things they liked and did not like.
- There were regular staff meetings where staff received updates about the home and were able to discuss issues and concerns. Staff felt management were responsive and acted quickly in any concerns. Staff said, "We have staff meetings monthly, where we are informed about areas for improvement and ask for suggestions" and "Management asks us to bring suggestions and asks our opinions about any concerns."

Continuous learning and improving care; Working in partnership with others; 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

- There were systems in place to review risks within the service and share learning. A staff member said, "We discuss when things go wrong, and we are learning from it."
- The service had also been working closely with the local authority in response to the concerns around falls management. Local authority feedback was that the home was responsive and, open and transparent when working with them. This meant concerns were able to be quickly and effectively addressed.
- The registered manager had set up a programme of champions for various areas of care. This included medicines, manual handling and mental capacity. Champions had a special interest in the specific area and ensured staff were up to date on best practice and, were involved in monitoring how these areas were managed and promoted within the staff team.
- The home worked with the Care Homes Assessment Team (CHAT), who visited every one or two weeks / when required. CHAT supported the home with community psychiatrist nurses, continence nurses, palliative care, tissue viability nurses and other clinical support.
- The registered manager understood their responsibility to be open and honest with people and relatives if something went wrong.