

HC-One Limited

Springwater Lodge Care Home

Inspection report

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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

Springwater Lodge Care Home is a nursing home providing personal and nursing care to up to 50 people. The service provides support to people living with dementia as well as people with physical health needs, both over and under 65 years of age. At the time of our inspection there were 31 people using the service living across 3 units.

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

People were kept safe from the risk of abuse by the processes in place. Risks were managed well, both environmental and those associated with people's health and wellbeing. People were supported with their medicines safely. There had been some concerns over the number of staff available to support people, however this had been recognised by the provider and they had increased the number of staff on each shift.

People's needs were regularly assessed to ensure they continued to be met effectively. Staff were supported with training to ensure they had the skills to meet people's needs. People's nutritional and hydration needs were met. Staff supported people to access appropriate healthcare in a timely way. People were able to decorate and personalise their rooms how they wished. People had access to outdoor space and were encouraged to utilise this.

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 were systems and processes in place to monitor the running of the home and ensure safe quality care was delivered.

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

Rating at last inspection

The last rating for this service was good (published 16 June 2022).

Why we inspected

We received concerns in relation to staffing and access to information. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springwater Lodge Care Home 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 ●

Springwater 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.

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 an inspector, a specialist advisor (whose specialism was nursing) and an Expert by Experience. 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

Springwater Lodge 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. Springwater Lodge is a care home with 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. We sought feedback from the local authority. 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 7 people who were living at the home and 3 visiting relatives. We observed interactions between staff and people. We sought feedback and spoke with 6 members of staff including care staff and the deputy manager. We reviewed 8 care plans and looked at associated medicine records. We looked at documentation in relation to the running of the home, such as audits, policies and information relating to staff recruitment and training.

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.

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

- The provider had ensured there were systems put into place to protect people from the risk of abuse.
- People told us they felt safe at the home. A person said, ""Yes, I feel very safe. I definitely trust the staff".
- Staff were trained in safeguarding and understood their duty to escalate any potential concerns.
- The provider took looking into incidents seriously; they conducted investigations and ensured any lessons were shared with staff.

Assessing risk, safety monitoring and management

- Risks associated with people's needs and specific conditions, as well as environmental risks were assessed and managed well.
- For example, where a person was at risk of falls their care plan had a detailed assessment, falls reduction plan, and where required a falls log.
- The home sent a key clinical indicators summary report to the provider on a monthly basis, this report analysed risk factors relating to each person in the home ensuring they were being monitored effectively.
- Environmental risks were monitored on a weekly and monthly basis. Such as water temperatures and fire safety to ensure people were kept safe. People also had detailed personal emergency evacuation plans in place to guide staff on how to support them in the event of an emergency.

Staffing and recruitment

- People and staff felt there was at times a lack of staff, however this had been identified and addressed by the provider with extra staff to be allocated on each shift.
- People we spoke with told us on occasion they would have to wait for support. A person said, "There is not really enough (staff) especially when it's holiday time, there are less at weekends, very much so."
- Staff told us they thought it was a positive thing that new staff were being recruited and more staff were going to be on each shift as there had been an increase in people's needs recently.
- Management regularly assessed people's needs to establish staffing levels, these were shared with the provider on a weekly and monthly basis. This process helped identify the recent need for extra staff on each shift.
- The provider ensured new staff were recruited safely, with the appropriate pre-employment checks carried out. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines in a safe way.
- People told us they had no concerns with the support they received with their medicines and were offered pain relief when required.
- Where people had medicines prescribed for as and when required (PRN) clear documentation was in place to guide staff on how and when to support with these.
- Medicines were stored and managed in a safe way, in line with best practice guidance.

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.

Visiting in care homes

- People were able to have visitors in line with current government guidance. We saw on the day of inspection many relatives and visitors coming and going.

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 had their needs assessed prior to admission and these were regularly reassessed throughout their time at the home to ensure staff were kept up to date with any changes.
- The provider used nationally recognised tools, such as Malnutrition Universal Screening Tool (MUST) and Waterlow to support assessing specific areas of people's needs such as nutrition and skin integrity.
- Assessments of people's needs considered protected characteristics as defined under the Equality Act, to ensure there was no discrimination and a person's assessed needs were met.

Staff support: induction, training, skills and experience

- Staff were provided with a full induction and ongoing training to ensure they had the skills to meet people's needs.
- Staff told us they were able to access and complete training in relation to their role.
- Staff told us they felt supported by their colleagues, however there was mixed feelings regarding the support from management as there had been a number of changes over the past year, although this had not had a negative impact on people.

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

- People were supported with their eating and drinking needs.
- The provider ensured there was regular monitoring, where someone had been assessed as requiring it for their wellbeing, of people's food and fluid intake, as well as their weight.
- People who required support at mealtimes were assisted by patient and caring staff.
- People spoke positively about the meals. For example, one person told us, "The food is excellent; relatives can have a meal here too if I'm here at lunch time I get offered one."
- Kitchen staff had a good knowledge of people's individual needs and dietary requirements, there was a system in place for them to be informed when someone was admitted into the home.

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 relation to their physical, mental and wellbeing needs.
- We saw appropriate and timely referrals were being made to a variety of professionals, such as speech and language therapists (SALT) and the tissue viability team for people who had required support with pressure area care.
- People had care plans in place relating their specific health needs, as well as oral care plans.

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

- The home was purpose built to accommodate people with specific needs, such as wheelchair accessibility.
- People were able to decorate their rooms how they wished.
- People had access to an outdoor area and this was utilised regularly. The activities coordinator told us people used it to meet with visitors, as well as staff supporting to have barbecues and other garden events.

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.

- The provider had a system in place to ensure where people were subject to DoLS they kept track of expiry dates and any logged any conditions to make sure they met these.
- Where people had been assessed as lacking capacity, paperwork was in place that was decision specific to ensure the provider was acting in their best interest.

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.

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

- The home had some changes in management since the last inspection. The provider had brought in a temporary registered manager to support the service until a newly recruited permanent manager started their role.
- The deputy manager had been a constant in the running of the home, ensuring quality and safe care was delivered and had stepped up to the role of interim home manager when required.
- The provider had a clear management structure and quality assurance processes in place. Management within the home completed regular audits which were sent to the provider to review and action where required. Action points identified were added to a home improvement plan where individuals were identified to be in charge of making necessary changes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to be involved in the running of the service. There was a regular relative's meeting and a residents committee, which gave people the opportunity to feedback and make suggestions.
- The local community were actively engaged to be a part of the home. For example, the home held events such as open days where the public were invited along. A local choir also attended the home to entertain people and a church group had been invited to come along for harvest festival.
- There were regular staff meetings, where staff had the opportunity to speak up and participate.

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; Continuous learning and improving care

- The provider took incidents seriously; they were investigated, and any learning points were identified and actioned.
- There was an organisational learning meeting every month, this was attended by heads of the different departments within the home. Issues identified from audits, complaints, concerns, were discussed, for everyone to learn what had gone wrong as well as what had gone well.
- We saw evidence that when incidents did occur, where appropriate, relatives were contacted.

Working in partnership with others

- The provider worked with other agencies, such as professional health care teams and the local authority,

to ensure people's wellbeing and safety.