

Madeprice Limited

Springkell House Care Home

Inspection report

Springkell House
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Springkell House Care Home is a residential care home registered to provide personal care for up to 35 people across 3 floors. The service provides support to people requiring residential care and people living with dementia. At the time of the inspection, there were 31 people living at Springkell House Care Home, some of whom were living with dementia.

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

People and their relatives told us staff were kind towards them and they felt safe living at Springkell House Care Home. There were sufficient staff deployed to support people with their needs.

Staff were aware of risks related to people's care and how to support people appropriately. Staff knew how to whistleblow and raise concerns to the provider and externally, should they need to. People received medicines as prescribed.

Plans were in place for the event of an emergency evacuation. Staff had completed individual personal emergency evacuation plans for people.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

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.

People and their relatives told us they felt engaged and were given the opportunity to feedback on the service. There were however no systems to gather and act on feedback from external professionals.

People, their relatives and staff told us there was a positive atmosphere at the service. They were generally positive about the manager and felt listened to.

The service had a new manager who applied to become a registered manager. The provider's governance systems were not fully effective, for example the provider's own audits had not identified the lack of PRN protocols.

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 7 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staff management of people's risks, allegations of people sustaining unexplained bruising and the culture in the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We did not find evidence of the concerns we received prior to the inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springkell House 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Springkell House 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

The inspection was carried out by 1 inspector, 1 specialist nurse advisor and 1 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

Springkell House 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. Springkell House Care Home is a care home without nursing care. The Care Quality Commission (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.

The service had a manager in place who had applied to CQC to become the registered manager.

Notice of inspection

This inspection was unannounced and consisted of 2 separate visits to the service.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 2 relatives about their experience of the care provided. We received feedback from 4 healthcare professionals who recently engaged with the service. We spoke with 9 members of staff including care staff, the service manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between staff and people who used the service. We reviewed 8 people's care records, 4 staff recruitment files, medication management records, policies and governance records.

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 rated 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.

Using medicines safely

- Whilst there were some instructions within the electronic medicines records (EMARs) for 'when required' (PRN) medicines, there were no PRN protocols in place to ensure staff could easily recognise the signs and symptoms for which the medicines may be required. The risk of people not receiving their medicines was minimised as staff knew people's needs and we did not identify any negative impact on people. The provider immediately addressed this and showed us evidence of PRN protocols which had been implemented.
- Medicines were received, stored and administered safely. People's medicines were recorded in EMARs and included instructions for topical medicines (medicines applied to the skin).
- Medicines were stored in lockable medication cupboards and were only accessible by authorised staff. Medicines requiring additional storage precautions were also stored safely and accounted for.
- Staff had received training and competency checks to ensure they had the skills to administer medicines safely.

Staffing and recruitment

- People and their relatives told us there were sufficient staff deployed at the service. One person told us, "There are enough staff here."
- We observed there were sufficient staff during the inspection. Staff attended to people in a timely manner and regularly checked on people who preferred to stay in their rooms.
- The provider followed safe recruitment practices. The provider had completed relevant checks prior to a prospective employee starting. This included requesting and receiving references from previous employers, right-to-work checks for international staff and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There had been concerns raised in relation to people sustaining unexplained bruising which in part triggered this inspection. This had been identified by the provider prior to the inspection who investigated the causes for the bruising, identified possible causes and had recruited a moving and handling trainer. They also increased the number of spot checks, ensured all relevant staff undertook further moving and handling training and increased the number of staff supervisions. The provider had used the learning from this and shared the learning with other services in the organisation.
- People and their relatives told us they felt safe living at Springkell House Care Home. One person told us, "Yes, I feel safe." Another person commented, "I feel safe. The staff look out for us all." A relative told us, "[Person] is well looked after."

- Staff understood what could constitute abuse and knew the steps they should take if they suspected abuse. One member of staff said, "Verbal abuse is when you use strong words to provoke fear. I would report straight away to the senior in charge or to the manager. We've got the email from head office with the number and it reminds us of these things like the safeguarding team."
- Staff had undertaken safeguarding and whistleblowing (reporting concerns) training and understood their responsibilities in relation to this. One member of staff told us, "If we see something wrong, we will call the whistleblowing [hotline]. The number is in the snack room. There is a poster."

Assessing risk, safety monitoring and management

- Staff knew how to keep people safe from harm and knew about the risks associated with providing their care. One member of staff told us, "To reduce the risk of choking, we need to provide the proper food according to their care plan and we need to supervise them when eating and drinking. We also have the training in place for that. We had recently the training about choking."
- Where people were at risk of falls, staff had appropriately put measures in place to alert them of this. One member of staff told us, "[Person] had a fall about one month ago. We put in place a call mat [to alert staff that a person may require assistance]."
- People's skin integrity was monitored, and staff completed repositioning charts for those people at risk of developing pressure areas. These charts were regularly checked by the manager to address potential shortfalls in a timely manner.
- Records showed that people's risks had been assessed and there were instructions for staff to follow. Risk assessments completed by staff included the risk of malnutrition, choking, the risk of falls and developing pressure areas. Where risk assessments identified people required further intervention, we saw that healthcare professionals had been contacted.
- People had individual personal emergency evacuation plans (PEEPs) in place and fire exits were free from obstruction and marked clearly. PEEPs included information about people's needs, such as mobility risks and details of any equipment required for people to evacuate safely.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had completed mental capacity assessments, best interest meetings and submitted DoLS applications to the local authority where appropriate.
- Staff had undertaken relevant training and understood the principles of the MCA.
- We observed staff interacting with people in a respectful way. Staff asked people for permission before starting a task and people were offered a choice.

Learning lessons when things go wrong

- The manager monitored accidents and incidents to identify patterns and reduce the risk of them happening again. The manager undertook an analysis and completed a report to look at lessons learnt. For

example, falls were analysed to look at lessons learnt and whether they were preventable. A member of staff told us in relation to a recent fall which happened outside of the service, "All the doors are checked every shift."

- The manager had completed accident and incident reports, shared these with the local authority and sought advice from healthcare professionals. Where suggestions were made, staff implemented these in the service.
- Where the manager had identified that staff required further moving and handling training, they had discussed this with staff and there were plans in place to address areas of improvement. One member of staff told us, "Our manager has taken some measures and more than one training has been put in for moving and handling."

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 personal protective equipment (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.
- People's families and friends were able to visit at a time that suited them and there were no restrictions in place. A relative told us, "We don't need to book in. We come as often as we can."

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 did not always support the delivery of high-quality care through robust auditing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems were not always reliable and effective and were not regularly reviewed to ensure systems in place were in line with national best practice guidelines.
- The provider's own quality assurance systems did not identify what we identified in relation to the shortfalls of 'when required' (PRN) protocols. The provider did not ensure they were following national guidelines in relation to medicines management of 'when required' (PRN) medicines in line with good practice guidelines. The provider addressed our findings immediately at an organisational level, shared the knowledge with other services they operate and sent us evidence confirming improved systems had been implemented. Further time was required to embed the new systems in the service.
- The service did not have a registered manager in place. The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. The previous registered manager left the service in June 2022. When we highlighted this to the provider, they ensured the current manager promptly applied to the Care Quality Commission to become the registered manager and we saw evidence of this. Whilst the provider took immediate action to ensure the manager applied to CQC, the service was without a registered manager for approximately 12 months.
- Staff had undertaken regular audits for areas such as maintenance and data security, spot checks, care plans, mattresses and infection prevention and control. Where these had identified areas for improvement, there were plans in place to address this and the provider had a longer-term improvement plan in place.
- There was a structure of governance in place for staff to follow and staff knew what their responsibilities were. Staff told us they received support to perform in their roles and knew who to approach if they were unsure. One member of staff told us, "We should go to the senior in charge or [manager]. [Manager] is here and we can call [manager]."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Whilst the provider regularly sought feedback from people who used the service, relatives and staff, the provider had no systems in place to seek feedback from professionals who visited the service and act on this.
- Where people had sustained pressure areas and visiting professionals who specialised in this had offered further training to effectively support people, this was not always accepted by the service. Despite people's specific needs, the provider had not ensured staff had undertaken relevant training when offered this by local partners. Staff had completed in-house training for pressure area prevention but there were still 2

people living at the service with pressure areas at the time of the inspection. The provider promptly approached those partners to ensure specific training was booked once we made them aware.

- We received mixed feedback from professionals who regularly worked with the service. A healthcare professional told us, "Whilst the home have engaged with meeting us they have not accessed training that has been offered by our care home matrons on pressure ulcer prevention care." Another healthcare professional who frequently visited the service told us, "I find them quite caring, helpful and quick to report the residents' clinical matters to me, or my colleagues at the [healthcare service], in their (the residents) best interest. They are also good at liaising and facilitating meetings with residents' family members with regards changes in the residents' care."
- Care records showed that healthcare professionals and the local authority had been involved in people's care. One person told us, "The dentist comes here to the home. I'm getting new dentures."
- People and their relatives told us they felt involved and happy living at the service. One person told us, "In the beginning I wasn't sure but now it's a lot better. They do always give me the choice." A relative told us, "[Person] is happy here."
- Meetings were held for people who used the service to express their views and there were systems in place to use the feedback to make improvements to the service.
- Staff told us they generally felt engaged in the running of the service. One member of staff told us, "They listen when I have the suggestions. They know it's about the residents and to make it right for them."
- Staff respected people's differences and the manager understood their role in ensuring people's cultural and religious needs were met. For example, the service had a local priest who visited the service for people who wished to participate.

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

- People and their relatives were complimentary about the leadership and the culture in the service. One person told us, "I quite like it here." Another person said, "Yes, I feel so looked after." A relative told us, "[Person] loves it here. "The staff are so friendly and good to [person]."
- Staff were generally complimentary about the manager and the culture in the service. One member of staff told us, "I can say that my previous manager was okay but this current manager still needs improvement but they are on the right path. The measures they are putting in place are improving the situation. Altogether, we are heading towards a good result." Another member of staff told us, "[Manager] is so friendly and supportive."
- The manager was visible and approachable throughout the inspection and we saw them taking time to talk to people who used the service and staff. When we discussed people's needs, the manager knew people's needs and preferences well.

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

- The manager understood their responsibilities in relation to duty of candour. A duty of candour event is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm, or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- Where incidents qualified as duty of candour incidents, the manager had informed relatives and agencies such as relatives, the local authority and CQC.