

Springfields Limited

Springfields Residential Home

Inspection report

Rectory Road
Copford Green
Colchester
Essex
CO6 1DH

Date of inspection visit:
25 April 2018

Date of publication:
11 June 2018

Tel: 01206211065

Website: www.springfieldsatcopford.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 25 April 2018 which was unannounced, the inspection team consisted of one inspector.

Springfields residential service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Springfields residential service provides accommodation for up to 16 older people. The service does not provide nursing care. At the time of our inspection there were ten people living at the home. Accommodation and facilities for people living at Springfield residential service are situated on the ground and first floor of the building. The home is situated in Copford, Colchester, Essex.

The service was safe. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. People's medication was managed well and records of administration were kept up to date.

The service was effective. People were cared for and supported by staff who had received training to support people and to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. Records we viewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was well-led. Staff and people spoke very highly of the registered manager and the provider who they informed to be very supportive and worked hard to provide an exceptional service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

People had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Springfields Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 25 April 2018 and was carried out by one inspector. It included checking the service progress since the last inspection. We visited the location on 25 April 2018 to see the registered manager, staff and people using the service; and to review care records and policies and procedures.

Before the inspection we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

We also spoke with the registered manager, two of the care staff. We reviewed three people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for five members of staff including an agency member of staff.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff, reviewing care records and other information to help us assess how people's care needs were being met.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm, and risks to people's safety as at the previous inspection and the rating continues to be Good. The service provided care and support to people in a safe and caring environment and welcomed visitors.

People told us they felt safe residing in the service, one person told us, "I feel safe in the home and the care and support I receive is good". A relative informed us "The home takes good care of my relative and I always feel reassured that they were being cared for and were being supported to meet all their needs".

Staff showed they had a good knowledge of how to keep people safe and protect them from any potential harm. Staff were able to indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the registered manager. If the concerns were about the registered manager, staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider's whistleblowing policy and procedures. Staff had all the information they needed to support people safely. All staff were involved with ensuring that people's risk assessments were kept up to date. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working in the service.

The registered manager informed us that the service reviewed staffing levels of the service on a monthly basis as to ensure that the service had sufficient staff in place to meet the needs of people using the service. The registered manager and staff told us that there was enough staff to meet people's needs however; additional staff support could be deployed as and when required. For example, when people went into the community for days out the service deployed more staff to ensure the safety of all the people inside and outside the service at the time. This was confirmed by our observations of care people received and records reviewed. The provider had a robust recruitment process in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people.

We found that people using the service were being cared for in a safe and clean environment. People's rooms were decorated to each person's interests and likes which showed the service gave people choice and respected each individual. The registered manager informed us, "People were supported to decorate their rooms in a manner in which they wished and the service ensured that needs were met as they felt this helped people settle into the service."

The home had appropriate fire safety arrangements in place. Each person had a personal emergency evacuation plan (PEEP) in place. This included clear instructions of what action to take in the event of an emergency. There was documented evidence that the fire alarm was tested weekly and fire drills had been carried out. The emergency lighting had been checked monthly and fire extinguishers had been checked by staff and an external organisation. Fire procedures were clearly on display in the home. We also saw documented evidence that all staff had received fire training. The home also had an emergency grab bag

available for use if the home had to be evacuated in an emergency.

People received their medication as prescribed. We found all medication administration charts (MARS) were all up to date and there were no omissions or gaps. Where possible and deemed safe to do so, the service encouraged people to participate in the administration of their own medication, whereby people were reminded of the time they had their medication and encouraged to visit the medication room at the prescribed time so they can take their medication. Medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

We found that people using the service were being cared for in a safe and clean environment. People's rooms were decorated to each person's interests and likes, which showed the service gave people choice and respected each individual. The registered manager informed us that people were supported to find a theme they wished to have in their room and the service ensured that needs were met as they felt this helped people settle into the service. The registered manager had also arranged for all electrical equipment to be serviced and tested to ensure the safety of the people in the service.

There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored. On the day of the inspection, the premises was clean and there were no unpleasant odours.

The registered manager informed us that one of the key focuses for the provider was learning from when things have not always gone as planned. The learning process involved speaking to people and staff in the service to find better ways of improving the quality of the service.

Is the service effective?

Our findings

At our previous inspection we found staff training in areas such as food handling, infection control and safeguarding was not up to date and staff did not have regular and effective supervision. At this inspection we found the service had taken the necessary steps to ensure that people had been appropriately assessed, staff were receiving regular supervision and had training was up to date.

Staff informed us when they commenced employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans as this ensured staff had good knowledge of the people they were supporting. As part of the induction process staff informed us there was a period of being observed by an experienced member staff and by the registered manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting.

Staff attended mandatory training when they started employment and they attended yearly refresher courses and this would either be via Distance learning, DVD or planned training dates at a local venue. We found staff to be positive about their training and they felt supported by the registered manager and area manager. Staff informed us, "We are supported by the service with our training and if we have any concerns or questions the management team have an open door policy which means we are able to approach them to gain clarity on areas of practice." Staff had been trained in first aid and should there be a medical emergency, staff knew to contact the doctor or paramedic if required. Staff were also encouraged to do additional training and development to continually develop their skills.

Staff had regular supervision and meetings to discuss people's care and the running of the service and staff were being encouraged to be open and transparent about any concerns they may have. Staff said, "We have formal and informal supervision on a regular basis and we can talk to the management team about issues around work and our personal life as this often can impact on us delivering a good level of care to the people we are caring for."

The manager informed us that they also do observations of staff throughout their period of employment, and will acknowledge areas of good practice and improvement and this keeps the staff motivated. We found that the registered manager had a communication book in place for staff to use to jot down any information that maybe useful to delivering good care to the people using the service. One Staff informed us, "We have a good team here and work well together and we know each other's strengths and weaknesses and support each other."

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision staff would then make a decision within the person's best interests. This included taking into account the person's past and present wishes and feelings.

One member of Staff informed us, "People in the service have fluctuating levels of capacity and in order for us to best support people we assess everyone's ability to make an informed decision in line with the Mental Capacity Act 2005 and if they are unable to make a decision we support them to make a best interest decision." Where a person lacked capacity the service had care plans in place to support people and the service had consulted the person's family and all professionals involved with the person's care to ensure the people's wishes and feelings were being respected and their needs were being met in the best way possible.

People said they had enough food and choice about what they liked to eat. People said they had plenty of choice over what they wanted to eat and if they did not like the options on the menu they could have an alternative. We saw throughout the day people were provided with food and drinks. If required, people were provided with special diets such as for diabetes or if people needed soft and pureed food. Where required staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

The manager informed that the service regularly worked with social and healthcare professionals who gave talks to staff about how to best support people with complex needs and also what resources would be available to people and the service should they require. People's healthcare needs were well managed. People had access to a range of healthcare professionals and services, such as, GP and the local authority.

During the course of our inspection we toured the premises, viewing all communal areas and a randomly selected number of bedrooms, which we viewed with permission. We found these to be personalised with objects and pictures displayed that were clearly personal and important to those who lived in these rooms. This promoted people's individuality. The home throughout was warm and comfortable. It had a domestic feel to it and therefore provided a homely environment for people to live in. We saw people had a key to their bedroom door and a locked drawer for private items.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

The service provided a caring environment to the people using the service and those visiting.

One relative informed us, "The care delivered in the service was very good." The relative went on to say, "Staff are very compassionate, friendly and appeared to have a good knowledge of the people they are caring for."

Staff listened to people and acted accordingly to ensure that their needs were met in a caring manner. A relative informed us, "Every time I visit there is always a good atmosphere. The staff seem to enjoy being at work and appear to be enjoying supporting people to meet their needs, this gives me the reassurance that my relative is in the right place."

The people's care plans we viewed detailed each person's preferences of care, including their past life history, as this ensured that staff were able to meet the needs of people effectively.

People and their relatives were actively involved in making decisions about their care and support. One relative informed us, "The service has involved us in the care planning of our relative and this has ensured that the transition from home to the service would run smoothly and our relative would settle in the service." The relative went on to say, "We are regularly invited to care review meetings, in addition, staff and the manager will contact us if there has been a change in the person's needs."

The registered manager informed us that they used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected. Staff respected people's privacy by only accessing their rooms after consulting people.

People's independence was promoted by a staff team that knew them well. We noted that people were smartly dressed. People in the service were not restricted to how often they changed their clothes and we observed staff supporting people with ensuring they had clean clothes on before accessing the community. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good

People's care and support needs were well understood by the staff. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The area manager informed over the last few months the service had introduced computerised care plans. The computerised care plans prompted all staff to update people's change in needs, which in turn provided the service with live information on how to best meet people's needs. For example, the computerised care plans monitored people's daily fluid intake and if fluid intake was low it would prompt the manager of potential risk.

The registered manager held conversations with other health professionals, people and relatives to plan and discuss people's care before the service commenced as to ensure the service can meet the needs of the person. They regularly communicated with people and their relatives to ensure the information held in the care plans was accurate and correct and also as a tool to make improvements to people's care plans. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care such as trying different ways of delivering care and watching people's responses to their care.

The service also encouraged people to access activities in the community. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. One person told us, "At least once a week a few of us go to the other home next door to have a coffee and do some activities, we really do have a good time and we always look forward to it every week."

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours and any changes were communicated with the person and social services. Care plans were regularly reviewed as and when required.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings. Staff were able to identify and represent people's views from their knowledge of their communication methods.

The service ensured that people's end of life care planning was detailed to ensure people's end of life was as comfortable, dignified and as pain free as possible. All staff had completed specific training in end of life care and support plans were in place for people, which meant information was available to inform staff of

the person's wishes at this important time and to ensure their final wishes were respected.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the registered manager.

Is the service well-led?

Our findings

At our last inspection this key question was rated Good. At this inspection the rating continues to be Good.

The registered manager was visible within the service and we were informed that in their absence the area manager and senior care staff looked after the service and kept the registered manager up-to-date on their return. The registered manager had a very good knowledge of people living in the service and their relatives. People and relatives informed us that the registered manager was very approachable and they could speak to them at any time. The registered manager informed us they had worked in the home for a number of years but for only just under a year in the role as the manager.

The registered manager was aware of their responsibilities and ensured the service was well led. There were clear lines of accountability and the registered manager had access to regular support from senior management when needed. Staff had a clear understanding of the provider's vision and values and described how they provide the best possible care they could for people. Staff were complimentary about the management team.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist people to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The registered manager told us that their aim was to support both the people and their family to ensure they felt at home and happy living at the service. The manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion, and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by regulation.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.

The area manager informed us that the service was continuously working in partnership with external organisations with the aim of improving people's quality of life. This included the use of the prosper project which had been very useful in this home and other homes owned by the provider. The PROSPER programme is an initiative to test whether quality improvement methods could be implemented in the care home context. It involves working with residential and nursing homes across Essex to reduce the number of falls, pressure ulcers and urinary tract infections not only improving system performance and professional development, but also changing behaviours and culture. The area manager added, "We have found this initiative to be of great help in ensuring the wellbeing of people using our service."