

Four Seasons Health Care (England) Limited Springfield Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Springfield Care Home is registered to provide personal and nursing care to up to 69 people including those living with dementia. The home has self-contained units on four floors that accommodate people according to their needs. There were 52 people living in the home at the time of the inspection.

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

People told us they felt safe living in the home and that staff treated them well. Relatives were generally happy with the care their family members received. One person was concerned regarding the number of falls their relative had experienced and were unsure what action staff had taken to reduce the risk of further falls occurring. The regional manager told us they would contact the relative to provide reassurance regarding the care being provided to their family member.

The provider had systems in place to monitor the quality and safety of the service. However, these had not been effective as we identified a number of shortfalls during the inspection. We found there was no robust process to check the COVID-19 vaccination status of professional visitors to the home. Staff had not always been safely recruited, complaints had not been properly recorded and the registered manager had failed to submit required notifications regarding significant events in the service. The provider had deployed a regional management team to support the home as they had already identified shortfalls in the way the home was being run,

Staff had received training in safeguarding and knew what action to take to protect people from the risk of harm. There were sufficient numbers of staff to meet people's needs in a timely manner. Staff managed medicines safely. The home was clean and staff wore PPE correctly. There was an outbreak of COVID-19 in the home when the inspection took place. We saw the provider had systems to ensure government requirements were in place regarding isolation, social distancing, cleaning and staff movement across the home to reduce the risk of further spread of infection. However, the provider's own audit systems showed infection control measures in the home needed to be further improved.

Staff told us they enjoyed working in the home and would recommend it to others. They told us the management team were supportive and approachable. The registered manager used meetings with staff to share any concerns or lessons learned from incidents and accidents.

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 17 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and the quality of care people

were receiving in the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. As a result, the overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to governance systems, the recruitment of staff and the requirement to check the vaccination status of professional visitors to Springfield Care Home. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Springfield 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 Care Act 2014.

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 one inspector.

Service and service type

Springfield Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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, the district nursing team who visited the home and the local Healthwatch service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information

about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

At the time of the inspection there were restrictions in place to manage an outbreak of COVID-19 in the home. This meant we were not able to visit all areas of the home and were limited in the number of people living in the home we could speak with.

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with 12 staff members employed in the home. These were the registered manager, the deputy manager, four members of care staff, one Care Home Assistant Practitioner (CHAP), one nurse, two members of the activities (Magic Moments) team, one domestic and one laundry assistant. We also spoke with the regional manager and three regional support managers who were supporting the home at the time of this inspection.

We reviewed a range of records. This included five people's care and medication records and seven staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke by telephone with a further two relatives.

Is the service safe?

Our findings

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

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

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections.

On the first day of the inspection, the provider did not have a system in place to check the COVID-19 vaccination status of professional visitors to the home as required since 11 November 2021. Although this was rectified by the end of the day, the failure to have this system in place meant people living in the home had been put unnecessarily at risk. This was a breach of regulation 12(3) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider's own audit processes showed infection control practices in the home needed to be improved.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have signposted the provider to resources to develop their approach.

Staffing and recruitment

- Staff had not always been safely recruited. Staff files did not always contain a fully employment history and there was no evidence to show any reasons for gaps in employment had been explored. We could also not find any evidence on the files we reviewed that staff had been asked to provide information regarding any health conditions. This information is important to ensure the provider can put reasonable adjustments in place if necessary to enable a staff member to carry out their role effectively.
- One person who had been due to start work at the home only had one reference in place which was not in line with the provider's recruitment policy. We were told this situation would be rectified before the individual was allowed to commence employment.

Although we did not find any evidence people had been harmed, the provider had failed to ensure a robust recruitment process was in place. This was a breach of regulation 19 (Fit and proper persons employed)

- People living in the home told us they did not have to wait long for staff to respond to any calls for assistance they made. Staff told us staffing levels were usually appropriate to ensure people's needs could be met. We were told agency staff were used when necessary to cover for sickness absence or to provide 1-1 care for particular individuals as required.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home and that staff treated them well. This view was supported by the feedback we received from relatives. Comments made included, "I feel safe and well looked after" and "I feel safe when hoisted. Staff are very nice."
- The provider had systems to protect people from the risk of abuse. Staff had completed training in safeguarding adults. They were aware of the signs of abuse and how to report any concerns. They were confident the management team would listen to them and take the required action to protect people from the risk of harm. One staff member told us, "I have done safeguarding training and would report anything I thought wasn't right or if I saw any sort of abuse, although this hasn't happened."

Assessing risk, safety monitoring and management

- During the inspection, we observed some doors which should be locked to ensure people's safety had been left open. This included the sluice room on one unit as well as the laundry rooms on two units. We also noted the inappropriate of items of equipment in two bathrooms. In addition, we noted the brake had not been applied on one person's wheelchair. The registered manager took immediate action to address these issues.
- The provider had systems to assess risks relating to people's health and safety. People's care records included risk management strategies and guidance for staff about how to provide their care in a safe way. A staff member told us, "We always make sure safety comes first. If something is wrong, it gets corrected immediately. We don't want people to have an accident." A relative also commented, "They [staff] always phone me if they have any concerns. [Name of family member] has fallen several times although this is not the fault of staff. They now have a sensor mat in place and the bed lowered as far as possible." One relative told us they were unsure about the action staff were taking to reduce the risk of falls. We discussed this with the regional management team who told us they would ensure they contacted the person to reassure them regarding the care their relative was receiving.
- Staff told us any changes to people's care needs were communicated to them through daily handovers and flash meetings. One staff member told us they did not always feel their views were listened to or acted upon by nursing staff. The registered manager told us they would act on their concerns to ensure people were receiving appropriate care.
- The provider had a business continuity plan which described how people would continue to receive a service in adverse circumstances. People had personal emergency evacuation plans in place and the provider had ensured staff had completed fire drills based on both daytime and night-time staffing levels.

Using medicines safely

- Medicines were safely managed. Staff responsible for administering medicines had received training and checks on their practice had been carried out.
- People living in the home told us staff always gave them their medicines when they needed them. One person commented, "Staff bring all my pills to me." We checked the medicine administration records for five people and found these had been fully completed to show people had received their medicines as required.

Learning lessons when things go wrong

- Staff completed records in relation to any accidents or incidents, including falls. The provider had a system to ensure there was a monthly analysis of accidents and incidents to identify any patterns or trends.
- Any lessons learned were shared with the staff team via handover, individual or group meetings.

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

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

- Our review of records showed the registered manager had not submitted all required notifications to CQC. Although the local authority had been informed of all safeguarding incidents, statutory notifications regarding two of these incidents had not been sent to CQC. The registered manager took immediate action to rectify this situation. CQC had also not been informed of the lift breakdown which was an event which had affected the running of the service for two weeks while the lift was repaired. The failure to submit required notifications has been addressed outside of the inspection process.
- The registered manager did not have a system to record complaints received regarding the home. We were aware of three recent complaints made to the home by family members but none of these had been recorded in a complaints log. This meant it was not possible to review the action taken by the registered manager to investigate and respond to two of these complaints although we saw the response they had provided to the local authority safeguarding team in response to the third complaint.
- Although the provider had a system of audits, these had not been effective in identifying the shortfalls we found during the inspection in relation to ensuring professionals visitors demonstrated their COVID-19 vaccination status, staff recruitment and the management of complaints.

We found no evidence that people had been harmed. However, the provider had failed to ensure robust systems and process were in place to monitor the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and staff were committed to providing people with positive outcomes. They knew people well and understood their needs and preferences. T
- Staff told us they enjoyed working in the home and that they would recommend it as a place to live or work. They told us they considered people received good care in the home.
- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed.

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 had a 'Being Open' policy which aimed to improve the quality and consistency of communication when any incidents occurred or complaints were received.
- Prior to this inspection, the provider had identified there were issues with the way the home was being run. As a result, they had deployed managers from the regional team to support the home. During the inspection, these managers were transparent regarding the concerns they had identified in the four weeks they had been supporting the home and the actions they were taking to improve the systems and processes in the home. The provider had an action plan which managers in the home were expected to complete to demonstrate how they were rectifying shortfalls identified. Staff told us they had met the regional management team and found them to be helpful and supportive.

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

- Although people living in the home and staff told us they were happy with the way the home was run, we found limited evidence of formal meetings to give people the opportunity to share their views. Staff told us the registered manager was approachable and always willing to support them in the delivery of care to people living in the home. Relatives also told us the management team always listened to any concerns they had. One relative commented, "I feel the home is well led. [Name of registered manager] seems very hands on. If I had a complaint or any concerns, I would be happy to speak to her."
- The provider carried out surveys with people living in the home and their relatives to gather feedback. We were informed that the most recent survey had received limited responses. We reviewed the responses to the survey sent out in 2020 and found these were mainly positive.
- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12(3)(b) Safe Care and Treatment. The provider did not have a robust system in place to check the vaccination status of professional visitors to the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure there was a robust system in place to monitor the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider had failed to ensure a robust recruitment process was in place.