

## Springfield Care Services Limited

# Springfield

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Springfield is a care home providing personal care to up to a maximum of 69 people. At the time of the inspection there were 58 people using the service.

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

People had benefitted from a new management team and investment in new technology. We received positive feedback about the new management in the service. Relatives and staff told us things had improved. There was a new registered manager in place and improvements had been made to the provider's governance systems. Improvements were ongoing and we have made a recommendation about the provider's governance systems.

People received their medicines as prescribed. However, records were not always robust. We have made recommendations about the management of some medicines. Staff had received training in safeguarding and knew how to identify and report concerns. Accidents and incidents had been documented and lessons were learned where required. Infection control was managed effectively.

It was not always clear if people had received enough to eat and drink and we have made a recommendation about nutrition and hydration. Staff received the training they needed to carry out their roles and they gave good feedback about the supervision and support they received. The service was dementia friendly and this included the mealtime experience which was person centred.

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.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 March 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We received concerns in relation to falls and general care including fluids and hydration. As a result, we undertook a focused inspection to review the key questions of safe, effective 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 found no evidence during this inspection that people were at risk of harm from this concern. We have

found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield on our website at [www.cqc.org.uk](http://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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Springfield

## 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 three inspectors and an Expert by Experience who made calls to relatives. 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

Springfield 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. Springfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Before the inspection we reviewed the information, we had received about the service since the last inspection. This included CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about. 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 this information to plan our inspection.

## During the inspection

We spoke with three people about their experience of the care provided. We spoke with fifteen care staff including the registered manager, area manager, clinical governance manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from three visiting professionals and we spoke to seven relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included seven people's care records, seven medication records and a variety of records relating to the management of the service.

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service needed further improvement to consolidate the changes made since the last inspection.

### Using medicines safely

At our last inspection the provider did not have systems in place to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Records to guide staff in the application of topical medicines were in place; however, some lacked detail on where the creams were to be applied.

We recommend the provider review documents to support the safe administration of topical medicines.

- Protocols for the administration of 'as required' medicines were in place for some people who no longer required these. We found that some people had protocols for medicines they no longer took. Some protocols lacked person centred information and the reason for and outcome of administration was not always recorded.

We recommend the provider reviews the management of 'as required' medicines and guidance.

- Care plans were not always in place for people who required specific medicines to manage diabetes and distress.

We recommend the provider review care planning for residents with more complex needs such as diabetes, warfarin and behaviour management.

- The service had a clear clinical governance process in place, and we saw evidence of this in the audits completed on a daily and monthly basis, however they had not always identified the issues we found whilst on inspection.
- Medicine administration records assured us routine medicines had been administered as prescribed. Medicines including controlled drugs were stored securely with the appropriate checks taking place.
- Fridge temperatures were recorded electronically, reports sent us to post inspection showed temperatures which exceeded the recommended range. This was actioned post inspection.

- Patch application records did not always demonstrate that patches were rotated in line with manufacturers guidelines.

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

At our last inspection safeguarding allegations and incidents had not always been reported to CQC or the local safeguarding team. Accidents and incidents and associated risks were not managed effectively. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Incidents and accidents were managed safely. This included improved use of technology to ensure better oversight and analysis of any themes and trends.
- Staff had received training in safeguarding and whistleblowing and understood how to identify and report concerns.
- Safeguarding concerns had been reported in line with local authority guidance, with a record kept of what had happened and action taken.

Assessing risk, safety monitoring and management

At our last inspection people were at risk of avoidable harm because risk assessment documentation did not always contain the details staff needed to care for people safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff managed falls safely. Oversight of falls had improved, and this included a reduction in their occurrence.
- People's relatives had no concerns about falls. They told us, "When they have had a fall, it's been registered, and they try to mitigate against it happening again".
- Risk assessment documentation in two files checked was accurate. A third file needed updating. We observed one person at medium risk of falls being supported by two staff to stand however, the care plan recorded the person required one person. This was reported to the registered manager who updated the file.
- Staff took preventative action to manage assessed risks to people. We looked at four care files and a system of regular observations was in place and carried out in accordance with the care plans.
- Staff now managed risks to people in the least restrictive way. People's bedroom doors were only locked with people's consent and people who lacked capacity were assessed on an individual basis. There were no blanket restrictions.
- Staff carried out environmental health and safety checks. This included gas, electric and fire assessments.

Staffing and recruitment

At our last inspection there was a failure to ensure staffing levels within the home were sufficient. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations



2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs. All our observations confirmed there was a safe level of staffing. People's relatives said, "Initially they were lacking in wellbeing staff because they were involved in organising visits, but in the last 4 -5 months things have definitely improved".
- Use of agency staff had reduced and three additional wellbeing staff were available to support staff during busy periods.
- There was a new purpose-built reception with reception staff. This increased time available to staff as there was no reception at the last inspection. People's relatives told us, "It's so much better now, well organised, with a receptionist and having one point of contact." and "It's a lot better with the new reception and the receptionist is good. Before, I had to wait a long time to get into the home. The appointment system is good".
- There was a calm atmosphere in the service throughout the inspection and we observed people were relaxed and had their needs attended to promptly.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

#### 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 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 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

- The service supported visits for people living at the home in line with current government guidance.

# 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 this key question was not rated. At this inspection the rating for this key question is requires improvement. This meant some aspects of the service needed further improvement to consolidate the changes made since the last inspection.

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

- It was not always clear whether people had received enough to eat and drink. Staff did not always record this information. The registered manager told us they would review these records.
- Further improvement was required to ensure that the context surrounding weight loss was investigated. This issue had been identified and highlighted for further action by the registered manager, but more work was needed to ensure the issues were addressed in practice.

We recommend the provider reviews their systems and processes for managing nutrition and hydration and updates their practices accordingly.

- Lunch and mealtimes were person centred and dementia friendly. People chose where they wanted to eat, and we observed people eating meals in their bedrooms and in the lounge or dining areas.
- Care plans included people's preferences and the support they required to eat and drink.
- Staff were trained in food hygiene. Kitchen staff had clear and up to date information on people's allergies and any other risks.

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

- Staff assessed people's care and support needs before people accepted a placement at the service. Staff regularly reviewed people's care needs
- Staff applied their learning when supporting people, in line with best practice. Staff supported people in a safe and respectful way to move around the home. Staff were patient and offered reassurance throughout the transfers we observed.

Staff support: induction, training, skills and experience

- Staff were provided with sufficient training. Staff told us, "Yes, we have lots of training and I can request any gaps" and "We have all the training and I can ask". People's relatives said, "Yes, they are trained. I've seen them at work, and they are very good".
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised.
- Staff felt supported and were able to raise any issues they had with the registered manager. Staff received regular supervisions and annual appraisals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Care plans identified people's health needs and provided staff with guidance on how to support them.
- People were supported to access healthcare appointments when necessary. Staff had made appropriate referrals to other health and social care professionals such as GPs and district nurses.
- Visiting healthcare and social professionals provided positive feedback. One stated, "I feel on the whole they are good at meeting people's needs".

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

- People's needs were met by the decoration, design and layout of the service. This included communal areas, personalised rooms and aids and adaptations to make bathrooms and toilets accessible and safe. The provider had begun consulting with people about new décor and new furniture
- The environment was well-suited to meet the need of people living with dementia. The corridors on each floor included interactive areas of interest, such as an office theme. Consideration had been given to creating meaningful themed areas, important to the people living in the home.

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.

- Wherever possible, staff supported people to make their own decisions about their care. Staff received appropriate training and the policies in place supported good practice. People's care plans identified where people had the capacity to make specific decisions.
- DoLS authorisations were in place where required.

# 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 requires improvement. The rating for this key question has remained requires improvement. New governance systems were in place and the service was now well led. Some aspects of the service needed further improvement to consolidate the changes made since the last inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection there was a failure to ensure systems were in place to assess, monitor and improve the quality of the service and there was a lack of accurate and robust care records. This was a breach of Regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Whilst improvements had been made to the provider's governance systems, these had not identified shortfalls in the management of medicines and nutrition and hydration.

We recommend the provider reviews their systems for assessing and monitoring the safety and quality of the service in these areas and updates their practices accordingly.

- The provider had developed new systems which had improved oversight and enabled senior managers to identify shortfalls in the quality and safety of the service and take action to address issues. This included new technology to record and analyse incidents and accidents and to support safer medicines administration. This had also led to a reduction in falls and pressure sores.

- The service benefited from the leadership of new management team which included a new registered manager, nominated individual and clinical governance manager. Staff told us, "There is a big, big difference...higher level of professionalism" and "...the paperwork is better and passing on information from shift to shift is much improved". Relatives were also positive about the management changes. They told us, "Yes, a vast improvement since the new manager" and "...I have been impressed by the improvements"

- The registered manager understood their regulatory requirements and was open and honest with people when things went wrong.

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

- The provider engaged and communicated effectively with people, their friends and family who were positive about the culture of the service. Communication with the registered manager had improved and they now issued a new weekly newsletter.
- Staff were mostly positive about the changes. They said, "Senior management listen and are approachable. They always listen and follow it up. This didn't happen with the previous managers" and "It is better now. Things are more settled. Our tasks are a lot clearer now". This was reflected in reduced sickness and reduced agency hours and a reduction in staff needing support through the on-call system.

Working in partnership with others

- The registered manager had worked hard to forge effective links with all relevant stakeholders including the safeguarding team and the local authority DoLS team.
- The registered provider worked collaboratively with GP, dieticians, speech and language teams and other local community health services.