

HC-One No.2 Limited

Springfield House

Inspection report

Durham Road
Low Fell
Gateshead
NE9 5BW

Tel: 01914782141
Website: www.hc-one.co.uk

Date of inspection visit:
10 January 2023

Date of publication:
07 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Springfield House is a residential care home providing accommodation and personal care for up to 69 people across three floors. The service provides support to people living with dementia and those requiring support with personal care. At the time of our inspection there were 42 people using the service.

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

The service has experienced a period of change in management over the last year. There is now a new registered manager in post. Improvements have been made to governance/quality checks since the last inspection however there are still areas for improvement. We have made a recommendation about this. Most quality assurance checks were effective.

Medicines were managed safely however there were some issues with paperwork relating to medicine patches and topical medicines. We have made a recommendation about this.

People were safe from the risk of abuse. Risks were assessed and regularly reviewed when people's needs changed. The building was well maintained with appropriate décor, including dementia friendly decorations.

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.

Care records were person centred. People were supported to eat and drink a balanced diet. There were enough staff to care for people safely. Staff were trained appropriately and recruited safely.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 May 2022).

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.

At our last inspection we recommended that care records were reviewed with a view to making them more person-centred. At this inspection we found the provider had made improvements to care records.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve medicines, staffing levels and governance processes.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings 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.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Springfield House

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.

Inspection team

The inspection team consisted of an inspector, a medicines inspector and assistant medicines inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Springfield House 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 House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We contacted the local authority

commissioning team and medicines optimisation team for their feedback about the service. 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 5 people who lived at Springfield House and 7 people's relatives about their experience of the care provided. We observed interactions between staff and people in communal areas. We spoke with 13 members of staff including the registered manager, deputy manager, regional director, senior carers and care staff.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to have an effective system in place to manage medicines safely which 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.

- Overall, medicines were managed safely. Medicine administration was recorded using an electronic system, for the records we looked at people were receiving medicines as prescribed.
- Guidance to support staff in the safe administration of when required medicines was in place and easily accessible for staff to refer to.
- Records did not always assure us that guidance was being properly followed in relation to medicinal patches, topical medicines and food and fluid thickeners. The provider addressed these shortfalls during the inspection.
- Medicine audits were taking place however they had not always identified the issues we found whilst on inspection. The medicines audit tool did not allow for the specific circumstances at the service. The provider was in the process of reviewing this.
- Some residents self-medicated which was managed safely. Staff supported people to ensure their medicines were stored safely in their rooms and repeat medicines were ordered when needed.

We recommend the provider reviews the process for recording thickened fluids and reviews the medicines audit tool to ensure it is fit for purpose.

Preventing and controlling infection

At our last inspection the provider had failed to carry out checks on visitors and maintain cleanliness during a COVID-19 outbreak which 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.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive visitors and visit out of the home in line with current guidance.

Staffing and recruitment

At our last inspection the provider had failed to have sufficient numbers of staff on duty which 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 suitably trained staff to provide support to people who use the service. People, relatives and staff all felt the staffing levels had improved since the last inspection.
- Recruitment processes were in line with best practice guidance. The provider was actively recruiting for senior carers. At the time of the inspection agency staff were being used to cover some staffing shortfalls. Whenever possible the same agency staff were used to provide continuity to people living at the service.
- The balance of senior care workers to care workers was not always in line with the dependency calculations. However, this was mitigated through ensuring the correct number of seniors were working during medicine rounds, and an additional care worker was supporting staffing numbers at other times.
- One person said, "Yes, I think there are enough staff. They'll do anything for you and always take their time."

Systems and processes to safeguard people from the risk of abuse

- People were safe. The provider had policies in place to help keep people safe from abuse. When asked if they felt safe at the service, one person said, "Oh yes, the staff are great." Another person said, "I've never not felt safe."
- Safeguarding concerns were recorded, reported and investigated appropriately. Staff and managers were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed, and actions were put in place to keep people safe. Care plans included detailed information about risks to people and how they should be managed.
- Risk assessments relating to the building were up to date and action had been taken when issues were identified.
- Systems and processes were in place to learn from accidents and incidents. Trends in incidents such as falls were analysed, and lessons were learnt to help prevent similar incidents occurring again.
- Lessons learnt were sharing with staff in team meetings or daily flash meetings. The provider also shared lessons from other services to help keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Systems were in place to assess people's needs before they used the service. Care records were person-centred and detailed. People and their relatives were involved in making decisions about their care. One person said, "When I came here, I had a discussion with staff about my care needs."
- People had control over choices in their lives. We observed staff acting on people's preferences during the inspection.
- The design and décor of the building was bright and clean. Some areas were planned to be redecorated shortly. The Grace unit for people living with dementia was decorated in line with best practice guidance, to help people recognise their own rooms.

Staff support: induction, training, skills and experience

- Staff had the skills, experience and training required to carry out care safely. A recent trend in skin integrity issues had been identified and staff were all receiving refresher training to support improvement. When agency staff were used regularly, they were included in fire evacuation training.
- One person said, "I'd say the staff are well trained; they always seem to know what they are doing."
- The registered manager was new to the service and felt supported with the induction they had received from the provider.
- There were systems in place to support staff. Supervisions and appraisals were carried out regularly by the management team.

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

- People were supported to eat and drink enough to meet their needs. However, some people felt that the food was not always good quality. A relative said, "Some days it's very good and sometimes not so good." We fed this information back to the registered manager.
- People who required a modified texture diet were catered for appropriately. People who required an enhanced diet to avoid weight loss were supported with this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The management team worked effectively with other agencies including the local authority and medicines optimisation team.
- People were referred to services such as occupational therapy and the speech and language therapist in a

timely manner.

- A relative said, "Staff are good at knowing when [person] has an infection and they do something about it straight away."

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.

- Staff worked within the principles of the MCA. The provider had systems in place to record people's capacity and decisions made. All DoLS applications were current and appropriate.
- One person said, "The [staff] always talk to me about what they are going to do for me, before they do it. It reassures me when they say, 'there's nothing to worry about'".
- When asked, staff could demonstrate they knew and understood the requirements of the MCA.

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. This was because the governance and oversight was not robust.

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

At our last inspection the provider had failed to ensure effective quality monitoring systems were in place which was a breach of Regulation 17 (Good Governance) 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.

- Quality assurance checks were in place however they did not always identify issues. Medicine audits were not fit for purpose. The provider was in the process of reviewing these.
- We found issues in relation to medicines management which had not been identified in the medicines audit. The management team have been aware of issues with medicines records for a significant amount of time, but some issues are still unresolved.
- Since the last inspection improvements had been made to audits in other areas of the service including care records and building checks.
- Staff were clear about their roles. The registered manager had recently joined the service and was being supported by regional management while learning the role.

We recommend the provider ensures quality assurance checks are fit for purpose, and that action is taken to make improvements as soon as possible after issues are identified.

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

- There was a positive, person-centred culture in the service. Improvements had been made since the last inspection to support this. One person said, "The atmosphere here is very good, it's a happy place."
- Another person felt that although they could speak up about things changes did not always happen. They said, "I've made several complaints to the organisation, about being left on my bed and not having my buzzer answered. I'm also not happy with my bed, which isn't long enough. I've complained to them about that too, but they don't take any notice."
- Staff felt supported by the new registered manager and said they were approachable.

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 registered manager was aware of the duty of candour and their responsibilities. Processes were in place to manage duty of candour reportable incidents. A recent incident had occurred, action was taken to reduce the chance of a similar occurrence in the future. The person and their family were informed and received an apology.

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

- The service engaged with people and staff to gather their views. One relative said, "There was a Residents' Meeting recently. We can put suggestions forward if we want to do something."
- People's equality characteristics were considered when care was planned. When a new resident of a minority faith came to live at the service, staff spoke with the person to learn what support they needed to continue following their faith.

Continuous learning and improving care; Working in partnership with others

- The provider had made some improvements to the service. The provider had systems to monitor the care people received. A range of areas were checked including medicines, infection control practices, dining experiences and health and safety checks of the building. The findings were used to improve the service.
- Not all improvements had been acted on in a timely manner, although there was no evidence anyone had been harmed by this.
- The management team were working in partnership with the local authority to make improvements to the service.