

Springfield Healthcare (CW Care Village) Limited

Chocolate Works Care Village

Inspection report

The Chocolate Works
Bishopthorpe Road
York
North Yorkshire
YO23 1DE

Tel: 01904208008

Website: www.springfieldhealthcare.com

Date of inspection visit:

16 November 2023

17 November 2023

Date of publication:

09 January 2024

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

About the service

Chocolate Works Care Village is a residential and nursing home providing support for up to 102 younger adults and older people who may be living with a physical disability, sensory impairment or dementia. At the time of our inspection, there were 86 mainly older people using the service.

Accommodation is provided in one adapted building over three floors. The 'Knavesmire Community' on the ground floor provides residential care; the 'Riverside Community' on the first floor provides dementia and nursing care; the 'Minster Community' on the second floor provides nursing care.

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

People felt safe living at the Chocolate Works Care Village.

The provider had systems and processes in place to assess people's needs and risks. Care plans and risk assessments were generally detailed and person-centred and provided appropriate advice and guidance to staff on how best to support people to meet their individual needs whilst minimising risks to their safety.

Staff were safely recruited and completed an appropriate induction and training to support them to provide safe and effective care. This included training on how to identify and respond to any safeguarding concerns.

Staffing levels were safe, although people felt staff were sometimes busy and did not have time to sit and talk with them outside of planned activities. We made a recommendation about continuing to monitor this.

We also made a recommendation about completing timed simulated evacuations to help check and make sure people could be evacuated safely if there were a fire.

Accidents and incidents were responded to appropriately to help keep people safe and to identify any lessons that could be learned.

Medicines were managed and administered safely.

Staff worked with professionals to meet people's health needs and respond quickly if their needs changed.

The environment was generally clean, tidy and well-maintained. Staff used personal protective equipment and regular audits were completed to help ensure safe infective prevention and control measures were followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. Staff were mindful of supporting people in a way which maintained their privacy, dignity and promoted their independence.

People told us the service was well-led. Regular audits and checks were used to continually monitor and address any issues or concerns. This helped ensure people received safe and effective care and supported continuous improvements.

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

Rating at last inspection

The last rating for the service under the previous provider was Good (published on 16 August 2018). This was the first inspection of this service since the new provider took over on 3 July 2023.

Why we inspected

This inspection was prompted by a review of information we held about the service and based on when the service was registered under the new provider.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Chocolate Works Care Village

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 was completed by two inspectors, a pharmacist specialist, a medicines inspector, a regulatory coordinator 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

Chocolate Works Care Village 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. Chocolate Works Care Village is a care home with 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 CQC 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

The first day of our inspection was unannounced. We told the provider we would be returning on the second

day.

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 and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) before this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 17 people who used the service and 12 of their relatives, visitors or friends to gather their feedback about the service. We received feedback from 7 health and social care professionals who worked with the service. We also spoke with 15 members of staff including the registered manager, deputy manager, clinical operations manager, wellbeing coordinator, nurses, senior carers and care workers.

We inspected the environment and observed the care and support provided to help us understand people's experience of using the service. We reviewed 7 people's care records, 14 people's medicine administration records and 3 staff's recruitment records. A variety of other records relating to the management of the service, including audits and policies and procedures were also 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 of the service under the previous provider we rated this key question Good. At this inspection under the new provider, the rating has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported in a safe way. Risks were assessed and plans put in place to guide staff on how to meet people's individual needs whilst minimising risks to their safety.
- Regular servicing and maintenance checks were used to identify and address any issues or risks within the home environment. We spoke with the provider about continuing to monitor and make sure storage rooms and the medicine trolley were locked when not in use and to make sure fire doors were not propped open, which would prevent them closing in an emergency.
- The provider had a detailed fire risk assessment and staff were trained to identify and respond to concerns, but at the time of our visit had not completed any recent timed simulated evacuations.

We recommend the provider explores how timed simulated evacuations could be used to assess the effectiveness of their evacuation procedures if there were a fire.

Staffing and recruitment

- People gave mixed feedback about staffing levels telling us staff were sometimes busy or they had to wait for them to respond to requests. Comments included, "There aren't enough staff. They are nice when they have time to chat, but they are very busy" and, "When you call for them, you can wait a long time."
- The provider used a dependency tool to help monitor and make sure staffing levels were safe. They used agency staff to cover gaps in the rota to ensure sufficient staff were deployed.
- Although we concluded staffing levels were safe, we spoke with the registered manager about continuing to monitor staffing levels and deployment in light of this feedback and to explore ways to improve people's experiences.

We recommend the provider keeps staffing levels under review to ensure sufficient staff are deployed to meet people's needs.

- People were supported by safely recruited staff. Appropriate checks had been completed to help make sure suitable staff were employed. This included checks to ensure nursing staff had active registrations to practise.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe living at the Chocolate Works Care Village. Feedback included, "The place is lovely" and, "I feel safe here. They look after me when I need help."
- Staff had been trained to identify and respond to any safeguarding concerns.

- The provider had systems and processes in place to ensure concerns were identified and reported to the local authority safeguarding team. This helped keep people safe and minimised the risk of them experiencing abuse or neglect.

Learning lessons when things go wrong

- People received appropriate support if they had an accident or incident. Staff supported people to receive appropriate medical attention if needed.
- Accidents and incidents were recorded, reported and analysed to help make sure appropriate action had been taken to keep people safe.
- Systems were in place to identify if any lessons could be learned and shared to help prevent a similar thing happening again.

Using medicines safely

- People received safe support to take their prescribed medicines. Medicines systems and processes were in place to ensure people received their medicines safely and at the right time. Staff were trained to administer medicines.
- Medicines care plans were person-centred and risk assessments were completed as required.
- Audits were completed frequently, and these were reviewed by both internal and external managers for assurance. The provider's pharmacy technician reviewed all audits and had oversight of medicines management within the service. If errors occurred, these were reviewed, and learning was shared.

Preventing and controlling infection

- People benefited from living in a generally clean and tidy environment, which helped minimise the risk of infection.
- Areas of the service were regularly cleaned and deep cleaned. Staff used personal protective equipment to help prevent the spread of infection.
- Audits were used to continually monitor and address infection prevention and control risks.

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 of the service under the previous provider we rated this key question Good. At this inspection under the new provider, the rating has remained 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

- People's needs were assessed and plans put in place to support and guide staff on how best to support them.
- Advice from professionals and good practice guidance was incorporated into people's plans of support to help ensure they received consistent and effective care to meet their needs.
- Regular reviews were used to adapt the care and support provided as people's needs changed. A professional explained, "Care plans are effective and updated as and when needed."

Staff support: induction, training, skills and experience

- People gave positive feedback about the skills and experience of the staff who supported them. Comments included, "The staff know what they are doing, and they help me" and, "They are good at what they do."
- New staff completed induction training and shadowed more experienced staff to support them to develop the knowledge and skills to provide effective care.
- Staff felt supported by management. Ongoing supervisions and checks were used to help monitor and support staff to provide safe and effective care.

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

- People generally received effective support to help make sure they ate and drank enough.
- Systems and processes were in place to monitor and respond to changes in people's weight and to help manage and minimise the risks associated with dehydration or malnutrition.
- People had a choice of food at mealtimes and were supported with drinks and snacks throughout the day.
- People gave mixed feedback about the quality of the food and the options available; with people describing it as both "wonderful" and "tasteless". The provider had used a survey and "taster" sessions to gather feedback and explore where any improvements could be made.
- Staff worked with professionals to ensure people were supported with appropriate diets. For example, where they were at risk of malnutrition or choking.

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

- People received effective support to meet their health needs. People told us, "If you are unwell, the staff are very good. I have only had one problem and they sorted it out."

- The local GP surgery and district nurses regularly visited the home to help monitor and make sure people's health needs were met. Staff were proactive in sharing information to support these visits.
- Staff worked with relevant professionals to ensure people received prompt support if their needs changed. A professional explained, "Because they know their residents well, they are very aware when they deteriorate, and they alert us to this in a timely manner."

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

- People benefited from living in a restored historic building, which provided a spacious, comfortable and stimulating environment.
- The service provided people with numerous communal and quiet spaces to use and enjoy. Regular audits helped to continually identify and address any areas where redecoration was needed.
- People had spacious en-suite bedrooms, which had been personalised according to their individual preferences.
- The provider had taken positive steps to create and maintain a comfortable, accessible and stimulating dementia friendly environment.

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.

- People's rights were protected; staff sought people's consent and ensured they were involved in decisions wherever possible.
- Systems were in place to ensure people's mental capacity was assessed and appropriate best interests' decisions were made when necessary.
- Appropriate applications had been submitted to deprive people of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection of the service under the previous provider we rated this key question Good. At this inspection under the new provider, the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. Comments included, "The workers here are lovely" and, "The staff are nice to me, it's a nice place." A professional explained, "Staff are compassionate and caring towards the residents and to other members of staff."
- Staff were kind and attentive in how they approached people and supported them to meet their needs. A relative explained, "I can't praise the staff enough, they are kind."
- People had positive caring relationships with the staff who supported them. They enjoyed staff's company and shared warm and friendly interactions with them. A professional explained, "The staff know their residents well and seem to have a good relationship with them, they care about them."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to express their views and to make decisions about their care. For example, staff showed people plated meal options to help them decide what to eat.
- People consistently told us staff listened to them and respected their choices. One person commented, "They are very good and do listen to what you want."
- Staff were patient and kind in the way they engaged with people and supported them to make choices. People's care plans reflected their individual wishes and views about how their needs should be met, showing they had been involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way which maintained their privacy and dignity. They told us, "The staff treat me well" and, "The staff are spot on, and respect that this is your home. I do feel like it's my own home."
- Staff respected people's privacy and personal space. One person explained, "I like that they knock on the door and talk to me. They respect my privacy and dignity."
- Staff were mindful of the importance of maintaining people's privacy and dignity and understood how best to support people in a discreet and respectful way to meet their personal care needs.
- People were supported to maximise their independence. The environment was designed in an accessible way and equipment and adaptations were in place to help promote and maintain people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection of the service under the previous provider we rated this key question Good. At this inspection under the new provider, the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. Staff understood people's individual needs and preferences and used this information to provide person-centred care. Feedback included, "Staff know me and what I like" and, "They do know what I need."
- People had choice and control over their daily routines and how their needs were met. One person explained, "I can do what I like, when I want to. I like that."
- Care plans contained generally detailed and person-centred information about people's needs and to guide staff on how best to support them. Regular reviews helped make sure people continued to receive appropriate support as their needs changed.
- Staff worked with professionals for advice and guidance on how best to support people. A professional explained, "They take on board our advice and incorporate it into their care planning to ensure person-centred care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's needs were assessed and communication plans put in place to help and guide staff on how best to share information in an accessible way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to engage in daily activities and gave positive feedback about the activities arranged. One person said, "There are things going on. I can join in whatever I fancy." A relative explained, "There are lots of leisure activities, which they enjoy. They have a cinema room, they sit together and have discussions, there are musicians and children come in from the primary schools. They are stimulated and encouraged to do things."
- The provider employed staff to organise activities within the service. A timetable was in place setting out daily activities designed to provide meaningful stimulation and support people to avoid social isolation.
- Although people gave positive feedback about the activities; they told us staff were busy and they would like it if staff had more time to sit and talk with them outside of planned activities.

- Visitors were welcome at the service and people were encouraged to maintain important relationships with family and friends. One person explained, "I love it when my family come in to see me and the staff make them very welcome."

Improving care quality in response to complaints or concerns

- People felt able to speak with staff or management if they were unhappy about the service or wanted to complain. A person explained, "All the staff are nice, I talk to them if I have a problem."
- The provider had a policy and procedure in place to help ensure complaints were managed appropriately. Complaints were logged, investigated and responded to in a timely manner. A professional explained, "They appear to be responsive, when I have gone to them with queries or concerns, I feel that I have been listened to. The staff are approachable as are the management team."

End of life care and support

- People received responsive care and support at the end of their life.
- People's needs were assessed and care plans created to help ensure they would remain comfortable and pain free at the end of their life.
- Staff explored and recorded people's wishes and ensured appropriate agreements were in place if someone did not want to be resuscitated.

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 of the service under the previous provider we rated this key question Good. At this inspection under the new provider, the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Overall people gave positive feedback about the service and the support they received to meet their needs. Comments included, "On the whole it is very good", "In general staff have great attitudes" and, "I am more than happy here."
- Management were committed to promoting a positive culture within the service and role modelled good practice. Staff were caring and kind and were encouraged and motivated to provide person-centred care.
- Staff felt supported in their roles. Comments included, "You can go to management for anything. If you've got any concerns, they are very friendly. You can speak with them like a colleague" and, "They do look after the staff and make sure we know there are people to go to if there are problems."

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

- There had not been any incidents dealt with under the duty of candour requirements since the new provider took over the service, but the registered manager understood their responsibility to be open, honest and apologise to people if something did go wrong.

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

- Staff and managers understood their responsibilities and worked together to meet people's needs and ensure regulatory requirements were met.
- The registered manager had effective oversight of the service. They understood people's needs, met regularly with staff and reviewed information about the care provided to ensure people's needs were met and to respond to any concerns.
- Governance processes were thorough and effective. The provider and registered manager used a wide range of regular audits to continually monitor the quality and safety of the service. This helped to continually identify and drive improvements.
- A continuous improvement plan was in place to make sure identified changes or improvements were completed in a timely way.
- The registered manager was receptive and responsive to feedback and keen to continually improve and develop the service delivered.

Working in partnership with others; Engaging and involving people using the service, the public and staff,

fully considering their equality characteristics

- Staff and managers worked in partnership with others including relevant professionals to ensure people receive timely care and support.
- Professionals gave positive feedback about the working relationships they shared with staff and managers. Feedback included, "They are approachable, and we can have open and honest discussions" and, "They refer appropriately to us, are welcoming, friendly and supportive."
- Surveys were used to gather feedback to help monitor and improve the service. A person explained, "You can talk to managers, and they make changes."