

Springfield House (Oaken) (2001) Limited

Springfield House Nursing Home

Inspection report

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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

Springfield House Nursing Home is a care home providing personal care and accommodation to 24 older people. Care is provided on one floor with bedrooms and communal areas available. Some of the people are living with dementia. The service can support up to 36 people.

People received safe care. There were enough suitably trained staff to support people in a safe way. Individual risks to people were considered and reviewed. When people received medicines, they were administered as prescribed. Infection control procedures were followed in the home and the environment was clean and maintained. Staff understood about safeguarding procedures and when people may be at risk of potential harm.

The service continued to be effective. 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 support this practice. People had access to health professionals when needed. Their dietary needs were considered, and people enjoyed the food and the choices they were offered. The home had been adapted to consider people's needs.

People were treated in a kind and caring way and they were happy with the support they received from the staff. People's privacy and dignity was considered and maintained. They were encouraged to make choices and remain independent.

People continued to receive responsive care. People's needs were assessed and considered. People's preferences were also considered, and they received support based on these needs. When people needed support or adaptations to communicate this had been assessed. There were activities in the home for people to participate in, which they enjoyed. There was a complaints policy in the home.

The home continued to be well led. There were systems in place to monitor the quality within the home and drive improvements when needed. Staff felt supported and listened to by the management team. Feedback was sought from people and relatives who used the service.

People's experience of using this service and what we found
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 08 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Springfield House Nursing 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Springfield House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. 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.

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. This included information we had received from the public and notifications. A notification is information about events that by law the registered persons should tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with six people who used the service and two relatives. We also spoke with two members of care staff, a nurse and the registered manager. We did this to gain people's views about their care and to check that standards of care were being met.

We looked at care records for four people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People told us they received their medicines as prescribed. Improvements had been made since our last inspection and we found no concerns with the medicines records we reviewed.
- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.
- When people were prescribed creams or 'as required' medicines there was guidance in place to ensure people received these as and when prescribed.

Staffing and recruitment

- Improvements had been made and we found there were enough staff, who were deployed efficiently to offer support to people.
- People and relatives confirmed, and we saw, there were enough staff available to meet people's needs. One person said, "Yes there are enough staff, I don't have to wait for help if I ask for it."

Assessing risk, safety monitoring and management

- People continued to feel safe living at Springfield Nursing Home. One person said, "I am happy and safe living here."
- People's individual needs were assessed and considered. When people were at risk there were measures in place to help reduce this. For example, when people were at risk of developing sore skin they were sat on pressure relieving cushions and had suitable mattresses on their beds.
- Staff understood people's risks and could explain these and the support people needed to us.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from potential harm. Staff had received safeguarding training and continued to demonstrate an understanding in this area.
- There were procedures in place to ensure people were protected from potential harm.

Preventing and controlling infection

- Staff told us they had access to gloves and aprons which they used when supporting people. We saw staff using these.
- The home was clean and tidy and cleaning schedules were in place and followed to ensure infection control was considered.

Learning lessons when things go wrong

- There was a system in place to identify concerns within the service and take the appropriate actions so that lessons could be learnt when things went wrong. For example, incidents and accidents were monitored so actions could be taken to reduce the amount that occurred or reoccurred.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Pre-assessments were carried out, to ensure people's needs could be met before moving into the home.
- People's gender, culture and religion were considered as part of this assessment process.
- People and relatives told us they felt fully involved with this.

Staff support: induction, training, skills and experience

- Staff confirmed they continued to receive an induction that involved training and shadowing more experienced staff members.
- Staff had adequate skills and experience to fulfil their role. One relative told us, "The staff are very good they all have the correct skills and experience needed, there is a good blend of staff."

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

- People enjoyed the food and were offered a choice. One person said, "The food is very nice."
- People's lunchtime experience had been considered and the atmosphere was calm and relaxed. Tables were nicely decorated and there was background music for people to enjoy.
- People's dietary needs had been considered and assessed. When people required specialist diets we saw information was in place for staff to follow and they were aware of people's individual risks.

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

- People had access to healthcare professionals and their health and wellbeing was monitored.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed. For example, people had been assessed and reviewed by speech and language therapists and psychiatrists.
- People's oral health care was assessed, and plans were in place to ensure people received the support they needed.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found when needed mental capacity assessments were in place for people and decisions had been made in people's best interests.
- The provider had considered when people were being restricted and DoLS applications had been made.
- Staff understood about people's capacity and the importance of gaining consent from people.

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

- The home had been adapted to consider people's individual needs. There was specialist equipment available for people including adapted bathrooms.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 happy with the staff that supported them and were treated in a kind and caring way. One person told us, "The staff are lovely, they are very caring and nice to me." Relatives also confirmed this to us.
- We saw when people needed support, staff spent time with people offering this. For example, one person's glasses were uncomfortable, so staff adjusted these for the person.
- Staff knew about people and were able to give detailed accounts of them, including their likes and dislikes.

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

- People were encouraged to make choices about their day, including what to eat, where to sit, what to wear and what time they got up.
- The care plans we looked at considered peoples' choices and preferences and how they made these.
- We saw people and relatives were involved in their care and this was regularly reviewed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "I feel I still have my privacy living here, even though there are a lot of people around me."
- Staff gave examples of how they would support people with this. Including closing doors and curtains, knocking on people's bedroom doors and taking people to their rooms when professionals visited.
- People told us they liked to remain independent and this was encouraged by staff. One person said, "They get me doing what I can, I like that about the staff, they don't do it for me. Sometimes I don't really feel like doing it myself, but they offer me encouragement and then I feel better for it."
- Records we reviewed reflected the levels of support people needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 felt involved with their care and had care plans which were personalised and detailed. Relatives told us they were also involved with reviewing care.
- Staff had the opportunity to attend handover where they could share information and changes about people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- The provider met the Accessible Information Standard.
- People had guidance in their files which related to how they preferred to communicate, it considered any adaptations or equipment people used.

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 participate in activities they enjoyed. One person said, "We have lots going on most days here, everything is really enjoyable and passes the day."
- During our inspection we saw a group crafts activity taking place. On the afternoon of our inspection an external singer was booked to perform.
- There was a weekly rota in place which guided people to the activities they could participate in and days out that were taking place.

Improving care quality in response to complaints or concerns

- People felt able to complain and felt the managers and staff team were approachable.
- There was a complaints policy in place.
- There had been no formal complaints made since our last inspection.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality checks were completed within the service. These included audits on medicines, health and safety and other key areas. Where concerns with quality had been identified we saw this had been recognised and improvements had been made.

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

- People, relatives and staff spoke positively about the management team and the support they received. One person said, "The management team and nurses are always available to discuss anything with." A member of staff told us, "It's a nice place to work, the managers really listen to us, it makes you feel valued."
- The management team were available and visible for people using the service.
- The registered manager demonstrated the service people received was in an environment of openness and was inclusive. Relatives told us they could visit the home whenever they wanted, and that communication was good and maintained.

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

- Duty of candour requirements were met and understood by the registered manager.

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

- Staff felt supported by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions.
- There was a policy in place to allow staff to whistle blow and staff we spoke with showed they were aware of the policy and its purpose. Whistle blowing encourages staff to raise concerns anonymously when people may be at risk of harm.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- Their last rating was displayed in the home in line with our requirements.

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

- The provider sought the opinions of people who lived in the home. This was through meetings and

surveys.

- Experience surveys were completed in the home, so feedback could be sought, for example on people's mealtime experiences. This was information and feedback was used to make changes where needed.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.