Springfield House Nursing Home

Springfield House

Inspection report

6 Stoke Road
Cobham
Surrey
KT11 3AS

Tel: 01932862580

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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 provides personal care and support for a maximum of 27 older people, some of whom may be living with dementia. On the day of our inspection 20 people were living in the home.

This was an unannounced inspection that took place on 5 February 2016. We carried out this inspection to follow up on our inspection on 2 June 2015 where we found the provider was in breach of some of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection we received an action plan from the provider informing us of the actions they planned to take in response to our inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

Staff followed correct and appropriate procedures in administering medicines and medicines were stored safely and appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff followed the correct procedures for people who did not have capacity to make decisions for themselves.

Care was provided to people by staff who were trained and received relevant support from their manager. This included regular supervisions and undertaking training specific to their role.

Care plans were individualised and contained information to guide staff on how someone wished to be cared for. Information included detail around people's mobility, food and personal care needs. Where people had risks identified guidance was in place for staff to help reduce these risks.

Quality assurance checks carried out by staff to help ensure the environment was a safe place for people to live and they received a good quality of care. Staff were involved in the running of the home as regular staff meetings were held. People were asked for their views about all aspects of their care and could make their own decisions.

There was a good atmosphere in the home where people and staff interacted in an easy-going manner. People and relatives were happy with the care provided and they were made to feel welcome when they visited.

There were a sufficient number of staff to care for people. Staff supported people to take part in various

activities and treated people with respect and dignity.

Safe recruitment practices were followed, which meant the provider endeavoured to employ staff who were suitable to work in the home. Staff were able to evidence to us they knew the procedures to follow should they have any concerns about abuse or someone being harmed.

People had care responsive to their needs. People were provided with a choice of meals each day and those who had dietary requirements received appropriate food to ensure they were not at risk of choking.

Staff maintained people's health and ensured good access to healthcare professionals when needed. For example, the doctor, optician or district nurse.

Complaint procedures were available to people and there was a contingency plan in place should the home have to be evacuated.

There was an open positive culture within the home and it was evident the registered manager had good management oversight and was respected by staff.

We found the provider had taken all necessary action to ensure they were meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff followed safe medicines management procedures.

People's risks were assessed and recorded.

The provider ensured there were enough staff on duty to meet the peoples' needs. The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns. There was a contingency plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they could deliver care based on latest guidance and best practices.

Staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring

People were treated with kindness and care, respect and dignity.

Staff encouraged people to make their own decisions about their care.

Relatives were made to feel welcome in the home.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of activities.

Care plans were regularly reviewed and people were provided with care responsive to their needs.

People were given information how to raise their concerns or make a complaint.

Is the service well-led?

Good

The service was well-led.

Quality assurance audits were carried out to ensure the quality and safe running of the home.

Staff felt supported by the registered manager and relatives thought the registered manager was good.

Staff and people were involved in the running of the home.

Springfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 5 February 2016. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not review the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we had inspected this home in June 2015 and were carrying out another fully comprehensive inspection to check the provider had taken the necessary action in relation to the breaches of Regulation that we found.

As part of our inspection we spoke with six people, the registered manager, the deputy manager, seven staff, three relatives, a friend of one person and one social care professional. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included five people's care plans, four staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected Springfield House Nursing Home on 2 June 2015 where we found the provider was not meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found breaches in Regulation 12 (Safe care and treatment), Regulation 11 (Need for consent) and Regulation 9 (Person-centred care).

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I can sit here and do my knitting and feel safe." A relative told us, "I feel we can go away and feel content she is safe."

At our previous inspection in June 2015 a new member of staff had handed someone a drink which was not safe for them to drink. At this inspection we read the registered manager had put procedures in place which meant only trained staff prepared drinks for people who required thickeners. Trained staff were able to describe to us and show us the new procedures that should be followed.

At our inspection in June 2015 the fire door on the first floor was not always closed which meant people may be at risk of falling down the stairs. At this inspection the fire door had been fitted with a keypad entry system and it was closed for the duration of the inspection.

We had also found care plans did not contain information for staff on what setting a person's pressure mattress should be on. We saw at this inspection this information was now included in people's care plans.

We were satisfied with the actions taken by the provider to address the breach of Regulation we had found in June 2015. This meant the provider was now meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents that occurred were recorded and reviewed by the registered manager in order that they could identify any trends or patterns. Records relating to accidents and incidents included what had happened and steps staff had taken to prevent further occurrences. For example, by introducing sensor mats in people's rooms. We saw they carried out a monthly audit of falls as well as wounds.

People were protected from the risks of abuse and harm. Staff had a good understanding of the different types of abuse and described the action they would take if they suspected abuse was taking place. Staff were able to tell us about the role of the local authority in relation to safeguarding. There was a flowchart for staff to follow should they have any concerns. One staff member said, "If I saw something going on I would say something and report it. I would never ignore it." Another staff member told us, "I know what whistleblowing is and I would tell the manager."

In the event of an emergency the home's contingency procedures would be followed and people's care would continue with as little impact as possible for them. Each person had an individual personal evacuation plan in place. Staff were up to date with their fire training and carried out fire drills so they knew what to do in the event of a fire. All information related to an emergency was held in a 'grab' folder near the front door so it was easily accessible for staff.

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. There were sufficient numbers of staff deployed on the day of the inspection. People were assisted when they needed to be and staff had time to interact in a social way with people as well as carrying out their

duties. Staff told us it was a good team who worked well together. Our observations confirmed this. People were provided with support when they needed it, staff knew their routines well and there was always someone around for people. One person told us, "The staff are very nice and I don't have to wait." The registered manager kept an overarching risk assessment/dependency tool for people which helped to determine the staffing levels required. Currently most people living in the home were 'low' risk.

People's medicines records were up to date which meant staff would know when people had received their medicines. Each person had a medication administration record (MAR) which stated what medicines they had been prescribed and when they should be taken. MAR charts included people's photographs and there was a signature list to show which staff were trained to give medicines. We found no signature gaps in relation to people's MAR charts which meant it was clear people had been given their medicines when they required them. Appropriate codes were used to denote when people did not take their medicine, for example if they were in hospital. Guidance for PRN (as needed) medicines was in place, this included how someone may indicate they were in pain. When people received PRN medicines this was recorded which meant staff could see if people were receiving too much PRN. There was a cupboard which contained homely remedies (medicines which can be bought over the counter without a prescription). Staff recorded in a book when homely remedies were provided to people.

Medicines were stored appropriately. There was a trolley for day time medicines and another trolley for night medicines. Both were stored in a designated clinical room. A fridge was in place for medicines which required to be stored at a certain temperature.

Risks to people had been identified and assessments drawn up to help keep them safe. Risk assessments in people's care plans were around people's mobility, food and fluid and skin integrity. Where one person was at risk of falls there was guidance to staff on how to reduce these risks in order to keep the person safe. For example, one person's risk assessment stated, 'make sure x has good solid footwear on'.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk.

Good

Is the service effective?

Our findings

One person said and others commented, "The food is excellent" and, "We get such a good choice." A friend told us, "She's always got drinks lined up."

Staff knew people's dietary requirements and nutritional needs, for example, if someone required pureed food or if they were diabetic. One person's care plan stated, 'monitor food intake' and we saw staff do this at lunch time. People were able to sit where they preferred to eat their lunch and there was a social atmosphere whilst people were eating. People had sufficient food and fluid intake. During the day large jugs of cold drinks were provided for people in addition to hot drinks and snacks. There was a choice of two main meals each day and people with cultural dietary requirements were accommodated.

People received appropriate support to eat. People who needed help to eat were receiving this from staff. Staff waited for people to finish what was in their mouth before offering the next mouthful and no one was being rushed. Staff described to people what they were eating. We heard a staff member say, "Nice fish and chips for you." People who preferred to eat in their room were given their food promptly.

At our previous inspection in June 2015 staff did not know of the implications of the MCA and DoLS. At this inspection staff were able to demonstrate to us a good understanding of the legal requirements. One staff member said, "Always ask for consent and explain what you are going to do." Mental capacity assessments had been completed for people when making specific decisions. For example, bed rails. Staff had sought input from relatives who had the appropriate legal authority to make decisions on behalf of their family member. DoLS applications were made where necessary. For example, in relation to the locked front door.

We were satisfied with the actions taken by the provider to address the breach of Regulation we had found in June 2015. This meant the provider was now meeting Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported by staff who were trained and we did not have any concerns about their ability to carry out their role. Staff were competent and able to do their duties unsupervised. The training records provided to us showed us that compliance with the provider's mandatory training requirements was being

monitored and staff had been booked onto refresher courses when required. This included a range of topics such as medicines management, health and safety, infection control and moving and handling. At our previous inspection in June 2015 we had made a recommendation to the provider to seek training in relation to the specialist needs of people. Since that inspection staff had attended training in relation to dementia and were due to attend training on how to work with people who had behaviours which may challenge.

Staff had the opportunity to meet with their line manager on a regular basis. This gave them the opportunity to discuss any aspects of their job and for the registered manager to check they were applying their training in practice. Staff could progress professionally. One staff member told us, "I am doing an English exam today in preparation for my diploma in social care." Another said, "We get a chance to develop our careers and take part in further training."

People received effective care. People who had behaviours which may cause them or others harm had information in their care plans to guide staff on de-escalation strategies. For example, by distraction, reassurance or talking to the person in a calm manner. One member of staff helped a person to drink a cup of tea as this person was reluctant to take fluids. The staff member explained to the person why it was important to drink and persuaded the person to finish the tea. A relative had commented in a recent feedback questionnaire, 'Mum is very content and has settled well. Her mobility is improving which is all credit to the professional care and kindness shown by the staff'. A relative said of staff, "They understand him (my husband) well."

The health needs of people were met. Care plans evidenced the involvement from external health professionals to provide guidance to staff on a person's changing needs. We read people had involvement from the GP, district nurse, chiropodist and dentist. The GP routinely visited the home on a weekly basis and more frequently when required.

People were supported by staff to remain healthy. For example, one person was underweight and staff had sought professional guidance and had introduced high protein drinks for this person. The records showed us this person's weight was gradually increasing. A healthcare professional told us, "I have no problems in this home. Staff know what they are doing. They make referrals quickly and the forms are always completed well and they know their residents." They added that any products prescribed were used by the nursing staff correctly.

Good

Is the service caring?

Our findings

One person told us, "Staff chat to me while they work. Nothing would make it better living here." Another person said, "The staff are very nice." A further told us, "They are very good here and take good care of me. I have everything I need." A visitor commented, "It's lovely here. It's homely, the staff are nice and caring and it's always clean." A friend of someone said, "It's excellent, they (staff) are all so nice and welcoming." One relative told us, "They (staff) understand her needs and look after her very well." Another relative said, "The caring care is good and staff are affectionate towards her."

It was evident to us staff were very caring. There was good interactions between people and staff and people told us they were happy in the home. We watched staff care for people and it was done with dignity and in a kind way. Where people needed additional support from staff they spoke to people throughout this and told them what they were doing. Staff ensured people's dignity was maintained by adjusting people's clothes when they were sitting in their chair and by ensuring they were warm and comfortable. Staff used terms of endearments to people when they spoke with them. Staff treated people with respect. Staff knocked on people's doors before entering and called people by their preferred names. A member of staff said, "I would never walk into someone's room without knocking first."

Staff treated people in a kind and observant way. People were appropriately dressed and had suitable footwear on. People's rooms were personalised and we saw that staff had tidied them and made the beds nicely so people's room would look welcoming when they returned to them later. People who spent time in their room had their call bell at hand should they need to attract the attention of staff. A staff member said to one person, "Good morning, is there anything you need?" We saw one staff member gently supporting someone with their drink, holding their hand and sitting at their level smiling into their face.

People were able to have privacy when we wanted it and staff were patient with people. We saw people go into other areas in the home to have quiet time, away from others. Staff spoke with people at a pace and in a manner which was appropriate to their level of understanding. Staff gave people time to respond to questions.

The home had a good atmosphere and was homely. We observed a great deal of camaraderie between staff and people. There was a flow of conversation and laughing and people discussed various topics. There was good interaction between the people who lived at Springfield House Nursing Home. We saw two people sitting chatting with each other and a group of people sitting together following their lunch. Staff were able to describe people and knew their preferences such as where they liked to sit or who they liked to sit with.

People could make their own decisions. People said they were encouraged to express what they thought about how they were being supported. For example, how they spent their time and if they chose to spend time alone or in the company of others. Staff asked people if they would like to join in with activities, where they would like to sit and whether they wished to watch a particular programme on the television. A relative told us staff were good at encouraging their family member. They said, "They've (staff) gently nudged her into having lunch downstairs and having her haircut which we wouldn't have been able to do."

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. Relatives told us they always felt welcomed when they arrived at the home. They said they could turn up at any time and staff were always kind and attentive towards them too.

Good

Is the service responsive?

Our findings

Staff made people feel they mattered as they had taken action to improve the activities that took place in the home. During the morning staff chatted to people and held a 'coffee morning' and in the afternoon an activities person came in with a dog for people to pet and sat with people playing games. At our previous inspection in June 2015 we found people were, "Bored" and did not receive much stimulation. Activities for people who were living with dementia were non-existent. During this inspection we saw what changes had been made. There was a monthly activities programme and two activities co-ordinators worked in the home. A survey had been undertaken with people to find out the type of things they liked to do and this had been used to develop the activity programme. This included exercises, singing, reading and Communion services. Staff had considered different ways of engaging with people, particularly those living with dementia. For example, sensory items had been introduced. One person had commented in the recent feedback survey, 'Nice range of activities and the staff help to include me even if I sometimes don't think I want to at first'.

People's individual preferences were met. Records of activities that people participated in were kept showing staff spent time with people doing puzzles, crosswords or playing bingo.

Staff supported people to continue to participate in important events. For example, we read people were going to celebrate Chinese New Year and a Valentine's Day dinner had been organised.

We were satisfied with the actions taken by the provider to address the breach of Regulation we had found in June 2015. This meant the provider was now meeting Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care that was responsive to their needs. People who were vulnerable to pressure sores were provided with profile beds and suitable pressure mattresses. At our previous inspection in June 2015 we identified staff did not follow good practice in relation to wound management for people. Since then the registered manager had introduced formal processes for staff to follow. Staff were able to describe and show us what they did in the event that someone did require treatment for a wound. They showed us the 'check list' which had been introduced which included a wound assessment chart, body map and photographs. Some people were being nursed in bed and they were well cared for and looked comfortable. Staff were attentive and made frequent observation visits to their rooms. Repositioning charts were in place to ensure people's position was changed at regular intervals to reduce the risk of pressure sores and alleviate pressure.

Care plans were comprehensive and contained monthly assessments of care needs, hobbies, past life and interests, food and weight information. The information contained in the care plan gave staff clear details about people and the care they needed. It covered people's preferred daily routine and individual preferences. Staff were able to describe to us why people had come to live in the home. Staff described the needs of people they supported in line with the care plan. For example, they knew who liked to have a shower or who required specialist assistance with bathing. A relative told us they were included in the care

plan reviews of their family member.

Daily records were kept for people which meant staff recorded how people were, what sort of mood they were in, how they had eaten and what personal care was provided. Handover notes were completed and discussed during each shift change which meant staff had the most up to date information about each person.

People were provided with information on how to make a complaint or comment on any issue they were not happy about. There was a complaints policy available. There was a complaints log in the home but no formal complaints had been received. People told us they knew who to speak to. They told us they were happy and did not have any issues. Compliments from people were seen. We read, 'Thank you for the wonderful care'.

Good

Is the service well-led?

Our findings

One person told us, "The manager is very nice." Staff said, "The manager is very patient", "I have reported something to the manager and she has acted on it" and, "This is a good home and managed well, any problems the manager deals with them efficiently." A relative and a friend of someone said, "I can phone the manager if I want to tell her something" and, "If I wished I could go down to the office and talk." Another relative told us, "The manager always lets us know about things."

Staff were involved in the running of the home. We read regular staff meetings were held and these were used as an opportunity to cascade information from the provider to staff, discuss any aspect of the home and for staff to contribute by making suggestions for improvements. Staff told us they felt comfortable speaking up at these meetings. Individual meetings were held for health and safety, housekeeping and senior staff. Actions discussed at these meetings had been addressed. For example, one fire door required adjustment.

People and their relatives were able to make suggestions and become involved in the home as the registered manager sought their views. Feedback was listened to and changes made where possible. For example, exercises had been introduced following a comment from one person. We noted one person had commented on the management saying, 'perfect. So helpful and always accessible'.

There was an open culture in the home. We heard the registered manager and staff check with each other that tasks had been carried out and saw staff worked together to ensure people obtained the support they needed. The registered manager had started to organise social events for staff to help new members of staff feel part of the team. One member of staff told us, "I have worked in several homes and in the community but this is by far the best place I've worked in."

The registered manager was aware of their responsibilities and had a good management oversight of the home. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. Services are required to display the rating of their service to people and visitors. We saw this had been displayed in the lobby of the home.

The registered manager was visible throughout the day and supported staff in their role when needed and interacted with people in an easy manner showing us they were very much involved in the daily running of the home. For example, on the day of the inspection one member of staff had called in sick at very short notice and the registered manager worked alongside staff, supported people to eat and carried out care tasks in order to maintain a good level of care.

Quality assurance checks took place to help ensure a good quality of care was provided and the environment was a safe place for people to live. For example, medicines audits, water temperatures and health and safety audits. Actions identified were dealt with by the in-house maintenance person.