

Annual Inspection Report 2022-2023

Springfield Grange Nursing Home

Adult Care Home

27 March 2023



DHSC

We carried out this announced inspection on the 27 March 2023. The inspection was led by an inspector from the Registration and Inspection team, who was supported by another inspector. A pharmacy advisor also supported the inspection on this day.

Service and service type

Springfield Grange Nursing Home is a nursing home based in Farmhill, Douglas. People in care homes receive support and accommodation as a single package under a contractual agreement. Springfield Grange is registered to accommodate up to fifty-four people over two floors. At the time of the inspection there were forty-six people using the service.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Areas for improvement are required in relation to first aid boxes, medication, training and care plans.

Systems were in place to protect people from harm or abuse. Systems were in place to monitor all accidents, incidents and safeguarding concerns. The home was clean and hygienic, with policies and procedures in place to protect people from the risk of infection.

Detailed care plans and risk assessments were written following a comprehensive pre-admission assessment. Capacity and best interest decisions were recorded in detail. Staff received ongoing training needed to support people effectively.

People's independence was promoted. Staff treated people with dignity and respect. Positive interactions between people and staff were observed on the day of the inspection.

Assessments identified people's communication needs and choices, which led to the development of detailed care plans.

The manager understood their role and responsibilities. Staff received feedback via staff meetings, formal supervision and appraisals. Systems were in place to monitor and review the quality of care provided by seeking feedback from residents and their families and staff members.

At this inspection, we found improvements had been made in response to the previous inspection.

About the service

Springfield Grange Nursing Home is registered as an adult care home.

Registered manager status

The service has a registered manager. 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 announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 21 March 2023. We visited the service on 27 March 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

Twenty family members were emailed requesting feedback and ten responded to this request. Fourteen staff members were emailed and three responded.

During the inspection

We spoke to three people who used the service about their experience of the care provided at Springfield Grange. We also observed interactions between staff and people living at the home.

We spoke with various members of staff, as well as the registered manager, chefs, housekeepers, maintenance manager and laundry assistant.

We reviewed a range of records, including people's care records, staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures. The pharmacy advisor also carried out an audit of medication management within the home.

C1 Is the service safe?**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in this area in relation to first aid boxes and medication.

This service was found to be safe.

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

Systems were in place to protect people from the risk of abuse. Staff received safeguarding adults training and knew the signs of potential abuse and the actions they must take. Staff were confident that the management would respond to any concerns that may be raised.

Policies and procedures on whistleblowing and safeguarding were in place.

Systems were in place to monitor all accidents, incidents and safeguarding concerns. The manager had oversight of all incidents.

Assessing risk, safety monitoring and management

Risks people may face had been identified and guidelines in place to manage the risks.

Equipment within the home was serviced in line with manufacturer's guidance.

Environmental risk assessments were written and regularly reviewed.

A variety of health and safety checks had been completed, including electrical and fire safety and boiler maintenance.

An external agency had tested the water system for Legionella bacteria. Thermostatic Mixer Valves (TMV's) were being serviced. Showerhead cleaning and disinfection was taking place, as well as regular flushing of outlets. A risk assessment for Legionella disease had been written.

A fire safety consultant had completed a fire risk assessment and was due back in the home to review this document. Several actions were required and the home was in the process of completing these. Staff had received training on fire safety.

Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and a copy stored on file. A summary showing each resident's level of risk / support was in place.

Checks on first aid boxes were being carried out but the main kitchen first aid box contained items that were out of date / code.

Care records were stored both electronically and paper copies.

Staffing and recruitment

The files of several staff who had started since the last inspection were scrutinised. The provider had recruited safely. Nurses had their registration with the Nursing and Midwifery

Council (NMC) confirmed. Staff Disclosure and Barring Service (DBS) checks had been reviewed within a three-year period.

At the time of the inspection there were enough staff rostered to meet people's needs. Staff rotas were clear and legible with shift leaders clearly identified. People said that generally there was enough staff on duty to support their needs. One person commented, "it is sometimes hard with staff numbers but the care never waivers". Feedback on staffing levels was mixed from staff and family members. Comments included, "staffing levels are poor" and "staffing levels are good but would benefit from more staff especially on the dementia unit".

Dependency assessments were identifying people's levels of support.

Using medicines safely

Pre-admission assessments identified people's medication needs. People's ability to self-medicate was being assessed. Care plans detailed the support required from staff in order for a person to take their medication. One person had some out of date information recorded in their medication care plan at the time of the inspection. The care plan was amended post-inspection.

As part of the inspection, a pharmacy advisor undertook a visit to the home to audit the medication management. A report was written following the audit and a copy was sent to the manager. One standard was not met in relation to medication storage and expiry dates on opened medication. One standard was almost met in the recording administration of medication. Some recommendations had been made.

A medication policy and procedure was in place. The home was actively seeking to get people's medication reviewed.

Care staff had received a medication overview on induction and staff administering medication were having their competency to do this assessed.

Preventing and controlling infection

People were protected from the risk of infection. The home was visibly clean and free from odours. Housekeeping staff followed and completed cleaning schedules. The laundry had systems in place for the sorting and segregation of soiled articles. Staff received training on infection prevention and control. An infection control policy was in place. Regular infection control audits were being carried out.

Protective Personal Equipment (PPE) was available throughout the home and worn by staff.

Learning lessons when things go wrong

Systems were in place to record and monitor incidents, accidents and safeguarding concerns. Management had oversight, enabling an analysis of trends and to identify any lessons learnt and to reduce the risk of reoccurrence.

Action we require the provider to take

Key areas for improvement:

- First aid boxes to contain only in-date items.
- Medication storage temperatures to be more closely monitored.
- Action is required regarding marking any liquids, creams, ointments, drops etc with the date of opening and new expiry date.
- Action is required regarding recording the administration of medication.

Inspection Findings

C2 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. The service does require an improvement in relation to care plans and staff training.

This service was found to be effective.

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

Pre-admission assessments were completed for all people. Generally, any identified needs were carried through into care plans and risk assessments. One person did not have a care plan on how they wanted their hygiene managed.

There was evidence within the pre-admission assessments that people, family members and other professionals were involved in the admission process.

Staff support; induction, training, skills and experience

Staff received training needed to support people effectively. Training consisted of in-house training and online learning. One staff member had not completed several training courses, including managing challenging behaviour. Staff spoke positively about the training they received, although one staff member commented “they should give more necessary training on handling dementia people”.

A number of staff had acquired a relevant care qualification. New staff were given the opportunity to shadow experienced colleagues as part of the induction process. A detailed induction process was followed. One staff member commented, “my induction was very good. Management and staff are very supportive”.

Staff were receiving supervisions consisting of one to one meetings, observations of practice and group supervisions. Annual appraisals were taking place.

Regular staff meetings were being held. Staff confirmed that they could express their views and make suggestions. One comment made was, “the office door is always open at all times for staff if they do not want to say things at a staff meeting”.

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

People’s nutritional needs were being assessed. Individual likes and dislikes were collated on admission. People’s food and fluid intake was recorded where required. The chef / kitchen staff were aware of people’s allergens and dietary requirements. One person said, “they cater well for my allergies”.

Care records detailed support required at mealtimes. Menus were displayed in dining areas. Choices of meals were available. The mealtime observed on inspection was relaxed and informal. The home was in the process of carrying out a survey on people’s dining experience.

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

Assessments identified people's health needs and care plans provided guidance for staff in meeting those needs.

Records demonstrated referrals were made to medical professionals, where necessary. A record of people's appointments with medical professionals was documented.

Peoples needs met by the adaptation, design and decoration of premises

People were able to personalise their rooms with photographs and personal items. Rooms were big enough to allow for the use of hoists or other lifting equipment, to support the individual needs of the residents.

The home's Kensington wing provided an environment for people with dementia. Dementia signage was provided. People on this wing had access to outside space.

The building was in a good state of repair and was decorated attractively.

Ensuring consent to care and treat in line with law and guidance

Mental health and capacity care plans were in place. Capacity and best interest decisions were being recorded for any restrictive practice.

Staff clearly understood the importance of seeking consent before providing care and support. People confirmed that staff always asked them for their consent.

Action we require the provider to take

Key areas for improvement

- People must have care plans written on personal hygiene.
- All staff to receive training within the induction / probationary period timescales.

Inspection Findings

C3 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. The service does not require any improvements in this area.

This service was found to be caring.

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

Staff knew people and their individual needs. Positive interactions between people and staff were observed on the day of the inspection.

People spoke positively about the care they received. Comments included, "staff are very kind" and "staff are always cheerful and compassionate".

Family member feedback confirmed that their relation was provided with good care and support. Some comments included, "I feel the care and support my mother receives is good" and, "Cannot fault the care or support. They have been wonderful since mum moved in last year".

Religious and cultural needs were identified when developing care plans.

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

Involvement of people / family members in the review process of care was evidenced. One family member said, "the staff always keep me up to date with any health issues and I feel well informed with all aspects of her care".

Twice yearly resident meetings were taking place. Minutes from these meetings evidenced that discussions about the menu and activities took place.

When staff were asked if they had opportunities to spend quality time with people, there was a mixed response. One staff member said, "no, not very often because of the fast pace of everything and staffing levels". Another said, "yes, but only a small amount of time".

Respecting and promoting people's privacy, dignity and independence

Care plans were written in such a way as to promote people's independence. Staff gave examples of how to encourage people to be as independent as possible. Family members confirmed that, where possible, staff encouraged their relative to be independent.

People's privacy and dignity was respected. Staff spoke about how they provided privacy and dignity while carrying out personal care.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people's needs. The service does not require any improvements in this area.

This service was found to be responsive.

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

People received individualised care /support to meet their needs. Person-centred plans identified people's support needs and provided guidance for staff on how to meet these needs.

Important information was recorded. Staff were familiar with people's needs and preferences and this was confirmed in feedback from family members.

Care records evidenced that people could choose the gender of staff they wanted to support them.

People confirmed that they had the autonomy over when they got up and went to bed, as well as when they wanted to eat and what to wear.

A person's social history, hobbies, interests and religion were recorded. Care plans guided staff on how to support people with their interests. Social therapists were employed by the home. Monthly newsletters informed people of in-house activities.

Meeting people's communication needs

Assessments identified people's communication needs and choices, which led to the development of detailed care plans. Aids such as picture boards and whiteboards were available if required. Digital clocks were provided. A local charity offered books in large print and talking clocks / books.

The home's statement of purpose / brochures were available in large print on request.

Improving care quality in response to complaints and concerns

The home had a complaints policy and a copy of the complaints procedure was on display within the home. The procedure was included in the service user contract and welcome pack.

Three complaints had been made and had been recorded in detail, including the outcome.

People were asked if they knew how to make a complaint. One person said, "I had a couple of things to speak about but they were swiftly dealt with". Family members confirmed that they knew how to make a complaint and that they were confident that it would be taken seriously.

End of life care and support

Where appropriate, 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) orders were recorded. This was discussed with people and their families on admission.

Advanced care plans and end of life wishes were in place.

Inspection Findings

C5 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. The service does not require any improvements in this area.

This service was found to be well-led.

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

People living in the home spoke positively about the care they were receiving. Family members also spoke positively about the home.

Staff said that generally they felt positive and proud to be working at Springfield Grange. One staff member commented, "I feel very supported by my work colleagues and managers who I feel I can always approach and be listened to".

Staff meetings were taking place.

Family members said that even if they did not see management when they visited they believed that they would make themselves available if required. They also said that they were kept informed about any changes to their relatives care.

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

The manager is a registered nurse with a QCF Level 5 in Leadership and Management.

The manager was auditing all incidents / accidents. Notification of significant events forms were being submitted to the Registration and Inspection team, when required.

Appropriate insurance cover was in place and displayed in the home.

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

Systems were in place to monitor and review the quality of care provided by seeking feedback from people and their families and staff members. New residents were asked to complete a feedback form after their first month in the home.

Staff confirmed that they had staff meetings and that they felt that they could raise issues.

Supervisions and annual appraisals were taking place for the staff team.

How does the service continuously learn, improve, innovate and ensure sustainability

Staff received on-going refresher training. Staff confirmed that they received the support and training to meet the needs of the people living in the home.

Regular audits were taking place, including on infection control, care records, nutrition and hydration and moving and handling. Quality improvement plans were then written based on the results of each audit.

Standards of care assessments were carried out on all staff, observing practice, communication, understanding of role, policies and responsibilities.

The home's Chief Executive / responsible person carried out twice-yearly quality assurance visits. Reports were written following these visits.

A combined annual quality assurance report / annual report had been written in 2022. This report contained a development / improvement plan based on the outcomes of the feedback received from residents, family and staff.

Working in partnership with others

Information contained within care records demonstrated the staff at Springfield Grange worked in partnership with other agencies.