

Inspection Report

2023-2024

Springfield Grange Nursing Home

Adult Care Home

8 January 2024 &

9 January 2024

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this unannounced inspection on 8 January 2024 and 9 January 2024. The inspection was led by an inspector from the Registration and Inspection team who was supported by one other inspector.

Service and service type

Springfield Grange Nursing Home is a care home based in Farmhill, Douglas. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were forty-nine 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

We identified areas for improvement in relation to staffing rotas and the manager receiving regular supervision.

There were systems and processes in place to protect people from abuse and harm. Staff understood their responsibilities to raise concerns and report them internally and externally.

Staff had received the appropriate training to meet the residents' individual needs. Staff sought guidance from other professionals to ensure the residents' day-to-day health and wellbeing needs were met.

Staff knew the residents and their needs well. Staff ensure that the care they provide protects the residents' privacy and respects their choices and rights.

Care plans reflected the residents' physical, mental, emotional and social needs. The residents were supported with participating in social activities and maintain relationships that were important to them.

The manager understood their role and responsibilities to deliver what is required. The service had a clear set of values and a vision promoting care with integrity, accountability, honesty, fairness and transparency.

At this inspection, we found improvements had been made in response to the previous inspection. Actions from a Medication Management review in November 2023 had been completed.

About the service

Springfield Grange Nursing Home is an adult care home able to accommodate up to fifty-four residents. Fifty-four bedrooms had en suite facilities. All residents had shared access to dining rooms, lounges and one conservatory. The home has a wing dedicated to providing care and support for up to nineteen people living with dementia.

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 inspection was part of our annual inspection programme, which took place between April 2023 and March 2024.

Inspection activity started on 4 January 2024. We visited the service on 8 January 2024 and 9 January 2024.

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 contained information about their service, what they do well, and improvements they plan to make. We reviewed notifications, complaints, compliments and any safeguarding issues. The inspectors also reviewed a number of policies and procedures.

During the inspection

We reviewed a range of records. This included the resident's care records and a variety of records relating to the management of the service and a number of staff files. We spoke with three members of staff, four residents and two family members of residents for feedback on services provided by the home. We also observed interactions between staff and the residents living at the home. We spoke with the manager throughout the inspection.

After the inspection

We gathered further information to support the inspection process and spoke to two family members of residents for feedback regarding the services provided by the home.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires one improvement in this area.

This service was found to be safe.

Assessing risk, safety monitoring and management

The service had completed a number of safety checks throughout the building. These checks included an inspection of the fire safety systems, emergency lighting, electrical installations and portable appliance testing (PAT). The Government Department of Environment, Food and Agriculture carried out annual water safety checks for legionella bacteria.

An independent, qualified person had completed a fire risk assessment. Their report had identified three recommendations for improvement. These had been completed; however, work completed within the roof void was still to be signed off by an independent qualified person. The manager assured us that such a person was signing off this work shortly after the inspection.

Key staff had completed fire warden training; all other staff had completed fire training and attended refresher training, as necessary. The home had conducted a number of fire drills throughout the year; however, not all staff had attended a drill. Some staff had not experienced a simulated fire drill, or practiced safely evacuation residents; however, the manager had a schedule in place ensuring all staff will attend a fire drill within the following twelve months. This schedule had already started. We recommend that the home adheres to this schedule, to ensure all staff are aware of their responsibilities during a fire evacuation.

Qualified engineers had completed the inspection and maintenance of the lifting equipment used by the home. Staff had visually checked the lifting equipment on a regular basis. Engineers had also serviced and maintained the passenger lifts within the home in October 2023.

Qualified engineers had completed the inspection and maintenance of the heating system in November 2023.

Staffing and recruitment

The provider had recruited staff safely, completing pre-employment checks prior to staff commencing their employment. All staff were up-to-date with their Disclosure and Barring Service (DBS) checks.

The home had completed a comprehensive assessment of needs, to determine the level of support for the people residing at the home. The staffing rotas were clear and legible and identified the staff on duty and the nurse managing each wing. The rotas for the ancillary staff were not always legible, with the use of correction fluid making some alterations illegible. There was also some abbreviations/acronyms used and the use of colour with no explanation.

The home reported a number of care staff and one catering staff vacancies. At times of staff shortages, other members of staff would cover any vacancies by offering to come in during their day off, or quieter wings offering staff to other wings during busier times of the day. This offered the residents some consistency and continuity in their care and support.

The service had a Business Continuity Plan, reviewed in November 2022.

Preventing and controlling infection

The provider had an infection, prevention control policy, reviewed in February 2022.

The home was clean and tidy throughout. Cleaning schedules identified the various cleaning tasks for the home, which housekeeping staff maintained. Housekeeping staff deep cleaned residents' rooms regularly and rooms were re-decorated when they became vacant, prior to another resident moving in. The inspector observed members of staff using the appropriate Personal Protective Equipment (PPE) to the task they were performing. All staff members had completed infection control training and food safety training.

The home had completed quarterly infection control audits. An action plan identified any areas requiring attention, to maintain the cleanliness of the home.

The main kitchen and satellite kitchens were very clean and tidy and well organised. Staff had recorded fridge and freezer temperatures daily and opened food products had been labelled appropriately with the 'when opened' date.

Cleaning products hazardous to health were stored in the basement, where residents could not gain access. Safety information sheets, for all hazardous products used, were present on the housekeeper's cleaning trollies.

The laundry was well organised and clothes belonging to the residents were identified with their room number. There was also a process for recovering lost items of clothing.

Learning lessons when things go wrong

Staff recorded incidents and accidents, involving the residents, on their electronic care records. This system automatically informed the manager, who was able to conduct an investigation if necessary, with support from the deputy manager.

The home produced a monthly accident and incident report. The manager and deputy manager met monthly to discuss and identify trends in any accidents and incidents within the home. This led to developing improvements within in the home, to maintain people's safety. Action plans were published in the home's quarterly report.

Examples of areas of learning included introducing call-alarm pendants, for residents prone to falling, and discussing medication errors with staff responsible for administering medication.

The manager had submitted notifications of all significant events to the Registration and Inspection team in line with regulatory requirements.

The home had consulted with a number of health care professionals, when necessary, to maintain the health and wellbeing of the residents.

Action we require the provider to take

Key areas for improvement:

- Action is necessary to ensure that rotas:
 - remain legible and correction fluid is not used,
 - if colour and acronyms are used, there is a guide to their meaning,

This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.

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 not require any improvements in this area.

This service was found to be effective.

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

The home had completed comprehensive a pre-admission assessment prior to the resident moving into the home. The home used this assessment, together with other information provided by the resident’s family, discharge notes from the Hospital and multi-disciplinary teams, to develop person-centred support plans and risk assessments for the residents.

The home re-evaluated the resident’s assessment of needs every six months, prior to a formal review of the person’s support plans and risk assessments, with the resident’s family present, where possible. The family members we spoke to told us they had attended review meetings.

The home had continued to consult with medical professionals to support and maintain the health and wellbeing of the residents. Support plans and risk assessments contained guidance from health and social care professionals, as necessary.

Staff support; induction, training, skills and experience

The home employed their own training officer. All staff were up-to-date with their mandatory training and refresher training. The registered nurses had their competency in administering medication assessed every two years. The senior care practitioners responsible for administering medication had their competency assessed every six months.

Staff supervisions and annual appraisals were up-to-date. Each member of staff had received supervision approximately every three months. Each member of staff had also completed an annual ‘Standards of Care’ assessment with the training officer.

The home had conducted a large number of team meetings, for the nurses, night staff, carer’s, kitchen staff and team meetings specifically for the staff of the elderly, mentally infirm wing.

We were satisfied new staff members had received an induction to the service and had opportunity to shadow experienced members of the team prior to them working alone.

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

The residents’ pre-admission assessments and ‘nutrition’ support plans were clear, concise and provided guidance for staff to meet the individual needs of the residents, including allergies and specific dietary requirements. The home had consulted with professionals, where necessary, to support any dietary requirements and concerns. Staff recorded the resident’s food and fluid intake within their file and staff members passed on any concerns to other staff during the handover period.

Supplementary drinks were entered on the Medication Administration Records (MAR).

We observed lunch with the residents, which was unrushed, very relaxed and staff knew how to support the residents to meet their wishes and needs. There were sufficient staff to support all of the residents in the dining room. For residents requiring one-to-one support with eating, staff members offered this in a way that protected their dignity.

One resident told us, "The food is lovely; it's like home-cooked food. There's plenty of choices and I can ask for a drink or snack anytime. It's never any trouble."

The home had a menu on display in the dining room, which also included the residents' dietary requirements, to inform staff. Residents told us they were offered meal choices, if they so wished.

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 were relaxed around to the residents and attentive to meeting their needs. We observed warm, friendly and jovial interactions between the staff, residents, their family and visitors, throughout the inspection.

Staff had received training in communication, showed an understanding of the residents' communication needs, and offered choices throughout. The home had also consulted with professionals to support the residents with their communication needs, where necessary.

One resident told us, "I'm always treated with kindness; the staff are like extended family to me. I'm very lucky with the staff here, they're always helpful. It's like a relative looking after you."

Staff told us they take their responsibilities seriously in getting to know the residents well and support each other, as much as possible, to develop positive relationships with the residents.

The residents' initial assessments and care plans had identified their individual needs. The home employed social therapists. They worked with the residents, and their family members, to support the residents to participate in social events and activities they like and find interesting.

Staff members supported the residents to maintain important relationships with their family and friends. Family members told us the home had kept them informed of any changes in the person's health or wellbeing, or if there were other concerns.

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

Residents had received reviews of their care and support every six months and records showed that their families had been involved with the reviews, where possible. Family members of residents told us they had attended review meetings and had an opportunity to discuss the resident's care plans.

Residents had their capacity assessed and their support plans identified any restrictive practices, ensuring the resident's safety and in their best interests.

Staff supported the residents with attending activities and social events, both within the home and in the community.

We were assured, through the inspection process, that residents had the ability to communicate and staff had sufficient quality time to get to know the residents well and develop good relationships with them all.

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

The residents received individualised support that met all of their needs. Person-centred plans identified their support needs, and provided guidance for staff on how to meet those needs.

The resident’s support plans and their ‘This is Me’ document identified their physical, emotional, communication and social needs, as well as their preferences in the foods they liked, their preferred daily routines, activities and pastimes.

The nurses continually reassessed the support offered to the residents on a monthly basis, to address any changes to the person’s needs. Support plans identified personal goals and objectives, designed to increase the resident’s independence.

For resident’s presenting with a lack of capacity, the home had followed best practice principles in relation to conducting capacity assessments and best interests’ decision meetings. The capacity assessments were ‘decision specific’; to meet the individual needs of the residents. Best interest decision making had involved the family members, if possible, and/or been in consultation with medical professionals, adopting a multi-disciplinary approach to supporting the resident.

The home employed social therapists to ensure that the home provided meaningful activities to the residents. The social therapists met with the residents individually and ascertained their hobbies, interests and pastimes. The home provided a number of communal activities throughout the week, taking into consideration the resident’s individual interests. The home also employed a dementia support worker, to plan and prepare meaningful activities with residents with a cognitive impairment.

Improving care quality in response to complaints and concerns

The provider had a complaints policy, which had been reviewed in November 2022. A copy of the complaints procedure was on display in the entrance hall. The home’s statement of purpose contained information on how to make a complaint, ensuring people knew what to expect from the complaints process.

The provider had received one complaint since the last inspection, which had been resolved.

Residents we spoke to said they had never had a reason to complain; however, they confirmed they would speak to the Matron, or nurse-in-charge, with any concerns.

Reporting on complaints also formed part of the home’s annual plan.

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 requires one improvement 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

The provider had a set of principles and values all staff members were expected to fulfil in their daily work. The home's principles and values were published in their statement of purpose, on the company website and a copy was in the entrance hall of the home. The provider introduced staff to their principles and values through their induction programme.

The manager and/or the deputy manager were present in the home on a daily basis, which provided an opportunity to gather informal feedback from the residents, staff members and family members of the residents. A night manager was also available during the nights and at weekends.

The manager was qualified and attained the Qualifications and Credit Framework (QCF) level five diploma in leadership in health and social care. The manager informed us that they kept up-to-date with their skills and knowledge by completing their Continuous Professional Development (CPD) in nursing, attending mandatory training, management training and managers meetings. The manager had recently attending training in motivational speaking.

The manager had an up-to-date job description, however, had not received regular supervision with their line manager. This will be an area for improvement. The manager had received an annual appraisal of their performance.

Staff told us there was a good management structure to the home; they felt supported and listened to by the manager. One member of staff said, "I am very happy with the company because of the level of support and team work. The manager listens to us and deals with any issues that arise for either the staff or the residents."

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

The home had employed a dedicated training officer. This ensured that mandatory training for staff was updated and new staff inductions were consistent.

Staff received formal one-to-one supervisions, group supervisions and an annual appraisal of their performance. The manager had received training specific to providing staff with one-to-one supervision as part of their QCF level five training.

The provider measured success in a number of ways. The manager and deputy manager conducted regular audits of the number of incidents, accidents, safeguarding incidents, complaints and compliments for the service. This information was used to identify trends and address and necessary improvements.

The provider also conducted an annual survey of their services. Service user's, staff and family members each received a questionnaire, asking for their opinions and experiences of the services provided by Springfield Grange Nursing Home.

The responsible person produced bi-annual reports, informing on the premises, staffing, resident and family satisfaction and records. The reports identified any areas for improvement and actions required to indicate progress.

Action we require the provider to take

Key areas for improvement

- Action is required by the provider to ensure that the registered manager receives a minimum of four one-to-one supervisions per annum with their line manager.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.