

Springbank Care Home (Silsden) Limited

# Springbank Care 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Springbank is a residential care home for up to 41 people who require support with personal care needs. Accommodation is provided in 1 adapted building across 4 units, each of which have their own communal areas. Two of the units specialise in providing care to people living with dementia. The service does not provide nursing care. There were 36 people living at the service at the time of our inspection.

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

Medicines were managed safely. There were safe systems of recruitment in place. Staffing levels had been increased to make sure people's needs could be met safely at all times. Staff received safeguarding training and knew what to do if they thought someone was at risk. Risks to people and the environment were identified and well managed. People's needs were assessed, and clear risk assessments were in place to guide staff.

Everybody we spoke with said they, or their relative, felt safe. One person who lived at the home when asked if they felt safe said, "If I need them, I stand up and press my buzzer and they always come quickly." Another person said, "The staff are lovely, and they regularly keep in touch when I'm in my room as they pop their heads around the door which I really like."

The management team monitored accidents and incidents and identified any actions that needed to be taken to prevent future occurrences.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. Risks associated with COVID-19 were well managed.

People enjoyed the food at the home and were supported to make sure their healthcare needs were met.

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

People told us staff were caring and spoke positively about living at the home.

People and staff said the service was well led and they felt their opinions were sought and listened to. We found systems to assess, monitor and improve the service were established. The management team, including the provider, had good oversight of the service and demonstrated passion and commitment to the continued development of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 3 January 2019). The overall rating for the service remained good based on the findings of this inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions safe, effective and well led.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service is good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springbank Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Springbank Care 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was conducted by 2 inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience spoke with people who use the service and their relatives by telephone.

#### Service and service type

Springbank is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Springbank Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. This included the local authority safeguarding team, commissioning teams and Healthwatch Bradford.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

## During the inspection

We spoke with 6 people using the service and 6 of their relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people.

We spoke with 7 members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records. This included 3 people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at 3 staff files in relation to recruitment, training, supervision and appraisals. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely although some improvements were needed.
- Records about medicines did not always contain enough information to show medicines had been given safely. For example, we found that the records relating to the administration of topical analgesic patches for one person did not record the site of application on two occasions. This information is needed to reduce the risk of skin irritation.
- For another person we saw that staff had not recorded the time an antibiotic, that must be taken before food, was administered.
- Medicines were stored safely.

We recommend that the provider reviews their process for ensuring that records about medicines contain the required information to ensure medicines are managed in line with the manufacturers' directions.

### Staffing and recruitment

- There were enough staff deployed to meet people's needs. The management team reviewed staffing levels in response to people's needs. During the inspection night-time staffing levels were increased to make sure staff were available, at all times, to make sure people's needs were met.
- None of the people, or staff we spoke with, had any concerns about staffing levels.
- Procedures were followed to make sure staff were recruited safely.

### Systems and processes to safeguard people from the risk of abuse

- The management team and staff were aware of their safeguarding responsibilities.
- Staff had received appropriate training in this area and showed a clear understanding of how to recognise and respond to signs of abuse. They were aware of internal and external reporting processes and told us they felt confident any such concerns would be taken seriously by their management team.
- People and their relatives gave us examples of why they felt safe at the home. One person spoke about how staff came quickly when they pressed their buzzer, and another told us how the provision of a sensor mat in their room had made them feel safe.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed, monitored and reviewed.
- A range of risk assessments helped to ensure risks to people around areas such as falls, choking and skin integrity were managed and reduced. We saw equipment around the home which helped to keep people safe, such as door and mat sensors and pressure relieving equipment.

- Managers and staff understood risks to people and were familiar with steps they needed to take to take to reduce those risks.
- Environmental risks were assessed, and any required actions were taken to reduce risks to people.
- The required health and safety and equipment checks were taking place.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives and friends were able to visit people living at the home, in line with visiting guidance.

#### Learning lessons when things go wrong

- The management team monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.
- The registered manager used feedback from people, relatives and staff to learn lessons about what could be improved.
- The registered manager had developed a 'Proud file'. This contained a number of compliments about the service and examples of things that had been good for people living at the home.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff followed an induction in line with the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- All staff followed a programme of training and updates. Staff said the training was good and helped them in their role.
- Staff said they felt well supported by the management team. They said they enjoyed their supervisions and felt these sessions were effective.

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

- People told us they enjoyed the food and had lots of choice. We noted the food was served already plated and although people had chosen their meal, this way of serving meant people did not have choice over portion sizes. We also spoke with a person who wasn't enjoying their choice of food but did not want to ask for another meal. We discussed with the management team about how they might consider alternative ways of serving meals to further enhance people's ability to make choices.
- Catering staff served drinks and snacks to people throughout the day and we saw jugs of water and juice in lounges and people's bedrooms. People who required support with food or drinks were supported sensitively and at their own pace.
- People told us they could choose to eat in their room or in the dining room. One said, "I like being able to have breakfast and tea in my room and dinner in the dining room."
- A relative told us, "(Person) tells me the food is good and the tables are always set like a restaurant, and they really do take the care and trouble to care above and beyond like when they do afternoon teas for birthdays – the cook makes the most wonderful birthday cakes."

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

- People were supported to access healthcare when they needed this help.
- Care records showed staff worked with a range of professionals to ensure people maintained good health. Professionals such as GPs, district nurses and community mental health teams were involved.
- Staff followed the advice of health professionals. For example, a non-slip mat was purchased to reduce risks to one person.
- Staff recognised changes in people's health and sought medical attention as needed. For example, staff had taken action to establish if a person, who was unusually unsteady when walking, might be suffering

from an infection.

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

- The home was nicely decorated and provided people with a homely and comfortable environment. People told us how much they liked their bedrooms.
- One person told us personalisation of their room was actively encouraged and showed us their duvet choice and display of family photos. They said they really liked having an en-suite, but didn't use it to shower as the bathroom was just down the corridor.
- We discussed with the management team about how the units for people living with dementia didn't provide the same space as the residential care units. Management were open to considering how this could be addressed.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Decision specific mental capacity assessments were in place where these were needed. People's representatives had been involved in decisions made in their best interests.
- Staff were able to demonstrate an understanding of who had a DoLS authorisation and also knew when conditions had been applied by the local authority and what this meant for them.
- Staff told us the registered manager had made it clear that people living in the home were in control of their day-to-day routines. Where possible, people were empowered to make their own decisions. Throughout our inspection, we saw people were offered choices.
- The registered manager maintained an overview of DoLS which detailed the date of authorisation, the date of expiry and when a re-application was needed. The overview also detailed any conditions or recommendations applied to the DoLS authorisation.
- People's needs were assessed and reviewed regularly. People felt involved with the assessment and care planning process. One relative said, "The communication is excellent, and the care and ethos is very resident based." Another relative, when asked about reviews of their family member's care, said, "Yes there's a 3-month review, I know this as on admission they gave us a letter to explain all the things we needed to know and also they said they would take on any ideas or suggestions for activities."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Effective governance, audits and monitoring systems were in place.
- The management team had oversight of the service and demonstrated a clear commitment to continued improvement. Audits were completed, and records showed any issues identified were addressed.
- People and relatives spoke very positively about the service, the staff and the management team. Comments included, "We looked at a number of care homes for (relative) and here is by far the best and it's not just the managers but all the staff as they are all so patient and kind so I don't have one negative thing to say and I can't think of anything that could improve", "I don't feel as though I'm a nuisance or I'm disturbing them when I need to see them in the office or on the corridor and they do their absolute best to protect the dignity and enjoyment for the residents" and "All the staff are excellent, kind and genuinely nice and there's nothing I can criticise, even the laundry works so when I come, (relative) is always in her clothes, and they are clean and nicely ironed."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- The registered manager had recently started meetings for people and their relatives. When a relative had asked for advice in supporting their family member during the meeting, this had been given and relatives had been invited to attend training along with staff if they thought this would be helpful.
- Staff said they were very well supported. They said they could go to the registered manager or deputy manager about anything and were confident they would help. One said, "If you don't know how, (registered manager) will explain it." Staff also commented on how the provider visited the home regularly and showed an interest in their wellbeing.
- Records confirmed the provider understood and acted on the duty of candour. People and their relatives gave examples of how the management team maintained good communication with them. One relative spoke about how they received emails to let them know about activities and trips being arranged which they were invited to join in.
- The provider ensured CQC was notified of changes, events and incidents that affected their service or the people who used it.
- People said they would feel comfortable raising a concern with management. Those who had, said it had

been managed well.

#### Working in partnership with others

- The management team worked effectively with health and social care professionals to make sure people who used the service were protected, accessed healthcare services as needed and to promote quality within the service. The registered manager had been invited by the local authority to give talks at meetings.