

# Springwood Residential Home Limited

# Springwood House

# Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Springwood House Residential Care Home is a care home providing personal care to up to 29 older people. At the time of our inspection there were 24 people using the service. Accommodation was provided in one large adapted building.

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

People living at the care home were supported by staff who knew them well and they felt safe. They knew who to tell if they had any concerns and were confident these would be addressed. People were involved in planning and reviewing the care they received. Infection prevention and control procedures were implemented to reduce the risk of infection to people. People were supported to manage their prescribed medicines safely.

The home was well run and provided a friendly, caring environment. People were involved in the planning and delivery of their care. Feedback about the home and the provider was consistently positive.

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.

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

The last rating for this service was good (published 19 December 2017).

### Why we inspected

The inspection was prompted in part due to concerns received about poor care, staffing and infection control. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

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.

### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Springwood House Residential 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.

#### Inspection team

The inspection was carried out by 1 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.

#### Service and service type

Springwood House Residential Care Home 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. Springwood House Residential 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 Care Quality Commission 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 information we had 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 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 this information to plan our inspection.

### During the inspection

We spoke with 4 people who used the service and 7 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, members of the domestic and kitchen teams and care staff. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality audits were 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at Springwood House Residential Care Home.
- People, or their relatives, understood how to raise any concerns they might have and felt comfortable to do so if they needed to. One person told us, "I am happy here and feel safe. If I had any concerns, I know who I could talk to, [name]."
- Staff had completed training on how to recognise and report concerns and understood how to protect people from abuse.

Assessing risk, safety monitoring and management

- People were supported to keep safe. Staff knew people well and understood their needs and how to help them to keep safe.
- People were involved in managing the areas of risk in their lives and in taking decisions about how to keep safe.
- The registered manager carried out a review of all accident and incident records to identify and manage areas of risk for people.

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

- We found the provider was working within the principles of the MCA. There were no current requirements for legal authorisations to deprive a person of their liberty.

Staffing and recruitment

- People were supported by safely recruited staff. The provider followed safe recruitment guidelines, including DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by a stable and consistent staff team. One relative told us, "There always seems to

be enough staff and they are the same staff." One person told us, "I have a nice relationship with staff."

- People were supported by staff who were competent to meet their needs. One relative told us, "The staff seem to have good knowledge and are well-trained."

#### Using medicines safely

- People received the support they needed from competent staff to manage their prescribed medicines safely.
- People's medicines were managed following professional guidance. One relative told us, "They [staff] organise their medication and if there are any concerns, they [staff] will link with the GP".
- People were supported to take their as required medicines effectively, for example, pain relief. One relative told us, "They [staff] keep on top of pain relief and [relative] never complains about any pain lately".

#### 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.

#### Visiting in care homes

- People received visitors in the home without restriction, in line with current government guidance.

#### Learning lessons when things go wrong

- The provider had systems in place to manage and monitor people's safety. Staff understood how to record and report incidents for investigation by the registered manager.
- The registered manager identified where improvements could be made and shared the lessons learned with the staff team.

# 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. 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.

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

- Staff were clear about their roles and responsibilities and felt valued and supported. Feedback from staff about the registered manager was consistently positive.
- The provider needs to notify us about certain changes, events and incidents that affect their service or the people who use it. At this inspection it was identified 2 notifications had not been submitted. The provider explained the reasons for this and understood their responsibility going forward to submit notifications as required.
- The provider implemented processes to review the quality of the care and support people received. The registered manager and members of the team carried out audits to ensure consistently good quality care was delivered.

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

- People received safe and compassionate care. One relative told us, "There is a personal feel to the home. It is professionally run, they [the provider] genuinely care. It is well-led and they [the provider] listen".
- Feedback from people or their relatives, staff and other stakeholders was consistently positive. One person told us, "I chose to come here, I definitely made the right choice. The staff are all very kind. I am happy here".
- Staff understood the importance of working together as a team and valued the benefits to themselves and the people they cared for. One staff member told us, "It is like being in a family, we [staff] help each other to help the residents."

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

- People were listened to and involved in the delivery of the service.
- People, their relatives and staff all described an open-door policy where they could talk to the registered manager about any concerns they had. Any concerns were resolved satisfactorily through this informal process wherever possible.
- One relative told us, "The home has a very happy atmosphere and it is friendly. I cannot think of any improvements which need to be made." Another relative told us, "The home is well-managed, I can ring the manager anytime, [registered manager] is approachable."

- Social media was used to share photographs of activities and events. Reviews and comments were left by people, their friends, relatives or other visitors.

#### Continuous learning and improving care

- The ethos and values of the care home were embedded in the staff team.
- The registered manager had researched and introduced an electronic care record system. This promoted and improved outcomes for people as access to care records was in one location.
- The provider had developed COVID-19 information packs for people, their visitors and staff, to ensure up to date information and guidance was available to everyone.

#### 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 understood their responsibility to keep people informed when incidents happened in line with the duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

#### Working in partnership with others

- The provider had developed effective working relationships with partnership organisations. One visiting professional said, "I would highly recommend Springwood House. . . . This home is made so good by the special people who work there. All of the care staff are friendly, kind, compassionate and caring and want to ensure that patients have a quality, personalised experience. Residents are always happy with the care they receive and are treated as individuals".
- The registered manager had worked with a local pharmacy to set up and maintain good standards of medicines management. The pharmacy completed an audit to support good practices and procedures being implemented.
- The provider engaged with the local community and arranged a variety of activities and events at the location involving a range of groups and individuals. These links encouraged mutually beneficial relationships between the people who lived at the home and local residents.