

Springfield Manor Gardens Ltd

Springfield Manor Gardens

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

Springfield Manor Gardens is a care home providing nursing and personal care for up to 58 people at the time of the inspection there were 55 people living in the home. The home is divided into three units, which includes a nursing and residential units, on each of the three floors. There are a variety of spacious communal areas and external grounds.

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

People were supported to stay safe and manage the risks in their lives. Some environmental risks had been identified during the inspection and had been addressed promptly by the provider.

People living in the home had mixed views about their experiences. Some people found it difficult to communicate with staff due to language difficulties.

People were supported by enough trained staff. Staff felt they had received enough training and had enough information about people's needs to support them effectively.

Staff were seen to be polite, respectful and kind to people.

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.

The service was well-led. Staff had mixed experiences about the management of the home. This was in the process of being addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 May 2021).

Why we inspected

We received concerns in relation to; the management of medicines, staffing and the management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always 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.

Springfield Manor Gardens

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 Care Act 2014.

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

The inspection was completed by two inspectors on site and one Expert by Experience, who made phone calls to relatives. 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

Springfield Manor Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We walked round the building and looked at some bedrooms, communal areas, the kitchen and the laundry and staff room. We reviewed a range of records. This included the risk management plans for five people, Medicine records for twenty six people and a range of safety and auditing documents. We spoke with the registered manager, two directors, the deputy manager, care co-ordinator and six other members of care staff. We spoke with six people living in the home. We spoke with the relatives of 12 people.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found people did not receive their as and when required medicines as documented. We made a recommendation that the provider consider current guidance and take action to ensure their administrations records related to as and when required medicines meets best practice and people's wishes.

- At this inspection we found there was no information to support the safe administration of medicines to help guide staff on when to administer as and when required medicines or the quantity to be given. We raised this with the registered manager who has provided evidence these are now in place. We noted people had received their 'as required' medicines and were satisfied no harm had occurred.
- Regular medicines were administered by staff who had been trained and had their competency checked regularly. We observed medicines were not always being signed for at the time they were given and we saw several people's medicines were being signed for at the same time. We raised this with the nurse on duty who agreed they should sign for each person's medicines when given to ensure safe practice.
- Medicines were stored safely. Controlled drugs were managed in line with the regulations.

Systems and processes to safeguard people from the risk of abuse

- The providers policies and procedures helped protect people from abuse and the risk of abuse.
- Staff had received training about how to safe guard vulnerable adults and were aware how to raise any concerns.
- Relatives we spoke with were confident their relations were safe. Comments included, 'Yes, it is a safe place. They always want to be sure [name] is safe. They have had no falls.' and 'They are safe. The staff are very caring and compassionate. Beginners (new staff) are monitored. All of them are very friendly and helpful'

Assessing risk, safety monitoring and management

- Staff followed the providers risk assessment and risk management procedures, this helped ensure people were supported to manage risks in relation to their health and wellbeing.
- Staff we spoke with said risk assessments contained enough information to help ensure people were safe. One staff said, 'They are good they tell us what they need to. If anything special is needed, we are told.'
- Handover documents, which included information about key risks for each person, were provided to staff to support them in their role. This had been useful when agency staff were needed.
- Each unit had a different type of handover document with slight variations in the amount of information provided. Some information about a person's allergy had been missed on one of the handover documents.

We raised this with the registered manager who remedied it immediately.

We recommend the provider reviews handover documents to ensure they provide full and consistent information.

- We looked at environmental and safety maintenance records. We found required actions in the fire risk assessment had not been recorded. We were assured the work had been completed and the document was updated during the inspection.
- We found some potential risks from insecure doors at the top of stairs to the lower ground floor and loose carpet on the ground floor. We raised these risks with the provider who addressed them straight away.

Staffing and recruitment

We had received concerns about low staffing levels in the home impacting on the consistency and quality of care provided. We looked at staffing levels and rotas and found there were enough staff on duty, based on the providers dependency assessment.

- Staffing levels on the first day of inspection were above the minimum staffing assessed as necessary by the provider. This was because new staff were completing shadowing shifts as part of their induction.
- Relatives we spoke with said there were enough staff. Comments included; "I think there are enough staff. They keep dropping in to see her." and "There are always staff for her to talk to."
- Relatives and people living in the home expressed concerns about some staff not having enough language skills to understand or communicate with them. One person living in the home said, "Not all staff understand me but I don't mind." another person living in the home said "Sometimes staff will laugh and talk loudly in my room, in their own language."
- We raised people's concerns with the registered manager. They acknowledged there had been some concerns and they were seeking ways to resolve this. This included, ensuring all staff had a buddy to rely on and exploring the possibility of local college courses.

Preventing and controlling infection

- We were assured the provider had met the recent regulations in relation to staff vaccinations.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems in place to analyse incidents and learn from mistakes.

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

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

- The provider was committed to promoting a person-centred culture which achieved good outcomes for people. The registered manager described how they wanted to achieve high-quality care in a homely and family type atmosphere.
- Staff and people living in the home had mixed views of their experiences of inclusivity and empowerment. Some staff felt valued but some staff did not. One person who lived in the home said they felt they had not been fully supported to maintain their independence. Another person told us they found staff did not always communicate with them respectfully. We discussed this with the registered manager, they were aware of some conflicting experiences and were seeking to address these. We will review this at our next inspection.

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

- One relative we spoke with said, 'I have spoken with [registered manager], the place is well run. She was very helpful and totally on our [name] side.' Most relatives we spoke with said they were not sure who the manager was. Visiting to the home during the COVID-19 pandemic had affected people's ability to move through the home and interact.
- Staff meetings were held regularly. Staff were able to express their views and concerns. Regular team meetings for senior staff and the management team helped ensure consistency.
- Most relatives we spoke with said they had not been asked for any feedback recently. However, some relatives said this was not a concern for them. Comments included, 'It's a very professional service. I've not had a questionnaire, I'm in contact with the nurse and they really know their stuff.' and 'No surveys [had been sent], I have no worries or complaints I am quite pleased with the service.'

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

- Staff praised the approach of the registered manager in supporting them to be clear about their roles and the expectations the provider had.
- Daily handover meetings, flash meetings, manager walk rounds and clinical meetings helped ensure the registered manager had oversight of the quality of care and records. Though this had showed an improvement overall the oversight had not identified concerns we found with medicines which we have addressed in the safe domain, above.
- Staff roles were allocated by senior staff at handover, this included, care staff, senior staff and a fire

marshal on each floor.

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

- Some relatives we spoke with felt confident they were contacted and kept up to date with anything concerning their relation. Comments included; "I get feedback and am up to date on what is going on." and "They ring me if anything happens." and "We regularly get calls to say what's been going on, we get regular updates."
- Some relatives felt they did not get as much contact as they would prefer. Comments included, 'The home doesn't really phone us.' and 'Communication could be better, we don't really hear from them.'
- The providers policies identified which events and incidents needed to be reported and to which agency. This included CQC, Public Health, Local Authority Safe guarding team and the Health and Safety Executive. The registered manager raised notifications as and when required.

Continuous learning and improving care

- The provider supported staff to undertake training appropriate to their role. New staff we spoke with felt this had been very useful.
- The management team had been committed to improving the quality of the service. Some opportunities for learning had been affected by the COVID-19 pandemic.

Working in partnership with others

- The provider and registered manager worked in partnerships with other agencies, including hospital discharge teams, local authority intermediate care teams and other professionals involved in the care of people living in the home.
- The home had some standard operating procedures in place to help ensure transfer of care between agencies including other care providers was effective. Feedback we received, from a commissioner, suggested this could be more efficient. We discussed this with the registered manager who felt they were sometimes not able to control some elements of discharge planning, for example sometimes screening tests did not come back quickly enough.