

R & E Kitchen Care Limited

Springfield House Care Home

Inspection report

95-97 Portsmouth Road
Southampton
SO19 9BE

Tel: 02380442873
Website: www.kitchengroup.care

Date of inspection visit:
28 April 2023
04 May 2023

Date of publication:
31 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Springfield House Care Home is a care home registered to provide personal care for up to 23 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection visit there were 22 people living at the home.

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

The provider had positive working relationships with health and social care professionals which promoted good health outcomes for people. The registered manager was pro-active in monitoring the quality and safety of the service and looking for ways to make improvements. People and relatives told us they were happy with the service and would recommend the home to others.

Risks to people were assessed and measures put in place to reduce them. There were systems in place to manage health and safety risks and promote good infection control. There were policies in place to protect people against the risk of abuse and avoidable harm. There were enough appropriately trained staff to meet people's needs.

Staff were caring and attentive to people's needs. People told us they were treated with dignity, respect and given choices in their everyday lives. People's communication needs were identified in their care plans and the provider adjusted to meet these needs.

The service was recently decorated and there were ongoing renovations to improve communal and garden areas. People's needs were assessed before admission to help ensure the correct staffing and care equipment was in place. Staff offered a range of food and drinks and supported people to eat and drink well. The service supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; policies and systems supported this practice.

People's care plans detailed their medical and care needs. Staff understood people's preferences and supported them in a way which they felt comfortable. Staff supported people to remain active and busy in their everyday lives. This included where they wished to carry on with activities in the local community. The registered manager handled complaints thoroughly and in line with the provider's policy. Staff worked with a local hospice to develop the service's approach to providing empathetic and responsive care at the end of people's lives.

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

Rating at last inspection

This service was registered with us on 2 November 2021, and this is the first inspection. The last rating for the service under the previous provider was Good, published on 29 June 2018.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

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?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Springfield House 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

The inspection was completed by 1 inspector and 1 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

Springfield House Care Home is a 'care home'. People in care homes receive accommodation and/or personal care as a single package under one contractual agreement dependent on their registration with us. Springfield House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 their registration with CQC. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 12 people and relatives to gain feedback about their care. We spoke to 8 staff including, the registered manager, senior staff and care staff.

We reviewed records relating to people's care and the running of the service. These included care records for 7 people, 3 staff recruitment file, audits, policies, incidents reports, health and safety records, quality assurance records, medicines administration records and care records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe living at the service. One person's relative said, "We are so happy that [my relative] has come to live here. She was not managing on her own. It is such a relief that they are now supported and cared for."
- The provider's safeguarding policy was developed in line with best practice guidance and detailed how safeguarding concerns would be investigated. The provider's whistleblowing policy set out how people could contact external stakeholders if they had concerns they could not raise with the provider.
- The registered manager had a good understanding of local safeguarding procedures and reported, investigated and acted on concerns.

Assessing risk, safety monitoring and management

- Risk assessments identified where people were at risk of falls and actions required to reduce these risks. This included ensuring people had appropriate mobility equipment and welfare checks. There was a low number of falls reported.
- Risks related to people's anxiety and behaviour had been proactively managed. In one example, the service had implemented 1 to 1 staffing support for a person who had experienced a significant change in their behaviour. They had taken steps to contact relevant professionals to help ensure the strategies staff were using were agreed and appropriate in reducing risks to the person harming themselves or others.
- There were effective policies and procedures in place to manage health and safety risks. This included risks relating to environmental safety, fire safety, legionella and maintenance of equipment.

Learning lessons when things go wrong

- The registered manager reviewed and analysed incidents to promote ongoing learning and reduce the risk of recurrence. They worked with staff to reflect on learning and share good practice.
- On the first day of inspection, staff took immediate action when someone choked on a piece of food. After the incident, the registered manager made a referral to the Speech and Language Therapist, who recommended a different textured diet. This helped to reduce the risk of further incidents.

Staffing and recruitment

- People told us there were enough staff and that there was a consistent staffing team. Comments included, "I haven't really seen many staff leaving, it is usually the same people" and, "If I need help then there is always someone [staff] there."
- The registered manager used assessment and dependency tools to calculate staffing levels. The number of domestic and laundry staff had recently been increased This helped to ensure care staff could

concentrate their time on people's care needs.

- Staffing was made up of permanent staff and agency staff, who were block booked to help promote consistency of care.
- The provider completed new staffs required pre-employment checks to help ensure suitability for their role.

Using medicines safely

- There were safe systems in place for the receipt, storage, administration and disposal of medicines. The provider had developed a medicines policy in line with best practice. This included audits of medicines administration records, controlled drugs and medicines storage arrangements.
- People's care plans detailed their preferences and routines around medicines administration. This included the support people needed to ensure they received 'when required' [PRN] medicines as prescribed. Staff recognised where people were uncomfortable or in pain and offered these medicines appropriately.

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 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 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

- The provider followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider developed policies in line with national guidance and best practice. There were systems and processes in place to ensure policies were updated when guidance changed.
- The service worked with health and social care professionals in a pilot scheme trialling virtual assessments of people's needs via video call. This enabled the provider to observe aspects of care such as support people required to mobilise. The registered manager showed us this tool had been useful in developing more comprehensive assessments of people's needs.

Staff support: induction, training, skills and experience

- People told us that staff were capable and well trained in their role. Comments included, "The staff are on the ball and seem well trained. They know what they are doing" and, "Yep, staff are good and know what's what."
- Staff received training in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. The provider's administrator monitored staff training needs to ensure they received regular training updates.
- The provider worked with health and social care professionals to provide more training which promoted positive outcomes for people. For example, the provider worked with district nurses to train staff how to provide a dressing for skin tears. This meant people received timely treatment without needing to wait for a district nurse.
- New staff received an induction which included time to review the provider's policies, people's care plans and training in using the electronic care planning system. Staff received ongoing support through competency assessments and supervision.

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

- People's nutrition and hydration needs were documented in their care plans. Care plans detailed any risks identified in relation to eating and drinking and people's specific preferences. The registered manager promoted a varied diet for people, which included themed days showcasing food from around the world.
- We identified some discrepancies in recording of fluid intake when people were assessed as at risk of dehydration. Care notes made clear staff offered fluid at numerous times during the day, but without the specific amounts being recorded it was difficult to determine people's fluid intake. We addressed this with the registered manager who took action to improve recording.
- There was a positive dining experience at the service. Staff gave people a choice of meals and supported people in a calm and unhurried manner. Most people chose to have their meals in the dining room, but one

person told us they preferred to eat in their bedroom and their choice was respected.

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

- The provider worked in partnership with healthcare professionals to help improve people's health outcomes. For example, they worked under the supervision of district nurses to provide training for staff in the administration of insulin. This meant people could receive their insulin at set times from staff without needing to rely on visiting district nurses. This reduced instances of one person experiencing symptoms associated with high or low blood sugar levels.
- Staff received training on the Restore 2 tool. This is a nationally recognised assessment tool to help identify when people's health is deteriorating. Staff used this tool to monitor people's health and take action in contacting healthcare professionals during the early signs people were becoming unwell.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- There were appropriate systems in place to gain consent from people to provide their care. The registered manager assessed where there were restrictions to people. They assessed their capacity to consent to decisions and followed process to make decisions in people's best interests when needed. This was in line with the MCA.
- The registered manager submitted DoLS applications appropriately when required.

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

- The provider had an ongoing plan to make improvements to the home environment. This included decoration of communal areas to make them brighter and more homely and the extension of the kitchen area to make it more suitable for a commercial setting.
- The home was bright with areas supplemented with natural light. People had a range of communal spaces and all areas of the home were adapted to ensure they were accessible.
- There was building works in process to build a new conservatory and landscape the garden. These changes would increase the communal space people used and improve access to outside areas. Whilst building work was being carried out, there were measures in place to reduce disruption to people. Measures included relocating the smoking area for a person who smoked and minimising noise around mealtimes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. We observed many warm interactions where staff spoke to people kindly, using humour to gently encourage them with tasks. Comments included, "The staff are all very nice and they like to come and have a chat" and, "You can have a laugh with them [staff]. That's what keeps me going."
- Staff understood people's needs and recognised when they wanted companionship or when they preferred to have privacy. Staff were attentive to people and people appeared comfortable and content. One relative told us, "The staff are so professional and open and also pick up if other residents were not happy."
- People were supported to personalise their bedrooms and were given a choice around decoration. Comments included, "We brought quite a lot of our things into our room from home which is nice" and, "I brought things from my home here and I have them in my room."
- People were able to practise their faith and staff were respectful of their beliefs and cultural customs. For example, staff worked with one person to explore their religious beliefs around widely celebrated cultural events. Staff were sensitive to provide alternative arrangements when other people chose to commemorate events the person did not celebrate.

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

- The service received positive feedback about the quality of care from people and relatives. Compliments included positive feedback about how the provider communicated with people and relatives and involved them in decisions about their care.
- People were fully involved in day to day decisions, such as which staff they preferred when receiving support with personal care and what they wanted to eat and drink. One person told us, "We [myself and family] always feel listened to."
- People's choices were valued. For example, the provider held regular residents' meetings and individual reviews, where people made suggestions about where improvements could be made. This had resulted in changes in menus and different activities being introduced.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy. We observed staff knocking on people's doors before entering, asking people for their permission before providing care and speaking to them in a respectful manner.
- Care plans documented how people liked to be supported with their personal appearance. This helped to ensure staff could provide support in line with people's wishes and preferences. One relative told us, "[My

relative's] clothes are always clean."

- The provider had effective policies to promote confidentiality. People's care plans clearly documented how and with whom people wished their personal information to be shared with. There were appropriate arrangements in place for secure storage of personal information. This promoted their privacy.
- The provider completed regular dignity audits developed in line with guidance from The National Dignity Council. This is a national organisation which promotes good practice in providing dignified care. This helped the registered manager measure whether they were meeting standards in dignity they aspired to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided care and support which reflected people's needs. Personalised care plans identified people's likes, dislikes, what was important to them and how staff should best support them. Staff had a good understanding of people's needs. One person told us, "I am able to go to bed when I want to or just go to our room to watch television."
- Staff were skilled at anticipating people's needs and anxieties and providing a sensitive response. Staff identified when people were becoming anxious, restless or when they wanted companionship. Staff adjusted the levels of support offered depending on people's mood. This helped people remain settled and comfortable.
- The service/management/staff(?) reviewed people's care plans at regular intervals or when people's needs changed. The electronic care planning system enabled specific care tasks to be designated, which staff were required to sign off once completed. This meant the registered manager could monitor people's changing needs and gave assurances care was being carried out as planned.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships that were important to them. Relatives and visitors were made welcome at the service and were included in events or cultural celebrations. One person told us, "We had a concert last week. Someone came in and we all went down and there was singing and dancing and I really enjoyed it."
- People were supported to follow their interests and hobbies and join in a range of activities and events. Staff fostered companionship between people. This included encouraging people with similar interests to join in activities or spend time together.
- Staff supported people to carry on the routines they enjoyed before living in the home. One person told us they were supported to go for a drink at their local pub, which was an important part of their social network. Another person told us they were supported to walk down to the local shops to buy everyday items they liked to have.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed and documented people's communication needs
- Staff provided information to people in a format they understood. For example, staff developed communication aids for people in their native language and learnt key phrases to promote communication and aid mutual understanding.

Improving care quality in response to complaints or concerns

- People and relatives told us they were comfortable raising concerns and were confident the registered manager would respond appropriately. Comments included, "I would be happy to say if something was not right for us and I know they would do something about it" and, "I am more than happy to say if something is not good and they will do something about it."
- The provider's policy detailed how complaints and concerns would be responded to. The registered manager was open and transparent in their approach to investigating concerns and complaints. Records of investigations demonstrated this and how learning was shared when things went wrong.

End of life care and support

- People's end of life wishes, and any advance decisions and arrangements were recorded in care plans. Care plans were developed with external professionals such as GP's and district nurses to ensure people received planned and coordinated care.
- Staff attended training courses at a local hospice to develop the provider's approach to delivering empathetic and responsive end of life care. This helped improve how people and relatives were supported during their last days and after people passed away. This included developing information leaflets and wellbeing packages for relatives.
- The provider received numerous letters of thanks from families of people staff cared for at the end of their life. Compliments detailed relatives' thanks for the empathetic and caring approach staff took when providing their loved one's care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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.

- People and relatives told us they were happy and received a high standard of care. Comments included, "If someone was looking for a home we would have no qualms in recommending it" and, "I know that my [relative] is very happy and I would recommend the home to anyone."
- Staff were positive about management and told us they enjoyed working at the service. They said the registered manager took a "hands on" approach and promoted an "Open door policy, where I can come to them [the registered manager] with anything." Staff attended regular team meetings where the registered manager shared positive feedback to reinforce good practice and encourage learning.
- The provider had clear visions and values for the range of needs the home could accommodate and when these could no longer be met. The registered manager told us they considered the wishes, preferences and personalities of existing residents when considering the suitability of new referrals. This promoted a service where people lived together with similar needs, which staff felt confident in meeting.

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

- There were policies in place to ensure the provider was honest and transparent with people if there were incidents, mistakes or if things went wrong. The registered manager understood their responsibilities in relation to duty of candour.
- People and relatives told us management staff were open, transparent and communicated well with them. Comments included, "If we ever have any questions, we always get answers", and, "The [registered] manager is very good at keeping us updated or informed when something has happened. I have faith in her."

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

- There was a clear management structure in place which promoted effective oversight of quality and safety of the service. The registered manager was supported by a deputy manager with day to day running of the service. Senior staff carried out duties delegated by the registered manager, such as the supervision of care staff.
- The provider maintained good oversight. There was an operations manager who regularly visited the service to support the registered manager and complete quality audits.
- There were regular management meetings attended by the provider, the operations manager and

registered managers from the provider's other services. These meetings shared updates of good practice, learning from incidents and discussions about how to effectively implement changes.

- We found one example of an incident that should have been reported to CQC through a statutory notification. The registered manager took immediate action to and gave assurances that incidents would be reviewed to ensure all relevant notifications were submitted.

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

- The service identified and explored people's protected characteristics in the care planning process. There was an up-to-date equality and diversity policy and staff were trained in equality and principles of person centred care.

- The provider had processes in place for receiving feedback and suggestions. This included residents' meetings and questionnaires sent to people, relatives, staff and health and social care professionals. The latest responses to questionnaires received in April 2023 were positive about the quality of care.

Continuous learning and improving care

- The registered manager completed regular audits. This included health and safety, medicines management, infection control and care records. Examples of good practice and areas for learning were shared with staff to promote improvement.

- The provider commissioned an external consultant to carry out a quality audit of the service. The registered manager developed an action plan in line with the findings and updated the action plan when new needed. This ensured there was an ongoing measure of where and how the service would make improvements.

Working in partnership with others

- The provider made appropriate referrals to health and social care professionals when people's needs changed. This meant people had the right levels of support and professional input.

- The registered manager made positive links with healthcare professionals. This resulted in the service working in partnership with professionals to trial care related initiatives which promoted good quality health outcomes for people.

- For example, the provider worked with a GP surgery to provide training for staff in phlebotomy. This meant trained staff could take samples of bloods if directed by GP's. This meant people did not experience a delay between first experiencing symptoms, getting test results and beginning courses of treatment.