Springdene Nursing And Care Homes Limited

Spring Lane

Inspection report

170 Fortis Green
London
N10 3PA

Tel: 02088152000
Website: www.springdene.co.uk

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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

The inspection took place on 11 December 2018 and was unannounced.

At our last inspection in October 2017 the service was rated 'Requires Improvement'. At that inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to the safe management of medicines. We also had concerns about the management and governance of the service. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well-led to at least good.

At this inspection we found that the registered provider had addressed all these issues. At this inspection the service was rated 'Good'.

Spring Lane is a care home registered to provide accommodation and personal care for up to 63 older people, some of whom are living with dementia.

People in care homes receive accommodation and 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. At the time of our inspection there were 50 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.

Staff understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Risks to people's safety had been identified and the management had thought about and recorded ways to mitigate these risks.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

There were systems in place to ensure medicines were administered to people safely and appropriately.

There were enough staff on duty to support people safely.

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

Staff understood the principles of the Mental Capacity Act 2005 and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People were included in making choices about what they wanted to eat and staff understood and followed people's nutritional plans in respect of any cultural requirements or specific healthcare needs people had.

Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

Everyone had an individual plan of care which was reviewed on a regular basis.

People were supported to raise any concerns or complaints and staff understood the different ways people expressed their views about the service and if they were happy with their care.

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

Staff understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Risks to people's safety had been identified and the management had thought about and recorded ways to mitigate these risks.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

There were systems in place to ensure medicines were administered to people safely and appropriately.

There were enough staff on duty to support people safely.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills necessary to support people properly and safely.

Staff understood the principles of the Mental Capacity Act 2005 and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People had a choice of meals at the home and staff knew about any special diets people required.

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring. We observed staff treating people with respect, kindness and dignity.

Staff knew about the various types of discrimination and its negative effect on people's well-being.

Staff understood people's likes, dislikes, needs and preferences

and people were involved in their care provision where they wanted to be.

Staff respected people's privacy.

Is the service responsive?

Good

People's care was individualised and the management and staff reviewed people's needs and made changes to people's care provision when required.

Staff knew how to communicate with people, listened to them and acted on their suggestions and wishes.

Activities provided by the home and outside of the home met people's social and spiritual needs.

People were supported to raise any concerns they had with any of the staff and management of the home.

Staff were following the relevant policies and procedures and understood this important aspect of end of life care to ensure people had a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well-led. Staff understood the service's vision, values and strategic goals. The management had the experience, capacity and capability to ensure that these strategies were delivered.

Systems were in place to identify and manage risks to the quality of the service. This information was being used to drive improvement within the service.

Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

Spring Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 11 December 2018 and carried out by two inspectors and two experts 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.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team also included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection, we reviewed information we had about the provider, including notifications of events required by law, previous reports and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 15 people who used the service and six relatives. Some people at the home were living with dementia, so it was not always possible to ask everyone direct questions about the service they received. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Prior to the inspection we spoke with three social care professionals who had regular contact with the service. On the day of the inspection we spoke with 12 care staff, two assistant managers, the registered manager, the cook, two directors and the operations manager. The registered manager wrote to us after the

inspection and provided some additional information we had requested.

We looked at 12 people's care plans and other documents relating to their care including risk assessments and medicine records. We looked at other records held at the home including six staffing files, meeting minutes, health and safety documents, and quality monitoring audits.

Good

Is the service safe?

Our findings

At our last inspection of this service in October 2017 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to the management and safe storage of medicines. At this inspection, we found that the registered provider had complied with this breach.

People and their relatives told us they had no concerns about the management of medicines at the home. One person told us, "I am self-medicating, my pain relief is up to me, I count them for their records, they put them in the records and order them for me."

We checked the management of medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. All medicines were audited regularly so that any potential errors could be picked up and addressed quickly.

People's medicines were being reviewed regularly by their GP. Where medicine errors had occurred, the registered manager had taken the appropriate action including contacting the person's GP, notifying the CQC and informing the person's relative under the 'duty of candour' regulation. This regulation requires that providers are open and transparent with people using their service and inform them if mistakes are made or things go wrong.

People told us they enjoyed living at the home and felt safe with the staff who supported them. One person told us, "Oh I feel very safe." A relative told us, "Yes, my mum is new here, she is well looked after, from what I have seen so far, staff are very helpful." Another relative commented, "[My relative] is very happy here, everything is fine, they are all fine."

Staff understood their responsibilities to report any concerns if they suspected someone was being abused. They understood the types of abuse and the possible behaviours that people might express if they were being abused. A staff member told us, "I would speak to my team leader and if she doesn't do anything I would go to [the registered manager]. If she doesn't do anything I would blow the whistle, I would go to the local authority, police or CQC."

Staff understood the potential risks to people in relation to their everyday care and support. These matched the risks recorded in people's care plans. Staff gave us examples of how they mitigated identified risks. For example, one staff member told us, "[A person using the service] needs two people to support her, she uses a wheelchair, she is at high risk of pressure sores, she uses a pressure relieving mattress and cushion." The service used the 'Waterlow' risk assessment tool to identify people at risk of developing pressure ulcers.

Staff knew how to raise concerns and record safety incidents and near misses and gave us examples of how they had done this in the past. One staff member told us, "I would immediately call for help if someone had a fall, I would not lift the person I would use a hoist after the team leader has assessed the situation."

The registered manager told us that safety issues and accidents were discussed at a weekly director's meeting to identify potential lessons from past accidents and events. The registered manager maintained an accident and incident log to enable them to monitor incidents and to identify trends and actions they might need to take to support people appropriately and so minimise the reoccurrence. We noted, from a recent investigation into a fall at the home, that potential lessons had not been recorded. We discussed this with the registered manager who agreed to include a section on lessons learnt on all future accident investigations and accident and incident records.

We saw evidence that action had been taken following people falling at the home. This included the use of technology to alert staff if the person was getting up in the middle of the night.

The provider employed a team of domestic staff and all parts of the home, including the kitchen, were clean and no malodours were detected. The kitchen had been very recently inspected by the environmental health department who awarded the top score of five 'scores on the doors'.

Staff had sufficient amounts of personal protective equipment and had completed training in infection control. They understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the home. The registered manager carried out monthly infection control audits which covered areas such as the environment, furniture, flooring, mattresses, bedrail protectors, hand wash, sanitisers, paper towels and clinical rooms.

Staff told us, although they were busy, there were enough staff on each shift to ensure people were supported safely. One staff member told us, "Yes we do have enough staff, if there is a need, they are covered by agency staff. Since last year it has improved tremendously, [the management] do everything in their power to find a replacement staff if someone calls in sick." Another staff member commented, "The [registered] manager is recruiting at the moment. We have new [staff] coming at the moment. Agency staffing are quite good, they are regulars and know the residents very well."

Most people who used the service told us they were happy with the staffing numbers and staff had time to be with them. One relative told us, "Yes, I have seen quite a lot." Another person told us, "Oh yes, staff sit and chat. Staff are very friendly."

Some people felt there could be more staff and told us they sometimes had to wait for support if they used the call bell. They told us this was particularly problematic during the night and early morning. One person told us, "They could do with a few more I suppose, if you call someone you have to wait."

We discussed this with the registered manager who told us they would look into this issue. We saw that the registered manager checked the call bell records on a regular basis which showed how long it took for staff to answer the call bell. People's dependency levels were also being regularly assessed. In the units where people were living with dementia, the staff ratio was higher. On the day of this unannounced inspection we saw that staff were not rushed and took time with the people they were supporting.

We checked staff files and saw the provider was following appropriate recruitment procedures. Staff files contained the recruitment documentation required including references, criminal record checks and information about the experience and skills of the individual. This meant the provider could be assured they employed staff suitable to working in the caring profession.

Good

Is the service effective?

Our findings

We saw assessments and care planning were carried out holistically and with input from the person or their family. One person told us, "Yes I think I have, I have had discussions, they are very careful about that, very helpful." The assessment and care planning approach was detailed and did not discriminate against people's protected characteristics including their age, religion or disability. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Staff had a good understanding of the needs and preferences of people living at the home. This matched information detailed in people's care plans as well as what we observed. People's support needs were regularly reviewed and monitored and changes made when required.

Technology, in the form of pressure mats and infrared sensors, were being used to alert staff discreetly if the person was getting out of bed at night and where there was a risk of them falling. There was appropriate signage throughout the home and the dementia unit was decorated to ensure there were interesting and tactile items available to people who were able to move around the unit.

All new staff went through an induction process which, they told us, gave them confidence in understanding their roles and responsibilities. This induction process included training, looking at policies and procedures and shadowing more experienced staff. One staff member told us, "Induction was good, I got to see everything, I have NVQ level 2."

Records confirmed that staff who did not already have a vocational qualification were provided with the Care Certificate training. The Care Certificate is a set of minimum standards that social care and health workers must follow in their daily working life and should be covered as part of induction training of new care workers.

Supervisions and yearly appraisals were taking place for all staff and were used to review their practice and behaviours, and focus on their professional development. One staff member told us, "My team leader gives me supervision, she is very good. If I need improvement we look at that, any issues, any problems and [my] training needs." The registered manager maintained a supervision and appraisal matrix to ensure staff were provided with regular support.

Staff were positive about the training provided and told us the training equipped them with the skills and knowledge they needed to support people effectively. Records showed that staff training was up to date and repeated when required. One staff member told us, "Training is brilliant, we have to be on top of training and if we don't do the required training [the registered manager] is on top of us, she is very strict about this."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for people who may lack the mental capacity to do so for themselves. The Act 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 with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People told us staff asked for their permission before offering support. Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must always offer as much choice to people as they could. One staff member told us, "I have done online training in MCA and DoLS. It is about whether a person has capacity to make decisions for themselves. Where they can't they would have legal representatives to make decisions on their behalf. You let them choose what they would like to eat. Sometimes we do choose for them but sometimes they are happy to choose themselves."

Staff also understood that people's mental capacity could fluctuate. One staff member said, "You always have to assume people have capacity to make decisions, and it can vary from one activity to another."

Staff knew people well and explained how individuals communicated their choices about menus, clothes and activities. We observed staff offering choices to people at lunchtime and throughout the inspection.

For safety reasons some people needed staff to accompany them when they went out of the home and we saw the relevant legislation in relation to these safeguards were being followed.

People told us they enjoyed the food provided. One person told us, "There is usually a fair choice of meals." Another person commented, "They bring us a glass of wine or sherry before lunch."

The chef was aware of the people who needed a special diet because of a particular health need or cultural requirement. A relative told us, "Yes, she has to have soft food as recommended by the hospital and they do that."

People chose the menu the evening before however, there did not appear to be a problem if people changed their minds on the day. Some people required support with eating and drinking and we observed staff helping people in a friendly and unhurried manner. Lunchtime was relaxed and sociable.

People were appropriately supported to access healthcare and social care services when they needed to. A relative told us, "When Mum was unwell they called an ambulance, the doctor came and I spoke with the manager today. She is looked after better here than in hospital."

Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. We saw examples of where people had regularly accessed doctors, dentists, chiropodists and opticians. We saw that people's healthcare needs were recorded in their care plan and discussed at staff team meetings. We met the GP on the day of the inspection. They told us there was good communication between the staff and the local surgery.

Good

Is the service caring?

Our findings

People were relaxed with staff and we saw that positive and supportive relationships had developed between everyone. One person told us, "Everybody is very kind, you can chat to them." Another person said, "It's pleasant here. Everybody is very kind and helpful."

Throughout the inspection we observed and records confirmed that everyone was encouraged to be as independent as they could be and we saw people were moving around the home with staff supporting them only when they required support or encouragement. Staff knew what support people required and were aware of people's likes, dislikes and life history. One person, who had recently moved into the home told us, "They already know what I like and dislike."

Staff told us that everyone could express their views and preferences and make some decisions about their care. Because some people had different ways of communicating, there were instructions in their care plans about their way of communicating. For example, one person's care plan stated, "Face [Person] when speaking to them." Another care plan noted, "[Person] uses facial expressions and body language when communicating."

Staff understood how issues relating to equality and diversity impacted on people's lives. They told us they made sure no one was disadvantaged because of, for example, their age, gender, sexual orientation, disability or culture. A staff member told us, "You cannot discriminate against people. You cannot treat everyone the same as they have individual needs."

Staff gave us examples of how they upheld and respected people's diversity. This included making sure LGBT (Lesbian, Gay, Bisexual and Transgender) people using the service were protected from discrimination, providing culturally appropriate meals and by celebrating various religious and cultural events. A staff member told us, "We celebrate various festivals."

Care plans identified people's religion, ethnicity and culture as well as how staff were to ensure people's cultural needs and preferences were followed and respected.

People told us their privacy was respected and upheld. Staff gave us examples of how they ensured people's privacy and dignity were maintained and respected. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good

Is the service responsive?

Our findings

Care plans were person centred and gave staff information about people's needs and care preferences whilst being mindful of identified risks to their safety. Where people's needs had changed, we saw the necessary changes to the person's care plan had been made so all staff were aware of and had the most up to date information about people's needs.

Staff communicated and updated each other about people's changing needs at staff handovers and through daily progress notes for each person. Since our last inspection the provider had changed care planning to an online, computer based system. Staff understood how this worked and were positive about the new system. One staff member told us, "Care plans are great, I like the new system, I prefer it to paper records."

Not every person we spoke with could remember if they had been involved in their care planning but they told us they were happy with the care provided to them and we saw that relatives had been involved in care planning where appropriate. One person told us, "Yes I think I have, I have had discussions, they are very careful about that, very helpful." Another person commented, "My sister has spoken with staff."

People told us they were happy with the provision of activities. People's comments in relation to the provision of activities included, "There is always someone about doing something", "I like it, especially when they get a singing group", "They usually find something for us to keep occupied in the morning" and "I like to read a lot, staff will come to you to ask if you are okay."

We observed activities taking place in the ground floor lounge and it was clear from the lively atmosphere and the way people were interacting with staff and each other that they were enjoying the experience. The provider told us that they had over 100 people and volunteers from the local community who helped in the provision of activities in the home.

The registered manager wrote to us after the inspection and provided us with examples of how the service worked in partnership with the local community to provide meaningful support and interactions for people. This included working with various faith organisations, schools, therapists, sport organisations as well as music and drama groups.

Records showed that people were asked if they had any concerns or complaints at regular meetings. People confirmed this and told us they had no complaints about the home and most people knew how to make a complaint if they needed to. One person told us, "I have had no complaint, everything is okay." Another person commented, "I feel comfortable as I would have to be very concerned to complain as they are very helpful, I trust all the staff." A relative said, "Fortunately we have not had to make a complaint. I suppose we would go to head office."

Records showed the management documented people's and relatives' complaints appropriately including actions taken, investigation notes and outcomes. The complaint log and records showed the management

acted promptly to address the complaints. The provider had systems in place to learn lessons to make improvement when things went wrong. However, these were not always recorded. The registered manager told us, moving forward, they would record lessons learnt so these were easily accessible and provided a better audit trail.

Records showed that people were being supported to make decisions about their preferences for end of life care where they felt ready to discuss this.

These included records of people who had signed the Do Not Attempt cardiopulmonary resuscitation forms and had discussed their final wishes. Out of 50 people 27 people had discussed their final wishes and 26 people had signed these forms.

There was an Advanced Care Planning programme in place to raise awareness of the benefits of looking at this sensitive subject within the service. The programme detailed action points that the registered manager must follow and the action plan showed that the action around meeting with the principal GP and unit managers had taken place.

Advance care planning discussions included funeral plans, where people would like to spend their last days, preferred place of care, special requests, preferences and comments. Records confirmed this.

Good

Is the service well-led?

Our findings

At the last inspection of this service in October 2017 we had concerns about the management and governance arrangements within the home. People who used the service, relatives and staff were not always clear who they should go to if they had any concerns.

Since that inspection the provider had recruited a new manager and reviewed and streamlined the management structure. Staff told us they appreciated the support and clarity that the registered manager had brought to the home. One staff member told us, "It's brilliant, we have a new manager and she is on top of everything, last time I spoke to you we had too many managers. Now that we have [registered manager] we are going in a good direction. If I have a problem I know who to go to now. She is very approachable and she always finds time for you. Staff morale is great."

Another staff member commented, "The continuity is very good. Everything is in place, it is more organised. The new manager is good. Staff are more relaxed because we now know what are we doing, having regular staff team meetings is good as we are kept up-to-date."

People who used the service told us they liked the registered manager. One person told us the registered manager was, "Friendly and helpful." A relative commented, "[The registered manager] seems to be very nice and has sorted out the end of life care [of my relative]. Very helpful."

Staff understood the values of the organisation and told us how these were promoted and upheld by the management team. Staff told us they could comment on the way the service was run and make suggestions for improvement. One staff member told us, "I never worry about saying anything in the team meetings. We all had to complete staff surveys where we were asked to express our thoughts and opinions, we mentioned staff shift patterns and that was taken on board and changed." Staff also took part in a yearly satisfaction survey.

Records showed that meetings took place on a regular basis for people who used the service. We saw that people had expressed their views about how the service was run. People felt involved in the service and two people we spoke with told us they had suggested a change or had an idea and the management had taken action. One person told us, "We go through a list of things. First housekeeping and then the staff. They ask us about things and write it down." We saw that these meetings were well attended with just over half of people living at the home taking part.

We spoke with a person who experienced communications problem due to a health issue. They told us that it was difficult taking part in the meetings as they could only speak very slowly. We discussed this with the registered manager who told her they would ensure that staff met with people who had communication difficulties prior to each meeting so their views could be discussed without people feeling rushed when they wanted to speak.

Surveys had been used to gain people's views which, along with other quality monitoring systems, were

used to develop an ongoing service improvement plan.

The registered manager wrote to us after the inspection and informed us that the provider ran a monthly support group for relatives. This support group was run by an independent facilitator.

The management team carried out regular audits including health and safety, staff training and care records. We saw that environmental risk assessments and checks regarding the safety and security of the buildings were taking place on a regular basis and were detailed and up to date.

The registered manager wrote to us after the inspection and provided us with examples of how the service worked in partnership with key organisations and agencies to develop and improve service provision. They told us, "Following the attendance of the Haringey Home Managers meeting, we were able to establish contact with the Dementia Friendly Community Co-ordinator. [The community care co-ordinator] visited Spring Lane to discuss how we could make further improvements on the third and fourth floor where resident's living with dementia typically reside. We also requested guidance and further links with the local community."