

Springfield Home Care Services Limited

York Helpers

Inspection report

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Date of inspection visit: 8 April 2015

Date of publication: 22/05/2015

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 

Overall summary

The inspection of York Helpers took place on the 8 April 2015. This was an unannounced inspection that incorporated a check on previously identified breaches in regulations.

During the inspection carried out in July and August 2014 we found that the provider had failed to comply with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued three compliance actions for the following; safeguarding vulnerable adults from abuse, medication management

and staffing. This inspection was to follow up to see if these breaches had now been met. We found that significant improvements had been made and that the service was now compliant with the regulations.

York Helpers is owned and managed by Springfield Homecare Services Ltd. The service provides domestic help like shopping and cleaning and personal care like washing and dressing to people who live in their own homes. There were approximately one hundred people being supported when we carried out our visit.

Summary of findings

The service has a manager who was in the process of becoming registered. 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 2008 and associated Regulations about how the service is run.

People were now safe as systems and practices had been reviewed. Risks were appropriately managed. All staff received training in safeguarding vulnerable adults from abuse and those spoken with were clear of the action to take if they identified poor practice.

We found that staffing numbers had improved since our last visit and missed calls had reduced significantly. The majority of people we spoke with said that improvements had been made although some people still raised concern about the lateness of some calls. This is under continual review from the manager.

Staff recruitment practices were robust which helped to protect people. Medicines management had improved and people now received their medication safely and as prescribed by their GP.

People were assessed before they started to use the service to check that the service was able to meet their needs. The records in place were detailed and person centred.

A range of training was provided to all staff and we could see a structured plan in place to address any shortfalls. Staff were positive about the training provided.

People were supported to make choices and decisions with all aspects of their daily lives. Some people required support with their meals or in attending health appointments. Where possible the service was structured to meet their needs.

People were positive about the care and support they received from their regular carers. We received lots of positive comments about the regular care staff. People told us they were treated with dignity and respect.

People told us that the manager had responded to concerns which had been raised and they complimented the manager on the significant improvements which had been made at the service.

The quality monitoring systems in place had improved since our last visit. However additional work in relation to audits was on-going so that the provider could monitor and review the service they provided.

Management systems have been improved and were being used to measure the quality of the service. Meetings and other ways of communicating with people are being implemented so that people can share their views and opinions of the service. Although some areas still require further development it was positive to note the significant progress made which had resulted in better outcomes for the people being supported to live in their own homes.

Summary of findings

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.

People told us they felt safe and there were good systems in place to protect people. Staff knew how to report issues of abuse and they had been trained in safeguarding vulnerable adult's procedures. Risks to people were appropriately managed.

Recruitment processes were robust and appropriate checks were completed before people started work. The majority of people we spoke with confirmed that staffing numbers had improved although they said some areas would benefit from more staff. A recruitment drive is on-going.

Medication systems had been improved since our last visit and people now received their medication safely and as prescribed by their GP.

Good



Is the service effective?

The service was effective.

People were assessed before they started using the service to check that York Helpers could provide the care that people needed.

Staff received induction, training and supervision to support them in carrying out their roles effectively.

People were supported to make decisions and to give their consent, and they were involved in discussions regarding their care.

Good



Is the service caring?

The service was caring

People told us that improvements had been made and that York Helpers now provided good care to people.

People told us that staff were respectful and treated people with dignity.

Good



Is the service responsive?

The service was responsive.

People's care packages were regularly reviewed and updated where necessary. People received individual rotas so that they knew the staff who were supporting them.

The agency had a clear policy on complaints and people said they would feel confident in raising issues should they need to.

Good



Is the service well-led?

The service was well led.

The service had a new manager who was developing an open and transparent culture. Although some further work was needed we could see that positive improvements had been made.

Good



Summary of findings

Quality monitoring systems were being developed to ensure that people received a good quality service.	
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York Helpers

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. We also followed up previously identified non-compliance which had resulted in enforcement action being taken against the provider.

This inspection took place at the agency on the 8 April 2015 and was unannounced. We also spoke with twenty people who used the service and seven relatives over a two week period and we spoke with five staff to seek their views.

The inspection team consisted of two inspectors (one of whom carried out telephone interviews), a pharmacist

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.

Prior to our visit we spoke with Commissioners from City of York Council and the Clinical Commissioning Group (CCG).

We spent one day at the main office of York Helpers, speaking with the manager and also the operations support manager and director.

We looked at a range of records which included four care records, medication records, four recruitment files, a selection of meeting minutes, the staff training matrix and the complaints, safeguarding and incidents log. We also looked at records used to monitor the quality of the service.

Is the service safe?

Our findings

No one said that they felt unsafe and several people said that they felt very safe with the carers. Comments included “I believe that my Mother is safe and am happy that the carers going in are doing a good job.” “I feel safe and they all wear a badge. I am pleased that they keep an eye on me” and “I feel that he (my relative) is safe with them (the staff).”

During our previous visits to the service in July and August 2014 we found that people were not kept safe as the provider did not have effective systems in place to recognise and report any potential abuse, which included neglect. The provider did not have a system to manage accidents and incidents and to learn from them. This meant that people were not protected from avoidable harm. We issued a compliance action. At this visit we found significant improvements had been made and overall we found that people were kept safe and risks were now being appropriately managed.

All staff received training in safeguarding vulnerable adults from abuse. The manager told us that a new programme of induction had commenced for staff in March 2015. This included safeguarding vulnerable adults training which was being accessed via City of York Council. This training was provided to all staff every two years. We saw that where staff required refresher courses, these had been arranged. Staff were clear about how to raise safeguarding concerns and were confident that these would be dealt with appropriately.

During this visit we looked at four people’s care records. We found that people’s care records had been significantly updated. Risks were now being appropriately identified and discussed. For example, the risk of falls, manual handling risks and support required with medication. This helped to minimise risks to people.

Since our last visit, all of the customers being supported by York Helpers had been ‘risk rated’. This meant that those with the greatest need would always be a priority over someone who was less reliant in an emergency situation. For example, someone who relied on staff to help get them up, to prepare their meals or to administer their medicines. This helped to protect people who were particularly vulnerable or those who may have no other support network.

During our last visit we found that people were not always kept safe as the provider had not ensured that there were sufficient staffing levels in place to meet the needs of people using the service. During this visit people told us that staffing levels had improved. Previously York Helpers had relied heavily on agency staff to help them provide care to people. We were told that agency staff were no longer being used as a number of staff had been employed and there was an on-going recruitment drive. One person said “They went through a bit of a patch 6-8 months ago. They have recruited new carers and seem to have had a complete overhaul.”

We spoke with twenty people about their experience of using the service. The majority of people told us that things had improved. They said that they were still receiving some late calls but said staff were turning up and calls were very rarely missed. People told us they received a rota in advance so they knew which staff would be calling. We looked at staff rotas and saw that these were individually tailored to the clients they were supporting. People were positive about the carers who were supporting them and spoke highly of them. One staff member said “I was on the verge of leaving but things have changed. Staffing is getting there. It is more organised and clients get the help they need.”

We looked at four staff recruitment records and saw that appropriate checks were being completed prior to staff commencing work. This helped to protect people. We also saw that regular competency checks were being carried out on staff to check that they were following company procedures and carrying out their roles effectively.

In our previous visit we found that people requiring help with their medicines were not always kept safe because the provider did not have measures in place to ensure people received help and support with taking their medication at the agreed times. This placed people’s health and well-being at risk. At this visit we found significant improvements had been made and overall we found medicines were now being appropriately managed. One person said “The standard of care is very good. They check my medicines when they call.”

We looked at the systems in place for recording and managing medicines. We looked at a sample of medicines records and support plans for people that the agency provided care for.

Is the service safe?

The service provided assistance with medicines only when it was specified as part of someone's individual care package. Care workers supported people to take their medicines in a variety of different ways depending on their individual needs and preferences; for example, some people needed care workers to give them all their medicines whilst others only needed help with applying creams. These individual needs were clearly recorded in people's support plans for care workers to follow. Care workers had clear instructions about where, when and how creams, inhalers, eye drops and other products were to be used.

People who used the service could choose which pharmacy dispensed their prescriptions. Some people had their medicines supplied in traditional boxes and bottles, whilst others used blister packs, where each 'pod' contained all the medicines due at a particular time. Where blister packs were used, care workers were able to identify each different tablet or capsule. Regardless of how the

medicines were packaged, Medication Administration Records (MARs) were kept which showed the name, strength and dose of each different medicine, including creams and nutritional supplements.

The manager and senior staff had developed a comprehensive system of audits (checks) and these were used to check how well medicines were managed by the service. We saw evidence that any concerns or discrepancies highlighted were immediately addressed. The audits were also used to identify and provide specific areas of training and to develop safer ways of working. Only care workers who had completed specific medication training and been assessed as competent to handle medicines safely were allowed to support people with their medication. An on-going programme of further training and support was available for care workers who wanted or were identified as needing it. Having a robust audit system had enabled the manager and staff to make the necessary improvements to ensure that medicines were handled safely.

Is the service effective?

Our findings

People told us that generally the service was ‘pretty good’. However they said that there had been issues previously with the care planning process and the accuracy of information. Comments from people included “The staff seem to know what they are doing and the care provided is good overall” and “I am quite happy with the service. They are very supportive and respectful. They always tell me when they have been on training.” Another person said “Very good staff. There was a different person this morning, extremely good. I’m certain that they are well trained.”

However some people were less positive and said the following: “Recently there has been no liaison and I have different carers turning up each time. This means I need to show them what needs doing” and “We pay for thirty minutes in the morning so I have the bath ready but often they are late and my relative is sitting around waiting and the bath goes cold.”

Each person had a detailed assessment to see whether the agency could provide the care that was needed. Assessments included information about people’s physical health, their sleeping, diet and personal care needs. Assessments formed the basis of the care plan. We saw evidence that people’s assessments and care plans were kept under review. One person said “There is a review once a year to see if my relatives needs have changed. They usually go through the assessment and my relative is involved.” Another person said “Every year we have a review.” The records for each person supported by York Helpers had been reviewed. We saw evidence from people’s care records that people had been involved in the reviews of their care. People told us that they were involved in this process and we saw people had signed their agreement to their care records. However one relative commented “A telephone number was wrong on the folder, the carer crossed it out and put it right but that doesn’t seem right a member of staff altering something if the information is wrong on the computer.”

We looked at the recruitment, induction, training and supervision of staff. Supervision meetings had recently commenced and staff were now receiving supervision on a regular basis. We spoke with staff and asked them if they

received support. Comments from staff included; “The management are supportive of staff. We have supervision and my training is kept up to date” and “We get good support. It is much better now.”

The manager showed us the induction which was provided for all staff. They told us that this was being reviewed in line with the newly introduced care certificate, and they had reviewed the content of induction training so that it included all components of the care certificate.

We looked at the staff training matrix and saw that a range of courses were being delivered. This included health and safety, food safety, first aid, medication and moving and handling. Twenty five staff had also received training in dementia awareness. The manager told us that additional training in topics such as Parkinson’s disease, epilepsy, challenging behaviour and palliative care was planned.

People told us that staff seemed to be well trained. Comments included “On the whole, yes, although sometimes they do things that I wouldn’t do, like make the bed tucked in. It makes it difficult to get in and out”, “New staff do shadow more experienced staff although I am not sure how well they are trained on complex conditions” and “They do so much training and new staff shadow for three to four weeks and they go out and work with someone else to learn the job.”

People told us that staff asked them how they liked things to be done. One person said “If they are doubtful then they ask and if I see them going the wrong way I help them.”

One person said that previously the quality of staff was varied, but they also said that this had improved over the last two months. People were consistent in saying that previously there were too many agency staff who did not know them. One person said “The service was good but it broke down last year. There was a regular carer then lots of different people turning up. They didn’t know what they were doing.” However they also told us that they recognised that improvements were now being made. This feedback was consistent during our conversations with people.

We saw from care records that people were involved in making decisions. Staff received training in the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). As care was provided to people in their own homes most people had family members who advocated for them.

Is the service effective?

Although no best interest decisions were in place when we inspected, two best interest meetings had been held previously. This demonstrated that the manager was aware of the legislation and ensured it was followed.

We saw from records that people signed their agreement to their care records. Where they were not able to consent, family members were usually involved.

Some people received support from staff with the preparation of their meals. One person said “They make sure I have plenty to eat.” The support people required differed from person to person. Staff could provide as little or as much support as needed. The manager told us that staff could access specific training, for example, in diabetes if this was required. The manager said that the care certificate also included a topic on fluid and nutrition and there were plans for all staff to access this training.

We saw that information regarding people’s health needs was recorded within their care records. This information helped to provide staff with knowledge about their individual conditions. We saw that emergency contact details for people’s GP and other professionals involved in their care were recorded within their care records. We were told that staff were able to support people in attending appointments if necessary. Comments include “I know I can ask if I need anything else like transport to the doctors in poor weather” and “They all seem to know what is needed. They report anything they notice to me and advise if they think I need to call a doctor.”

Is the service caring?

Our findings

During our previous inspection of York Helpers we found that care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. People expressed concern about the way they were cared for. They told us that staff were failing to turn up for their calls which meant their health and welfare was impacted upon. During this visit people told us that standards of care had improved. People told us that they received good care from their regular carers. People told us the carers were friendly and tried to make visits as pleasant as possible. Comments included; "They spend time talking to me, while they work, just general every day talk which is nice" and "They wash and dress me. I choose what I want to wear. They always ask me how I am feeling, what I want, and they explain what they are going to do."

During our last inspection we found that there was little evidence to show that the service was consulting people about their care needs. This meant the service was not checking with people that they were still getting the care they wanted and needed. People told us that they were now being consulted about their care and were much more involved in these discussions.

During our previous visit more than half the people spoken with told us they had had missed visits. This was when a support worker had failed to turn up and people had been given no prior warning that they would not receive the visit. Most had experienced this on more than one occasion. Some people were very angry that the service had become unreliable and they told us they had lost confidence in the agency's ability to provide good, safe care. During this visit nearly all of the people we spoke with said that carers were now turning up. They said that calls were still sometimes delayed but that improvements had been made with reassurance from the new manager that these improvements would continue.

The new manager told us that since our last visit significant time had been spent with the office staff to train and support them in the use of the care management system (used to record and book calls). They said they had focused on getting rotas drawn up and sent out to people and were making sure that any missed or late calls were recorded. The manager acknowledged that although things were not perfect, substantial improvements had been made and would continue. The people we spoke with confirmed this. Comments included; "There is someone else in charge in the office so if they are going to be late they ring you" and "The service has improved. It is much better now."

We asked people if they felt they were treated with dignity and respect. Comments included "I'm treated with respect" and "They are very respectful, I always have my clothes ready, but as I have difficulty with my sight, they will let me know if what I have chosen is un-acceptable, sometimes it may not have been washed." Other comments included "On the whole they are very friendly and helpful. They are dignified and not over friendly", "I like the carers and they have always spoken kindly to me." Another person said "All credit to the staff, they are trying to do their best. I wouldn't have a word said against them. 99% of them are absolutely fabulous. Some staff are on the same wavelength as me and we have a really good giggle."

However one person told us that a male carer had turned up to shower their female relative and they said they were unhappy about this. Another person said "My carer calls me 'darling' I don't like that." Some people expressed dissatisfaction that their regular carers did not come as frequently. One person said "My long term carer doesn't come as often, I used to look forward to her coming." The manager told us that the on-going recruitment within the service would mean that improvements would continue.

Is the service responsive?

Our findings

People told us that communication with managers and the office had improved during the recent months. Comments included “If I need to change an appointment it is no trouble, I just contact the office” and “If I need something brought in, I often ask the carer to bring it on her next visit and it’s never a problem to them.” Another person said “Some staff are very good. They are on time and they do anything I ask them to do.”

People told us that their care plans were held in their own homes and said that staff completed daily notes. Several people told us that they had taken part in a recent review of care either with a relative or in their own right. Comments included “The care plan has been reviewed. I was sent a copy. It provides a summary of tasks and staff completed a daily record sheet” and “There is a plan of care in the folder in our kitchen. They (the staff) can refer to that if someone comes in who is not used to me. They can read the plan.”

We looked at four people’s assessments and care plans. These provided staff with information about what support the person required and people signed their agreement to these records. Care plans were person centred and focused on the individual needs of the person being supported. They included people’s preferences, likes and dislikes, the level of support required and most of the people we spoke with confirmed that they had been involved in discussions regarding their care.

People told us that the service was flexible to their needs. One person said “I needed to arrange a hospital appointment. They accommodated a different time.”

Discussions with staff confirmed that rotas were individual to each client. We were told that the service tried to allocate set staff to people so that they got to know the people who were providing support. This meant that staff got to know people’s individual needs. .

We saw that the complaints procedure was included within the service information pack and a copy of this was given to each person who was supported by the service. Some people told us that they had complained to the Organisation and found them to be helpful and positive. Other people did not know who the manager was and said they would not know who to talk to. They told us that they thought the contact details for the office were stored in a folder in their home. Comments from people included “Yes I understand how to complain but I don’t feel like there is any merit in doing so” and “I could call anyone up in the office if there were any concerns.” Another person said “It’s great I have no complaints about them.”

We looked at the complaints file and saw that since January 2015 seven complaints had been received. Detailed investigations were completed and these included a section on ‘lessons learnt.’

We asked the agency about partnership working. Following our last visit there had been regular contact from the City of York Council and input from the Care Commissioning Group (CCG). Both agencies told us that York Helpers had worked closely with them to bring about improvements.

Is the service well-led?

Our findings

Several people felt the service had improved over the last few months. They told us that previously they were receiving numerous missed calls, late calls and poor communication. People told us that generally, if staff were going to be late, they would now receive a call from the office. One person said “The service has definitely improved in the last few months. I do feel that they are improving for us at the moment. We are getting calls to time and only one missed call in the last month. They are definitely improving and working hard at it.”

We asked people how they were involved in sharing their views regarding the service. Many people were happy that the new manager had been out to visit them. However some of people told us they had not yet been given the opportunity to meet the manager. We were told by people and staff that the manager would cover calls where necessary. This meant that they had further opportunities to experience the support that people required. One person said “I have met both the new managers in the last month, they are making improvements. I feel I could talk to them to discuss any problems.”

There were still some relatives who felt that management systems needed further improvement. For example one relative said “I complained that they were being late. I was told later that the manager did not get my message to ring me.” Another said “My sister rang the company for me and complained about missed visits but we didn’t get a response from managers. There was supposed to be a meeting but it never happened. Staff also provided mixed views in this area; one said “If you ring the office they sort it out. There is always someone to speak to” but another said “It is still pressurised so staff leave, I don’t feel I am listened to.”

Two people referred to the rotas and the apparent lack of understanding of the geography of York in planning rotas to maximise time for travel between visits. People felt that this could be better managed. Comments included “The rotas are ridiculous. One day they come at 7am another 8am and another at 9am. It can cause havoc as we are down for a 7am call.” Another said “The staff who plan the rotas don’t seem to understand the geography of York and how long it takes to travel from one place to another. This must be frustrating for staff.”

However others said that care staff were ‘usually on time’ but if not someone from the office would usually ring. They also said they had never been left without a call. Comments included “At one time the staff were from an agency and they were never on time. Excellent now. It seems to be going very well at the moment” and “If they are going to be late they call you. There is someone else in charge in the office now and considering what it was like previously they seem to have pulled their socks up.” Also “They have never missed a call. They are sometimes later if someone hasn’t turned up from another call. It hasn’t put me out too much. One person arrived earlier than she should have done and offered to come back later.”

Some people said that they would like to be kept better informed about changes in staffing particularly when the regular carers were moved to other packages.

During our previous visits we found there was a lack of good leadership and management. There had not been a registered manager in post for more than 18 months. CQC took enforcement action in early 2014 about this matter. The new manager who had been in post since October 2014 had applied to register with the Care Quality Commission and this application was being processed.

During previous visits we found that robust quality assurance systems were not in place. This meant ‘failings’ were not identified at an early stage. There were no processes in place to develop best practice that could be used to enable the service to continually improve. During this visit we found that quality monitoring systems had been reviewed and updated and there was now a range of quality checks in place. This included a senior management audit which was completed in March, senior management updates which looked at the financial forecasts for the service and a range of audits and checks which were completed by management and staff on a monthly basis. A quality audit had been completed in March and we saw that a detailed action plan was in place. This identified the issues raised, the agreed actions and the person responsible for completing them. Action plans had target dates for work to be completed. Some of the areas identified for improvement were to look at the geographical areas for clients and analyse visit times so that fifteen minute calls could be eradicated.

We were shown a copy of the complaints/safeguarding log. This recorded all concerns and clearly demonstrated the response made by the provider. In addition to these

Is the service well-led?

records, weekly reports collating any incidents, accidents, safeguarding or complaints were also forwarded to regional management so that they could review what was happening in the service.

The company had a continuous improvement programme in place which focused on quality assurance and quality management. Draft key performance indicators had been implemented for managers which they would then be reviewed against. Organisational policies and procedures had been updated and systems and processes at York Helpers had been reviewed and updated.

Senior management visits were more frequent and we could see where areas of improvement were required, these were being actioned. A customer survey had been sent out in February with a positive response. City of York Council also confirmed that their recent customer survey had resulted in improved feedback from clients.

Staff meetings were taking place and we were shown copies of the minutes of these. Area team meetings were also held so that individual client issues could be discussed with the team of staff supporting them. Welfare checks were carried out on staff to ensure that they felt supported and so that the organisation could help to retain the staff they had employed.

Regular spot checks and client feedback was sought to check that people were happy with the service and to check that staff were carrying out their roles effectively. Some staff told us they felt supported; however others still felt that they were not always listened to.

A post-box had been delivered to each branch within the company as part of the continuous improvement initiative. Staff were able to post their ideas and suggestions. The company had also developed a newsletter to keep their staff up to date; we were shown copies of the December and January editions. The manager had also sent out 'branch' newsletters so that staff could be updated on important matters.

The agency had encouraged a group of staff to register as dementia 'champions' so that they could support staff and access best practice research which could then be cascaded to individual teams. They were also considering other ways of accessing research and guidance which could be used to develop the service.

A recent initiative which had been introduced was the 'Just in case' cards which had been developed to support people who received a service. These provided important information for staff which might be required in an emergency.

All of the management systems in place at York Helpers had been reviewed and although some areas could be further developed it was positive to see the progress made, and this was echoed in feedback from people throughout our visit.