

Spring Cottages Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Spring Cottages Home Care Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection the service was supporting 54 people.

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

Not all individual risks had been reflected in people's care plans. Accident records had no details of the action taken and did not confirm management had reviewed them. Care records for one person did not contain detailed information about the management of a medical condition. There was no record of completed competency checks for medicines administration.

People told us they felt safe, and staff had received safeguarding training. The registered manager told us they were waiting for outcomes from the local authority for ongoing investigations. Staff were recruited safely. An electronic system was in place for visits. PPE was available and staff had completed training. People were confident in the knowledge and skills of the staff team. Staff training had been provided. However, we made a recommendation in relation to regular spot checks, supervisions and ensuring records were completed that confirmed inductions for new staff had taken place. People's needs had been assessed and there was evidence of professionals involved, where required.

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

People were positive about the care they received, and they were treated with dignity and respect. Staff said good care was provided. Care plans were developed electronically, and people, relatives and staff had access to them via an app. People were supported with end-of-life care when required. People's communication needs were recorded, and they were supported to access social activities and the community. Complaints had been dealt with, a system to record verbal feedback would be introduced immediately.

Audits were not being undertaken appropriately. The nominated individual took action to develop a detailed audit system. The provider had not identified the failings we noted prior to this inspection. People were positive about the registered manager and the staff team. People were engaged and involved. However, staff meetings had not been undertaken for some time. The service worked in partnership with others.

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

Rating at last inspection and update

The last rating for this service was good (published 8 July 2019).

Why we inspected

We undertook this inspection as part of a review of the information we held about the service.

Enforcement and Recommendations

We have identified breaches in relation to records and good governance.

We have made recommendations in relation to ensuring systems were in place to support the management of medicines and ensuring checks on staff skills and supervisions were in place.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Spring Cottages Home Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

An inspector and 1 Expert by Experience undertook the inspection. 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 May 2023 and ended on 1 June 2023. We visited the location's office on 22 May 2023.

What we did before the inspection

We looked at the information we held about the service. This included feedback and notifications they are required to send to us. We asked for feedback from professionals who had experience of the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 4 family members. We asked for feedback from professionals about their experiences of the service. We also spoke with 10 staff members. These included, the administrator, 1 care coordinator, 6 support staff and the registered manager who undertook overall responsibility for the service. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 4 people's care records and associated documentation, 3 staff files, training records and the training matrix. We also checked records relating to the operation and management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were mostly managed safely.
- Medicines administration records were completed electronically. One person's record in relation to the management of a medical condition was very brief and required clear guidance about the actions to take if there was a change in their needs. The registered manager acted immediately to ensure a full review of this person's care was undertaken and records were in place to support the safe delivery of care to them.
- Policies and guidance were in place. The registered manager updated this to ensure it made reference to up-to-date Care Quality Commission regulations.
- Medicines audits had been completed. However, these were basic, contained no details of any follow up from the last audit and had not been signed as reviewed by the management team.

We recommend the provider seeks nationally recognised guidance to ensure systems were in place to support the management of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse. People told us they felt safe and, staff knew what to do if they suspected abuse. They said, "I feel very safe in their care" and, "I am very happy with the carers who come on time and stay for the full time."
- Information in relation to some allegations of abuse were seen. However, there was no details of the outcomes from the investigation. The registered manager told us they were waiting for feedback from the local authority for these.
- Training records confirmed staff had undertaken safeguarding training. Policies and guidance were available for staff to follow if abuse was suspected. Staff understood what to do if they were concerned.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed and managed. Lessons learned had not been implemented.
- Risk assessments had been developed. These mostly reflected people's individual needs and any risks identified in their environment.
- Accident reports had been completed and contained some information about what had occurred. However, there was no record of the outcome for these. This would support lessons learned.
- The registered manager told us weekly meetings were held to discuss incidents and accidents and how to manage these. Any actions required would be recorded in the audit book.

Staffing and recruitment

- Staff were recruited safely. Staffing numbers were sufficient. Duty rotas were developed in the electronic system. People told us they were happy with the staff and their skills. One said, "I am happy with the carers, they arrive on time and do a good job."
- There was an ongoing recruitment programme. No agency staff were being used and staff and the management team covered gaps in shifts. The registered manager confirmed they would ensure all people were provided with information about the times of their visits and impact on these of unforeseen events.
- Staff had been recruited safely and relevant checks had been undertaken. Risk assessments had been completed for staff where relevant.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Plenty of supplies of PPE was available in the office and people and relatives told us staff used PPE effectively. One person said, "They wear PPE and throughout the Covid pandemic they were super diligent to make sure we were kept safe."
- There was an infection control policy and a range of guidance in the office. Staff had undertaken IPC training.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team.
- People were confident with the staff skills. They told us, "They are well trained and good at their job. They have all the skills they need to meet my care needs" and, "They are well trained to meet all [persons] complex care needs according to the care plan."
- Staff had undertaken training relevant to their role. However, more spot checks on care delivery and supervisions were required. This would demonstrate staff had the skills to deliver care to people.
- New staff told us they completed a detailed induction. However, records to confirm what had been covered had not been done. The registered manager immediately addressed this.

We recommend the provider seeks nationally recognised guidance to ensure checks on staff skills and supervisions were in place.

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

- People's needs had been assessed. Assessments of people had been undertaken. Copies of local authority assessments and how to support them were noted. Yearly reviews were completed.

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

- People were mostly provided with appropriate support to ensure their individual health care needs were being met. People were supported to access healthcare services, health care professionals and appropriate support, as was needed.
- Care records contained information about the involvement of professionals. The registered manager confirmed they had developed links with professionals to support effective care for people. They told us about the recent contact with a professional for one person's specific needs.
- Relatives confirmed they were kept informed about changes in people's condition. One said, "Their communication with us is excellent and we know they are diligent to respond to all [person's] care needs. We will be alerted immediately if there are any concerns."
- A range of information and guidance was available to support staff.

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

- People were supported to eat and drink. Care plans recorded where people required support with their meals and their individual needs.
- One told us, "Always responsive to my care needs. They don't give medication but do give me food,

breakfast, lunch and tea."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

- People were protected from unlawful restrictions and consent obtained.
- People said they were asked permission from staff before undertaking any activity. Comments included, "They always ask permission before providing care, but they know me well now anyway" and, "I feel totally supported by them as well and am informed/liased with at all times."
- Information, training and guidance was available to support and guide staff on MCA and DoLS. No one was subject to Court of Protection authorisations. Some records discussed memory concerns for a person. The registered manager confirmed people's capacity had been reviewed and no one required a referral to the local authority for assessment.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. People received good care and their diverse needs were considered.
- All people and relatives were very positive about the care and support they received, and their individual needs were met. They told us, "This is a very supportive, meticulous caring service, effective in every way", "I am totally happy with my [person's] care. They are brilliant" and, "They go over and above to provide an excellent care service."
- Staff were positive about the care provided. They said, "Care delivery is up there with the best. We are trained to a high standard" and, "We provide really good care." Policies, training and guidance was available to support the delivery of care. Care plans contained information about how to support people's individual needs and choice.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and they were supported to be independent. People told us staff treated them with dignity and respect. Comments included, "They [staff] provide personal care, are very respectful and caring", "They are very kind and caring, and treat me with respect and dignity, and "They are very kind, compassionate and caring."
- Records contained information about people's individual needs and guided staff about ensuring people's dignity and respect in the delivery of care and their individual choice.
- Advocacy services information was available to share with people in supporting decisions where this was needed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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;

- Assessments of people's needs were in place. People and relatives told us they had access to their care records and had been involved in their development. They said, "I wrote this care plan with the service to make sure all relevant info was included", "I have a care plan which has changed [as my needs have changed]" and, "They are very responsive to the care plan and other needs I might have." Staff had access to records and told us they supported the care provided to people.
- Electronic records in relation to people's care and support needs provided staff with information about them. The management team said the electronic system was regularly reviewed and updated to make improvements in the information and guidance. People and relatives were able to access the records and make notes in them. Good records were seen in relation to sharing updates and information with the staff and management.

End of life care and support

- People's end of life care and support was provided, when required. One person told us their family member was supported with their palliative care needs. They said, "[Person] is very safe within this very supportive, palliative care package which included personal care."
- Records had details of DNACPR (do not attempt cardiopulmonary resuscitation) where relevant. The electronic system enabled care plans and risk assessments to be developed in supporting people at the end of their life.

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.

- Records had details about how to support people's communication needs. People told us about how the staff communicated well with them.

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

- People were supported to avoid social isolation where relevant. Evidence of people being supported with social visits and accessing the community was noted.

- Technology was being used. The electronic device was used to support communication and sharing information with people, relatives, staff and the management.

Improving care quality in response to complaints or concerns

- People told us they were happy with the service and how to raise concerns. They said, "I have no complaints or concerns" and, "We have no complaints, concerns or current issues. If there have been any issues in the past they have always been addressed and rectified to our satisfaction." One person told us about a concern which was dealt with by the management.
- Complaints and concerns were responded to. There was evidence of outcomes as a result of investigations. The registered manager told us they would ensure records were maintained for recording verbal comments and complaints. We saw evidence that positive feedback had been received.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was little evidence of audits taking place. An audits book was being completed. However, this had not been done since January 2022 and had no evidence of any audits, the findings or the actions taken as a result. No senior management audits had been completed. The nominated individual acted immediately and commenced the development of a detailed audit system.
- Staff had undertaken medicines training. The registered manager told us they undertook observations of staff competency for medicines administration. However, there was no record of completed medicines competency checks.
- We saw an incident that required a statutory notification to be submitted. However, this had not been submitted to the Care Quality Commission when required. The registered manager gave assurance that these would be done without delay.
- A care plan for one person had no details in relation to an incident which had occurred. The registered manager confirmed a full review of the person had taken place and their current needs were reflected in their care plan. The accident had not been signed to confirm these had been reviewed by the management.
- We have identified breaches in relation to ensuring records were developed, monitored and reviewed to protect people from risks. We have made recommendations in relation to ensuring a system was in place to ensure checks on staff skills and supervisions were in place and the management of medicines. These failings had not been identified by the provider prior to our inspection.

Whilst no harm occurred, systems were not robust enough or developed to demonstrate good governance. This was a breach of regulation 17 (1) (2) (a) (b) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The nominated individual told us they were committed to making the improvements and would ensure actions were taken.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service acted when things went wrong and understood their responsibilities. The registered manager and staff team understood their roles and responsibilities. Policies and guidance were available. Records

relating to investigations was noted.

- We received positive feedback about the registered manager. Examples included, "A very conscientious manager, she knows how to direct you, very knowledgeable and supportive. If there was a problem, you can go to her with anything. Always available day or night" and, "A good manager, very nice and approachable you could go to her with any concerns."

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

- A person-centred and open culture which supported good outcomes for people had been developed. We received positive feedback about the management and the staff team. Comments included, "I have found the service to be well organised and managed. The office is good. I would recommend them" and, "The management are so wonderfully supportive."
- All members of the team were very supporting of the inspection and information was provided by them.
- Certificates of registration and the employers liability insurance certificate was on display in the office.

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

- People and staff were engaged and involved. People told us they had completed an annual survey. We saw copies of completed people and staff surveys and letters to people and about the actions the management took as a result of the findings.
- Meeting minutes confirmed these had taken place. However, the last meeting was from 5 months prior to the inspection. One staff member told us they had, "Not had a team meeting for a while since COVID-19." The registered manager told us they gave very regular feedback to the staff team, and all were able to discuss their views.

Continuous learning and improving care

- Continuous learning and improving care was important in the service. A range of information and guidance was on display in the office. Policies and procedures had been developed to support care delivery. The registered manager confirmed all had been reviewed to ensure they reflected current guidance and legislation.
- All people were provided with a service user guide which contained a range of information about the service and care provided to people.

Working in partnership with others

- The service worked in partnership with others. We saw evidence of professionals involved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough or developed to demonstrate good governance. Regulation 17 (1) (2) (a) (b)