

Spring Forth Health Care Ltd

66 Long Lane

Inspection report

66 Long Lane
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28 September 2022
05 October 2022

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

66 Long Lane is a domiciliary care agency providing care to people living in their own homes, in a supported living setting so they can live as independently as possible. At the time of our inspection the service was supporting 5 people with personal care. Some of the people supported had a learning disability or autism.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

We have made a recommendation regarding the Mental Capacity Act 2005. People were mostly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible however we could not always be sure from the records if it was in their best interests. The policies and systems in the service required improving to support this practice.

Some information was missing from staff files. However this was addressed during our inspection. People's risk assessments were completed in accordance with their assessed needs. Staff were happy with their rostered hours, and people told us staff mostly came on time. If staff were late, they would receive communication from the office. People received their required medications on time by staff who were trained to do this.

Information in care plans was person centred. Relatives we spoke with said they knew how to raise complaints, however they had not needed to. People's equality and diversity needs were respected by staff, and relatives told us staff were kind and caring in their approach.

Quality assurance procedures were in place and had highlighted where improvement was needed. Staff told us they felt they were able to speak up to the registered manager and the provider whenever they needed to. Team meetings took place, and people were routinely asked for written and verbal feedback about their experience of 66 Long Lane.

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

Rating at last inspection

This service was registered with us on 21 December 2018 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

66 Long Lane

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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in a supported living setting.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

Inspection activity started on 29 September 2022 and ended on 5 October 2022. We visited the office location on 29 September 2022.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 relatives. We contacted and received feedback from 6 members of staff including the registered manager and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted 3 social workers via email but did not receive responses to our request for feedback.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Staff recruitment procedures were mostly followed to ensure staff were recruited safely. However, there were some inconsistencies with regards to the checks in place for staff.
- Some staff did not have references in their staff files. We raised this with the registered manager, who took immediate action and rectified this. When we returned for day two, references were in place, therefore the registered manager had taken timely action to mitigate this risk.
- Staff said rotas were well organised and they were happy with their working arrangements.
- There were enough staff to provide a safe and consistent service.

Using medicines safely

- Medication processes and systems were in place to ensure people received their medications safely.
- When people needed medication as and when required, often referred to as PRN medication, there was a separate plan in place to guide staff.
- Medication was stored in a designated area of the person's choice. If people chose not to self-administer their medicines, these were stored securely.
- Controlled drugs, which are medications with additional safeguards placed on them, were stored safely, and stock was counted daily to avoid any discrepancies.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Safeguarding referrals had been made by the registered manager when required and investigated where appropriate.
- Staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse.

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

- The registered manager had concise, detailed and clear risk assessments in place for each person.
- People and relatives told us they felt safe using the service. Comments included, "Staff are very good with [person] they have a good relationship."
- There was an electronic call monitoring system (ECM) in place where staff were required to 'log in' to shifts using a smart phone. This system worked effectively to ensure shifts were not missed.
- Each person's care plan had an environmental risk assessment which had been completed at their homes before the care staff attended to work their shift. This focused on risks in the environment, and how staff would support the person to contact their landlord where needed.

- There were clear processes in place to ensure lessons were learnt following accidents and incidents. For example, we saw how medication reviews had been requested for some people in response to an increase in incidents due to them refusing their medications for a number of days.

Preventing and controlling infection

- Infection control procedures were well managed.
- Staff had received training around COVID-19 as well as additional preventing and controlling infection training.
- People told us that staff wore appropriate PPE when carrying out hygiene and personal care duties and had good hand washing techniques to minimise the spread of infection.
- Staff took part in routine COVID-19 testing in line with current national guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one subject to deprivations on their liberty, however there was some confusing information in people's care plans and risk assessments in relation to possible deprivations of their liberty. For example, one person was supported by staff with a staffing ratio of 2 to 1 for 24 hours a day. There was no information around whether this person had consented to this, or whether the care package was put in place in the person's best interests.
- When we raised this with the registered manager, they had already started to seek support around this, and had arranged a multidisciplinary meeting to discuss this person's care package.
- Some capacity assessments had been undertaken as part of the initial assessment process and this was documented in people's care plans. However, it was not always clear what choices they could make, and where they required additional support.

We recommend the provider seeks guidance from a reputable source and updates its MCA practice accordingly.

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

- People's care records contained detailed information about the level of support they needed with food

and drink preparation. This varied from staff making people snacks and sandwiches, to helping them plan and prepare healthy and balanced meals.

Staff support: induction, training, skills and experience

- Staff had completed training courses to enable them to fulfil their roles effectively. However, we identified limited training with regards to the Mental Capacity Act and its principles. We fed this back to the registered manager, who has taken action to address this by sourcing a course for the staff and themselves to complete.
- The completion of training was monitored by the registered manager, and staff were booked onto refresher courses when needed.
- People we spoke with confirmed the staff had good skills, knowledge and experience. We saw how staff were trained to be able to support a person to manage their diabetes, including supporting them to monitor and report their blood sugar levels.

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

- People's needs and choices were well assessed, and their support preferences were reflected in the records we viewed.

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

- People were supported by staff to access healthcare services and seek out support if they needed it.
- People told us staff would always contact them for updates and they felt well informed.
- There was information recorded in people's care records to show staff had contacted district nurses and GP's on people's behalf when they felt unwell or required further advice and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity ; Respecting and promoting people's privacy, dignity and independence

- Care plans reflected people's choices and their diverse needs.
- People's relatives provided positive feedback about the caring nature of the staff. One person told us how the service was "Excellent". They commented on the caring and professional nature of the staff, the registered manager and provider and told us "From what I have seen, they are very very caring, and kind staff, they have good relationships." Other comments included, "Yes we are very happy with the support for [relative]".
- One relative told us how the service had respected their family members choices around their care and support, and understood they sometimes had 'off days' where they were likely to make bad choices, but the staff supported them well through this.
- Care plans were written in a way which highly respected people's physical and mental health needs. For example, one care plan stated how staff should safely and positively support a person if they were becoming upset, including what words and phrases to use to help them express their feelings.
- There was emphasis on encouraging people to do tasks for themselves where able, and how staff should interact with people.

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

- Due to inconsistent and limited information around people's capacity and decision making abilities we were not always sure if people had signed their own care plans where they were able to. We fed this back to the provider and they have agreed to review people's capacity where needed to ensure people are supported to make their own decisions wherever possible around their care and support.
- Relatives told us they had been involved in the completion of their relative's care plans, however they were unsure if they were legally allowed to sign on behalf of their relatives.
- People and relatives had access to care plans if they wished and were involved in reviews.

Is the service responsive?

Our findings

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

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

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 contact their relatives and friends if this was something they wanted to do.
- Relatives told us staff supported people to attend appointments if they needed to.
- Staff supported people in the community to shop, visit friends and go on day trips.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information, such as the service user guide, was available in different formats to support people's understanding.
- Some people's care plans were written in a way which they could understand, and encouraged staff to use other forms of communication, such as facial expressions and body language where appropriate.

Improving care quality in response to complaints or concerns

- There was a complaints procedure, however no complaints had been recorded. There was a system in place to ensure improvements were implemented as part of learning after a complaint.
- Everyone we spoke with said they knew how to complain.
- There was a complaints policy in place which was available in different formats to support people's understanding.

End of life care and support

- The service was not providing end of life care at time of our inspection. The service supported younger adults, so this had not been discussed.

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

- Each person's care plan was written in a way which was meaningful for them.
- There was attention to detail recorded within the care plans that reflected people's preferences and routines. For example, how they liked to spend their time, music they liked and places they wanted to visit.
- Information was recorded about people's likes, dislikes and their backgrounds, such as what they liked to talk about and what mattered to them. For one person they enjoyed going out for weekly meals with staff

and attending the local disco.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and provider were clear about their roles and responsibilities in accordance with reporting notifiable incidents to CQC.
- Incidents and accidents had been promptly reported to CQC when required, and the incident log showed that remedial action was taken to help prevent re-occurrence and how learning had been implemented across the service.

Continuous learning and improving care

- The provider was committed to ongoing investment to achieve continual improvement.
- A recent full audit of the service had identified the need for more information to be added to care plans, this included information about consent, capacity and one person's refusal to take medicines. There was also information in an audit of staff files that highlighted some references were missing. This meant the systems to monitor and assess quality and safety had identified the concerns around mental capacity, consent and recruitment that we identified and the registered manager was taking action to address this.
- Feedback from recent communications with CQC had been used to improve the practice at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others ; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People confirmed they knew who the registered manager was, and felt the service was well led. One person said, "The manager is lovely. Very nice."
- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met and there was an MDT approach to this support.
- When referrals to other services were needed, such as the GP we saw these referrals were made in a timely way.
- The registered manager and provider ensured people's views and opinions of the service and the support they received was sought and obtained.

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 registered manager was aware of their responsibilities around duty of candour legislation. There had been no specific incidents which required them to act on that duty.

