

Springcare Support Services

Springcare Support Services

Inspection report

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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

We carried out an inspection of Springcare Support Services on 6 September 2016. This was an announced inspection where we gave the service 48 hours' notice because we needed to ensure someone would be available to speak with us.

Springcare Support Services is a domiciliary care service for people that receive extra care in their own home. At the time of our inspection there were 21 people who received personal care from the agency. The service predominately provided personal care to young children with autism and learning disabilities. Three elderly people were receiving personal care at the time of the inspection.

The service had a registered manager in place. 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. The registered manager was not available on the day of the inspection. The nominated individual supported us with the inspection.

People were protected from abuse and avoidable harm. Relative told us they were happy with the support people received from the service. Staff knew how to report alleged abuse and were able to describe the different types of abuse. Staff knew how to 'whistleblow'. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service.

Most relatives told us they had no concerns with staffing levels and there had been no missed visits. Systems were in place to monitor staff punctuality and attendance.

Potential risks to people's safety were assessed, recorded and plans were in place to minimise these risks.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place and being followed. Checks had been undertaken to ensure staff were suitable for the role. Staff were suitably trained to carry out their duties and knew their responsibilities to keep people safe and meet people's needs.

One to one supervisions with staff had been carried out regularly. Appraisals had not been carried out but had been scheduled for staff that had been working for over a year. Regular spot checks had been carried out to identify areas of best practise and improvement. Staff told us they were supported by management.

Questionnaires were completed by people, relatives and employees about the service, which we saw were positive. The findings of the survey was analysed to make improvements.

Staff told us permission was always sought when providing support. Relatives confirmed staff asked for consent. Mental Capacity Act 2005 (MCA) training had been provided to staff.

There was a formal complaints procedure. People were aware of how to make complaints and staff knew how to respond to complaints in accordance with the service's complaint policy.

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.

Risk assessments had been carried out to minimise risk to people's health and keep people safe.

Relatives told us they were happy with the support people received from the service.

People were protected by staff who understood how to identify abuse and who to report to.

Recruitment procedures were in place to ensure staff were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff were trained and had the skills and knowledge to meet people's needs.

Staff received regular one to one supervision. Staff had not received appraisal but this was scheduled to take place this year. Staff told us they were supported.

Staff understood people's right to consent. Staff were aware of the principles of the Mental Capacity Act 2005. Staff had received training in MCA.

Staff knew how to identify if people were not well and the action to take to protect people.

Is the service caring?

Good ●

The service was caring.

Relatives told us staff were caring and respected people's privacy and dignity.

Staff had a good knowledge and understanding of people's

background and preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans included people's care and support needs and staff followed these plans.

There was a complaints system in place. People knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Staff engaged in activities with people which had a positive effect on their well-being.

Is the service well-led?

Good ●

The service was well-led.

The service sought feedback from people, relatives and employees through surveys. The results were being used to make continuous improvements to the service.

Spot checks were being carried out to ensure staff delivered high quality care.

Staff meetings were being held and staff had a say in how the service was run.

Staff and relatives were positive about the management.

Springcare Support Services

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 was planned to check 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.

The inspection was carried out on 6 September 2016 and was announced. The inspection was undertaken by a single inspector and one 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.

Before the inspection we reviewed relevant information that we had about the provider. We also made contact with social professionals for any information they had that was relevant to the inspection.

During the inspection we spoke with the nominated individual and deputy manager. We also looked at five care plans, which consisted of people and young children receiving personal care in their own home. We reviewed five staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures.

We also looked at other documents held at the service such as quality assurance documents, risk assessments and staff meeting minutes.

After the inspection we spoke with 12 relatives and two staff members.

Is the service safe?

Our findings

Relatives told us they were happy with the support received from Springcare Support Service. A relative told us, "Very safe, (staff are) very nice, they come with ID. They do over and beyond their duties" and another relative commented, "They (staff) come in, they make sure [the person] is fine, all ladies very kind, they help me." One relative told us how the staff kept her child safe by holding their hand whilst out, looking left and right, before crossing the road to go to the park. A social professional told us, "Spring Care Agency have gone the extra mile at times to provide excellent care and support" and another social professional commented, "I have asked at least one [relative] about [relatives] experiences of engaging a carer through Springcare and [relative] was very positive about the experience. [Relative] could not rate them highly enough."

Staff were aware of their responsibilities in relation to safeguarding people. Staff had undertaken training in understanding and preventing abuse. Staff were able to explain what abuse is and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority.

We looked at the provider's safeguarding procedure, which provided clear and detailed information on types and signs of abuse and how to report allegations of abuse.

Most relatives told us that staff were reliable and turned up on time and the support they received was what they expected. One relative commented "If they were late they will ring me." The staff we spoke with were able to tell us about people's needs and told us that the care plans reflected the care they provided. There was system in place for staff to alert the service if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. The nominated individual and deputy manager told us that if emergency cover was needed, then staff were available to provide cover. One staff member told us, "We do have enough staff." A social professional told us, "They have a good level of staff availability, they are flexible and both skilled and caring." Staff had to complete a log sheet detailing the time of arrival and departure listing the activities that were carried out, which they had to submit to the management team.

Of the 12 relatives we spoke with, one relative raised concerns about a missed visit that had impacted on the person's support. We raised this with the provider who informed us due to extenuating circumstances the staff was not able to attend at very short notice. Cover was arranged, which was too late as the person had to go elsewhere. There were no other reported missed visits.

Risk assessments were undertaken with people to identify any risks and provided clear information and guidance for staff to keep people safe such going out in the community, personal care, skin conditions and behaviours that challenged the service. The risk assessments provided information on how to mitigate these risks. When we spoke to staff they told us that the risk assessments were available to them and knew the risks to people they provided personal care to and how to mitigate these risks.

Records showed the service collected references from previous employers, proof of identity, criminal record

checks and information about the experience and skills of the staff. The nominated individual told us staff did not commence employment until pre-employment checks had been completed. This corresponded with the start date recorded on the staff files.

The service supported three people with medicines. Staff administered medicines for one person. We found training had been provided in medicines to staff. Staff told us they were confident in managing medicines. We looked at people's medicine administration records (MAR) on the system and found that people received their medicine regularly and on time. For people that received support with medicines, there was a medicines plan that listed the type of medicine, the dose to be taken and why it was taken by people. For example, a medicine that softens the skin when bathing, the plan listed 'You put this in my bath to soften my skin'. There was also pictures of the medicines on the plan, which provided clear instruction on how the medicine should be administered such as an instruction for one medicine included, 'Please open capsule and dilute in 10ml water and take 5ml'. Staff told us these medicines plans worked well when they supported people with medicines.

Is the service effective?

Our findings

Relatives felt that staff had the skills and knowledge to meet people's needs effectively. One relative said, "Staff are good and helpful" and another relative told us, "[Staff] well trained, I feel comfortable." A relative commented, "[Staff] very good, very polite, they talk to me and are helpful." A social professional told us, "The team have been helpful and considerate of the each family's individual needs. The carers provided by the agency have been skilled and trained to a standard where I have been confident that they can meet the needs of the children I refer, who often have very complex needs and challenging behaviour."

Staff told us that they received induction training when they started working at the service and records confirmed this. Staff confirmed that the induction training was useful and covered important aspects in health and safety, fire safety, infection control, person centred care and equality and diversity.

Records showed that staff had undertaken mandatory training, which included first aid, people handling, food hygiene and health & safety. The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to training and had received regular training. Staff had also undertaken training in specialist areas such as epilepsy, child protection and training in children with autism and learning disabilities. Records showed that some staff had completed the Care Certificate, which is a set of standards that social care and health workers adhere to in their daily working life. We saw new members of staff were training to complete the Care Certificate. Comments from a recent employee survey included, 'Their training is really useful, good way to learn about new things' and 'Excellent staff training.'

Appraisals had not been carried out with staff that have been working with the service for more than one year. The nominated individual told us that most staff had been employed by the service for under a year. We looked at two staff files that had been employed by the service for more than a year and the nominated individual told us appraisals would be carried out this year. We saw evidence that these appraisals had been scheduled and information sent to staff to prepare for the appraisals. Regular supervisions were being carried out. Staff were able to discuss concerns, service users and training needs at these supervisions. Staff told us that they received support from management. A staff member told us, "I am supported" and another staff commented, "I find them quite supportive (management)."

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. MCA only relates to adults aged 16 or older, and 18 or older for advance decisions, lasting powers of attorney and the deprivation of liberty safeguards.

We checked whether the service was working within the principles of the MCA.

Staff had a good understanding of the Mental Capacity Act (MCA) and understood the principles of the act.

We saw evidence that capacity assessments were completed to ascertain if people aged 16 or over had capacity to make a specific decision such as if people were able to make certain decisions on the care and support they received. Training had been provided in MCA to staff.

The staff told us that they always asked for consent before providing personal care and if people refused then this was respected. Relatives confirmed that staff asked for consent before proceeding with care or treatment.

Relatives told us that they mostly did their own food shopping and made their own food for people. Records showed staff supported some people with meals. Staff told us that people were given choices when they supported people with meals. Relatives confirmed this. Food was discussed with people and records listed what types of food people liked and their preferences.

People's care plans listed details of health professionals such as GP and included their current health condition. Staff we spoke to were able to tell us how they would identify if someone was not feeling well such as a change in their behaviour, communication and mood. Staff told us depending on the situation they would report to family members or to management and in serious situations would call a doctor or ambulance. Relatives told us they had confidence that staff were able to identify if people were not well. A relative told us, "They [staff] know if [the person] is not well, they know him well." Staff told us that people are supported to go to healthcare appointments if needed. One staff member gave an example that she took a person to the Chiropodist as the family members were unable to attend.

Is the service caring?

Our findings

The relatives that we spoke with were happy with the staff and spoke positively about their relationship with them. They told us that staff were caring and treated people as individuals, taking time to have meaningful conversations. One relative told us, "They [staff] treat the kids with respect" and another relative commented, "They come in, they make sure [the person] is fine, all ladies very kind, they help me." The staff we talked with spoke fondly of the people that they provided support to and told us they built good relationship with people by getting to know their interests and by good communication. A staff member told us, "I treat them the way I would like to be treated." A relative commented, "[Staff] very good, make [the person] laugh and jokes with [the person]."

A relative told us a staff member was excellent and had a great rapport with their child. The relative said the staff member had worked in a college with vulnerable people so understood their child's needs.

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff were able to tell us the background of people and the support they required. They told us they always encouraged people to do as much as they could to promote independence. One staff member told us, "I always try to promote their independence, I let them [people] lead." One relative told us, "They [staff] show [the person] to wash [the person] teeth, up, down, this side, that side." A social professional told us, "They also tend to keep with the same carer for each family which is so important with the families we provide services to as it means that they get to know the child or young person's complex needs including their medical needs, way of communicating and also how to manage their behaviour."

Care plans included information on what people would need support with. People's needs were reviewed regularly and care was planned and delivered in line with their individual care plan. Relatives told us that people were able to make their own choices about what to do.

Staff told us that they respected people's privacy and dignity. A relative told us, "It's not just a job, more than that." The relative said, that staff protected their child's dignity during personal care by not undressing their child in front of others, but in private and covering their child. Another relative told us, "When the staff come they show [the person] the way to the toilet and privacy is protected." Staff told us that when providing particular support or treatment, it was done in private. One staff member commented, "I make sure that they [people] have privacy when providing sensitive care." Relatives told us that staff treated people with respect and with dignity when providing personal care.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

The service had an equality and diversity policy. Religious beliefs were discussed with people. Their preferences were recorded in care plans. Staff understood that racism, homophobia, transphobia or ageism

were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexuality and all people were treated equally. Relatives we spoke to had no concerns about staff approach towards them and their family members.

Relative told us that staff communicated well and took the time to make sure that they were involved in people's care. They felt that staff explained clearly before going ahead and carrying out any care tasks. People were supported to use their preferred style of communication and these were recorded on care plans for staff to understand how people communicated with their hearing ability.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. A relative told us, "If I want to make change, I let them know and they change it directly." Another relative commented, "Carers do a good job, I'm pleased with them."

Care plans had a personal profile outlining the person's living conditions, mobility, support needs and communication. There was an 'Impression of client' section for each person providing information on people's background and also included people's interests. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

People's care plans were personalised and person centred to people's needs and preferences. Staff told us they get time to provide person centred care. Staff told us that they were never rushed to complete their jobs. A relative told us, "Staff are really good, they're patient and give [the person] space when [the person] doesn't want to engage, they encourage [the person]."

Reviews were undertaken regularly with people or their relatives, which included important details such as people's current circumstance and if there were any issues that needed addressing. Records showed that the service included the people or their family members in reviews. A relative told us, "Staff discuss possible new activities for [the person] with [the person] to get [the person] views." A social professional told us, "The management team at Springcare have often requested reviews, which in my experience is somewhat of a rarity with care agencies, which has been refreshing as it demonstrates a desire to ensure that care packages continue to meet the needs of service users."

There was a daily log sheet, which recorded key information about people's daily routines such as behaviours and the support, provided by staff. Staff told us that the information was used to communicate between shifts on the care people received during each shift.

There was an activities section in people's care plan that listed what activities people preferred and enjoyed doing. Relatives confirmed people participated in these activities. A relative told us, "[Person] is very happy playing a lot and staff discover other things (activities), I didn't know [the person likes]" and another relative commented, "[The person] is singing, they go on the bus because [the person] is in a good mood, staff find out what [the person] likes, they leave [the person] to play." A staff member told us, "I know their interests, we do designs and go for a walk for their well-being" and another staff member told us, "I play games, we put on music and dance."

We saw an area of good practise where a staff member used fictional characters to create a song on bathing and applying creams and sang these songs to the child when providing personal care such as bathing and applying creams.

Records showed complaints were investigated in full and appropriate action had been taken with the outcome recorded. Relatives told us that they did not have any complaints about the service and felt they

could raise concerns if they needed to. A relative told us, "I have no concerns." The service had a complaints policy and leaflet for people. When we spoke to staff on how they would manage complaints, they told us that they would record the complaint and inform the management team.

We saw the service had received compliments from relatives and people. Comments included, "This is a great service provided", "I love your service. Thank you" and "Staff are knowledgeable."

Is the service well-led?

Our findings

Relatives told us they were happy with the support provided by the service to people. A relative commented, "On the whole a good service, happy to continue to use it" and another relative commented, "Nice and settled (the service) Hope it goes on like that." Staff told us they were happy working with the organisation. A staff member told us, "I enjoy this job, they [people] are the reason why I work." We saw a recent survey had been completed by employees. Comments included, "It [service] is run very well" and "Excellent, running well." A social professional told us, "I have no doubt that Spring Care Agency will continue to provide an excellent service in the future" and another social professional commented, "We do use Springcare Services and we have found them to be a very good care agency."

The provider's aims and objective was to provide support that is specifically personalised to individuals within a safe, warm, friendly and comfortable environment. Staff were aware of the aims and objectives of the service and told us that this was communicated in staff meetings and appraisals.

Spot checks were being carried out on staff and the findings were communicated to staff on area's that required improvement and areas of best practise. This enabled the service to ensure high quality care was delivered at all times with continuous improvements being made.

The service had a quality assurance system which included questionnaires for people who received personal care from the service. We saw the results of the recent questionnaires, which included questions around staffing, infection control and service. The overall feedback was positive. Surveys on employees that provided personal care to people were also carried out, which included questions on rotas, service, training and induction. The results of these surveys were also positive. The results of the surveys were being analysed to identify areas of improvements to ensure high quality care was always being delivered. We saw that an action plan had been created from the findings of the survey.

Staff were positive about the management. One staff member told us, "I do find them [management] really approachable" and another staff member commented, "They [management] are good managers. They are approachable; I do not find it hard to report anything." Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff told us they could speak with management when they needed to and felt that their comments were listened to.

Relatives were positive about the management of the home. One relative told us, "[Manager] a good person" and another relative told us, "I would email the manager, I have the phone number, call the office, they are helpful."

Staff meetings took place. At these meetings staff discussed people that received a service, training, shifts, food and attendance/punctuality. Minutes of the staff meeting were available for staff to view, if needed.