

Springfields Community Care Ltd

# Springfields Community Care Limited

## Inspection report

Springfields  
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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

This unannounced inspection took place on 7 and 9 November 2018. We gave the service 48 hours' notice of the inspection visit because it is a small domiciliary care agency.

Springfields Community Care Limited is registered with the Care Quality Commission (CQC) to provide personal care to people within their own homes. At the time of our inspection, the service was providing personal care and support to three people. When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe because the staff group were kind and reliable. People continued to be supported by staff who respected their privacy and dignity. Staff relationships with the people they supported continued to be caring and supportive. Staff had a good understanding of the wishes of the people they cared for. People were supported by staff who recognised each person's individuality and respected the way they chose to live their life.

There was a stable staff group which helped ensure a consistent approach. Staff received training to cover all aspects of their role to ensure the support they were delivering was safe and effective.

There was a consistent approach to gain people's consent to care and treatment in line with requirements of the legislation and guidance. People were supported to maintain good health and had access to appropriate services, which ensured they received on-going healthcare support.

Staff felt supported and said there was good communication between the team, including the registered manager. Staffing arrangements remained flexible to meet people's individual needs and to respond to changes. Staff received a range of training and regular support to keep their skills up to date to support people appropriately. Staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised.

There were systems in place to gain people's views and to address concerns and complaints. The service continued to provide well-led care to people. The service was well run by the registered manager and senior staff. A senior worker assisted the management team with reviews and spot checks to ensure people received a good quality service. Feedback from people using the service and quality assurance records showed this had been achieved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service continued to be safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service continued to be effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service continued to be safe.	<b>Good</b> ●
<b>Is the service responsive?</b> The service continued to be responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service continued to be well-led.	<b>Good</b> ●

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## **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.

This announced inspection took place on 7 and 9 November 2018. The inspection team consisted of an adult social care inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We spoke with three people receiving a service, five members of staff and the registered manager. We reviewed three people's care file, three staff training records and a selection of records relating to the management of the service.

# Is the service safe?

## Our findings

The service continued to be safe.

People said staff made them feel safe. People benefited from a reliable and conscientious staff team who knew them well and could meet their current care needs. For example, one person said "I have not had a moment's worry" which was due to the stable staff team. This meant there was a continuity of care for the people using the service. Since the last inspection, there have been no new members of staff recruited to the agency.

Medicine administration, recording and auditing was safe. The service had systems in place to support staff to administer medicines safely. The registered manager said changes would be instigated to ensure all handwritten information on medication administration records were double signed, which is good practice. Staff administering medicines had received appropriate training. There was a good protocol in place when care staff worked alongside another care agency to ensure there were safe medicine systems in place. Care plans included a recognition of how to support people with the management of their pain.

Potential risks to people's health and well-being were consistently assessed and were well documented. People's care plans contained current risk assessments for issues such as mobility, skin integrity, nutrition and hydration including any special dietary requirements. Environmental assessments had been completed to try and reduce potential risks to people's safety. Contingency plans were in place for example to cover staff sickness.

Risks to people were reviewed when people's needs changed or their risk increased. For example, several people had complex health needs which had been assessed and were well documented to help keep people safe. Staffing arrangements were flexible to meet individual needs. For example, when people became ill additional support was arranged. Staff were provided with infection control equipment, and were trained in this area of care.

People were protected from abuse because the provider clearly understood their safeguarding responsibilities. They knew when to make referrals directly to the local safeguarding authority if they had concerns about people's safety. Staff knew the signs of abuse, and how to report concerns internally and externally.



## Is the service effective?

### Our findings

The service continued to provide effective care.

People were supported by staff who were skilled and understood their needs. For example, people said they felt safe when staff assisted them to move using equipment. People were relaxed and at ease with staff. Staff spoke confidently about the care they delivered and understood how they contributed to people's health and wellbeing.

People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. Staff said they would recommend working at the service and felt supported to learn. There was a thorough induction process, for example staff completed the Care Certificate and their practice was observed as part of this process. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications such as a National Vocational Qualification in Care, which is a competence-based qualification with a series of levels.

The staff team was experienced and well trained. The provider ensured staff had the necessary skills to meet a range of care needs. They provided training in different formats, including courses from external sources such as the community nurse team and training companies. Topics included safeguarding, infection control, food hygiene, medicine awareness and food hygiene.

There were good systems in place to ensure staff put their knowledge from training into practice. For example, observations were completed and recorded to ensure staff were confident and competent. The provider said they had worked closely with a small team of care staff to support someone at the end of their life and gained further insight into their skills and dedication. Discussions with staff and records showed supervisions regularly took place, as well as an annual appraisal. Staff said they had the opportunity to meet with the provider in between these planned sessions and felt very supported.

People said staff asked for their consent before they received care or support. Staff explained how they supported people to make decisions about their everyday lives and gave examples of supporting people to maintain their independence. For example, recognising people's abilities and enabling them to continue to maintain their independence in these areas, such as choosing their menu.

There was a consistent approach to gain people's consent to care and treatment in line with requirements of the legislation and guidance. For example, people's care records showed how they had been consulted about how they wished to be supported. For example, one person had written their own care plan, which clearly recorded their expectations and their wishes.

Information was in place to ensure people's legal rights were protected. The Mental Capacity Act (MCA) provides a legal framework for making 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 decisions, any made on their behalf

must be in their best interests and as least restrictive as possible. The provider checked if people had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people legal rights were protected.

People who used the service were supported by staff with meal preparation. Care plans for each person held detailed information about their dietary needs, including likes and dislikes. People were involved in planning their menus. Staff recorded the support they provided at each visit and other relevant observations about the person's health and wellbeing. This showed us staff were knowledgeable regarding what action they should take to ensure people's nutritional needs were met. For example, people's weight was stable.

Referrals were appropriately made to health care services when people needs changed. One person managed their own health appointments and updated staff if their health needs or medicines had changed. Another person said if it was not for the support of the care staff they did not think they would have survived a period of severe physical ill health. Staff also recognised the importance of maintaining the person's mental well-being, taking time to reassure them and address any misunderstandings due to the person's hearing impairment and anxiety. Care plans recognised people's sensory needs, including recognising the role of touch. Records showed staff worked with a range of community professionals to maintain and promote people's health. These included community nurses and other health professionals.

## Is the service caring?

### Our findings

The service continued to provide good care to people.

People said they were happy with the care they received and the caring nature of the staff group. Comments included "treated with wonderful care...team were very supportive and greatly lifted my spirits." This was after a period of ill health. Another person said they would recommend the service because staff "listen to act upon my wishes" and they commented each care worker had the skills to meet different aspects of their care.

People looked at ease with care staff; one person was animated when talking about events they had enjoyed with a staff member who had attended with them. For example, attending sports events and some of their favourite food during the game. The staff member enabled the person to express their views but did not intrude in our conversation with them. They took time to ensure they had understood the person's comments when they needed assistance to share an experience with us.

Our conversations with staff provided many examples of their dedication to support people in their preferred manner. Examples they gave us of how they supported people in an individualised manner matched the contents of people's care plans. Discussions with staff showed how they took into consideration people's feelings by respecting their dignity and privacy. For example, recognising the frustrations of people if their instructions were not followed and the impact this would have on their mental wellbeing.

The provider knew people's individual care needs and their personal circumstances. For example, one person had no one close to them to provide additional support when they became very unwell. They recognised the impact this had on the person's mental health and confidence and put in place additional support to help them to recuperate after a period in hospital. The person told us how much they valued this care and attention, which they said had enabled them to survive a life-threatening illness. In their feedback, staff highlighted their sense of pride in their job and recognised their responsibilities to the vulnerable people who used the service. Our discussions with the registered manager demonstrated their empathy towards the people using the service so they provided a good role model. Staff relationships with people using the service continued to be caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. Staff adopted a personalised approach in how they worked with each person; staff explained that it was important people were at the heart of planning their care and support needs. This was reflected in the written feedback from people.

## Is the service responsive?

### Our findings

The service continued to provide responsive care to people.

People received personalised care and support specific to their needs and preferences. People said they were involved in their care plans. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. Care plans were written in a personal manner for everyone rather than being formulaic.

Care and support was planned in a person-centred way. Each person had a care plan that was tailored to meeting their individual needs. These were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. At the time of the inspection, nobody was receiving end of life care but people had made their wishes clear with regards to medical intervention in the future. External end of life training was planned in December 2018.

People's care and support was planned in partnership with them. For example, people had signed their care plan, or where appropriate, a person with a legal power to sign on their behalf. This is important because it signified that the care plan was developed with the individual and had their agreement. Daily records showed staff were responsive to people's needs as they provided a clear account of how the person had been supported and documented changes to their health or emotional well-being.

Records showed the agency was responsive to people's changing care needs. This included providing extra visits as well as reducing visits when people's health improved. People said the support and care they received helped them be as independent as possible.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. Care records contained clear communication plans explaining how each person communicated and ensured staff knew what aids people needed to help them be involved in decisions. Staff gave information to people, both verbally and in a written format. Staff recognised effective communication as an important way of supporting people to aid their general wellbeing.

There continued to be regular opportunities for people using the service to raise issues, concerns and compliments. A senior member of staff's role included contacting people on a regular basis to check they were happy with their care and support. People were aware of the complaints system. One person said they raised any concerns via emails to the registered manager. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and local authority. The service had not received any complaints. However, the management team recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

## Is the service well-led?

### Our findings

The service continued to provide well-led care to people.

The service was well run by the registered manager and senior staff. 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.

A senior worker assisted the management team with reviews and spot checks to ensure people received a good quality service. Visits to people's home helped senior staff monitor care staff were supporting people appropriately in a kind and caring way. During the inspection, feedback from people using the service and quality assurance records showed this had been achieved.

The management team kept staff up to date with changes to working arrangements and people's health and well-being through meetings, supervisions and encouraging staff to visit the office. Informal meetings took place on a regular basis as part of the service's handover system.

Training records were audited to ensure staff had their skills updated to complete their work safely and with a caring attitude. In their provider information record, the registered manager said people received good quality care because "The continued process of recruitment and training of high calibre staff and the continued accumulation of knowledge regarding best practice." Care records and feedback from people using the service showed this approach had been successful.

There was a strong commitment to induction and training. This meant staff had the necessary skills to meet the range of people who received care from the service. Experienced staff who provided shadow shifts for new staff confirmed their views were sought on the competency of new staff. The registered manager valued the staff group for their commitment, skills, kindness and reliability.

People said they would recommend the service to other people looking for care in their own home. Quality assurance checks were completed on a regular basis. For example, people's care plans and risk assessments were reviewed, as well as daily records and medicine records. This helped identify where improvements needed to be made.

There was a positive culture to learn and improve, which recognised practice and good quality care was not static. Good quality assurance processes provided a foundation to ensure the service was well run. People's opinions mattered. People were encouraged to feed back their views of their care and the service at meetings; daily staff responded during general conversation. The service worked with health and social care professionals in line with people's specific needs.

The registered manager was aware when to notify CQC. We used this information to monitor the service and ensured they responded appropriately to keep people safe. The service does not have a website to display their rating. Personal care is only available to people living in a small group of homes situated in the grounds of Springfields Residential Home.

