

# Springfield Home Care Services Limited Springfield Healthcare (North Yorkshire & York)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Springfield Healthcare (North Yorkshire & York) is a domiciliary care service providing personal care to people across North Yorkshire and York. The service was supporting 161 people at the time of our inspection. This included people living with dementia, physical disabilities, older people and younger adults.

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

The provider had governance processes in place, but these had not been effectively implemented or embedded within the service. The provider was therefore not aware of short falls found on inspection. People and staff were unsure of who the registered manager was and felt communication was poor.

Records and risk assessments did not always contain essential, up to date information and guidance for staff. Medicine administration was safe, however supporting documentation around medicines such as body maps for creams were not always in place.

Care calls were not always timely and communication around late calls was inconsistent. People also told us they wanted to be informed which staff would be supporting them prior to the call. The provider was looking at ensuring the system was accessible to people using the service.

People felt safe and confident in staff's ability to provide care and gave positive feedback. One person told us, "Staff have a good understanding of people as individuals and always treat us with dignity and respect." And "Staff are always very respectful and treat me very well."

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.

### Rating at last inspection

The last rating for this service was good (published 30 October 2018).

### Why we inspected

The inspection was prompted by monitoring data which indicated potential risk.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider took action to mitigate risks immediately when these were highlighted.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield Health Care (North Yorkshire and York) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance and staffing at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Springfield Healthcare (North Yorkshire & York)

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and two Experts 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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. The registered manager was unavailable during the inspection.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection to ensure there would be somebody in the office to support the inspection.

Inspection activity started on 26 May 2021 and ended on 11 June 2021. We visited the office location on 26 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, safeguarding, community infection, prevention and control team and other professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and eight relatives about their experience of the care provided. We spoke with 12 members of staff including the nominated individual, quality and compliance manager, head of live-in care, care supervisor, care co-ordinator and seven care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We were unable to speak to the registered manager during the inspection as they were away from the service.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and various quality assurance records. We reviewed feedback from professionals who regularly visit 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

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

- Risk to people had not always been assessed or reviewed.
- Guidance for staff to manage and prevent harm from occurring was not always in place or did not provide enough detail. For example, one person had bed rails in place and a risk assessment had not taken place. There was no guidance for staff on how to manage the use of bed rails to prevent risk of injury and entrapment.
- A new electronic care plan system had recently been introduced, alongside existing paper records. The new system did not always include the relevant information and guidance staff needed. Staff did not always know how to access the most up to date information.
- The provider had a process in place to ensure that learning could be taken and actioned following an incident. This had not always been implemented but there was evidence of this being used for recent incidents.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and improve the quality and safety of the services. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded promptly to concerns raised and a risk assessment was put in place around the use of bed rails immediately when this was highlighted.

- Following the feedback from inspection the provider was carrying out further training with staff around use of the care records system.
- Despite the shortfalls in record keeping, staff demonstrated a good working knowledge of people's care and support needs.

Using medicines safely

- Medicines were not always managed by suitably qualified and skilled staff. They did not have up to date training and had not received regular competency checks.
- The provider had failed to implement effective systems for recording the application of external medicines. Staff had not always documented where on the body external medications, such as creams, had been applied.

The provider failed to ensure that staff were suitably qualified and competent to carry out the duties they are employed to perform. This is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Since the inspection the provider has implemented a new medication audit to review records held electronically.

- Staff recorded medicines administered on an electronic system which was monitored by care managers based in the office. This allowed for an immediate response to any missed medicines or medicine errors.

Staffing and recruitment

- Call times were often late and inconsistent and communication with people was variable. People were not always informed of staff changes and who would be providing their care.
- One person told us, "A couple of times they were one and a half hours late, I had to phone the office but now they let me know."
- Staff told us, "Travel time between calls is an issue, we get three minutes between calls when it takes 20 minutes. In one area of North Yorkshire you get a bit longer but never enough." And "Travel time of three minutes can make you late which impacts the clients and can make them stressed, it can impact the whole day."
- The provider reviewed the scheduling of calls to improve the timeliness of care calls following feedback.
- The provider operated a safe recruitment process.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and their responsibilities to make sure people were protected from harm and abuse. They had received appropriate and effective training in this topic area.
- People told us, "Staff are very well trained and competent when using the hoist which makes me feel very safe, they have a good understanding of people as individuals and always treat us with dignity and respect."

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- Governance and performance management is not always reliable and effective. Systems were not regularly reviewed. Risks were not always identified or managed.
- The provider had systems in place to enable oversight of the quality of the service however these had not been completed or reviewed.
- Audits had not been regularly completed and were not effective in addressing the concerns found. For example, issues with gaps in medicines records and body maps not completed for one person was highlighted repeatedly on medication audits.
- Records were not always up to date, readily available or accurate to enable effective governance. For example, concerns raised by staff and documented in people's daily notes were not recorded as an accident or incident to enable the provider oversight or to review trends and patterns.

The provider had failed to establish and effectively operate systems or processes and maintain complete and contemporaneous records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to issues raised on the inspection and took action to address concerns immediately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were not regularly asked for their feedback about their care and support.
- People didn't feel they had been adequately informed or involved in the change to the electronic care system.
- People told us, "Communication issues with the company are not good. This is worse now that everything is electronic as clients have no access to it." And "The new system of the "iPad" is less effective as a form of communication as I relied on the written paperwork previously." The provider told us they would look at reviewing and supporting the accessibility of the system for people.
- Staff meetings had been put on hold as a result of the COVID-19 pandemic, these had recently re-started for those working in the offices.
- The provider had a good working relationship with other agencies and feedback about their

communication, responsiveness and approach to delivering quality care was positive.

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

- People and staff were not clear about who the registered manager is and were unclear about the overall management structure and who concerns could be escalated to. People felt they could go to somebody in the office. There had been several staff changes within the service over the last 12 months which contributed to this uncertainty.
- The provider worked in a transparent way, communicating to people, relatives and other agencies where issues were raised, or things went wrong.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and effectively operate systems or processes and maintain complete and contemporaneous records. 17(2)(c)</p> <p>The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and improve the quality and safety of the services. 17(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure that staff were suitably qualified and competent to carry out the duties they are employed to perform. 18(1)</p>