

## Springcare Support Services

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### 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

About the service: Springcare Support Services is a domiciliary care service that was providing personal care to 33 children and younger adults with autism and learning difficulties in their own homes.

People's experience of using this service:

Relatives were positive around the service received, particularly commenting on staff knowledge on supporting children with autism and supporting the family as a whole.

Professionals held the service in high regard due to the efficient management team and how staff supported people with complex care needs.

People received a consistent level of care from a team of regular care workers who built trusting relationships with families. There were enough staff employed to meet people's needs.

Risks to people were managed in a way that kept them as safe as possible whilst promoting independence and learning. Risk management guidelines were in place to help care workers when supporting people.

Procedures were in place to ensure people received their medicines as prescribed.

Care plans were individualised and met the needs of people using the service. People were supported to lead socially active lives.

There was a clear management structure and staff told us they felt supported and valued. The management team had developed good working relationships with professionals which had positive outcomes for people.

Staff received regular training which was tailored to the needs of the person and their family.

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

There were systems in place to assess and monitor the quality of the service.

Rating at last inspection: Good. Report published on 25 October 2016.

Why we inspected: This was a planned inspection based on the previous inspection rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our Safe findings below.

Good ●

### 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 well-led.

Details are in our Well-Led findings below.

Good ●

# Springcare Support Services

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one 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. The Expert by Experience made telephone calls to relatives of people who used the service.

**Service and service type:** Springcare Support Services is a domiciliary care agency based in Enfield who provide personal care to children and younger adults living with physical disability, learning disabilities and sensory impairment within their own homes. At the time of inspection, the service was supporting 33 people with personal care.

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.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place on 2 April 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We asked the service to complete a Provider Information Return. This is

information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke to ten people's relatives, six support staff, HR manager and recruitment officer. We reviewed four people's care records which included care plans, risk assessments and medicines records. We reviewed four staff files which included recruitment, training and supervision records. We reviewed other documents related to the running of the service which included staff rotas, complaints records and quality assurance records.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

We received feedback from five health and social care professionals involved with the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives of people who used the service told us they felt the service was safe. Feedback from relatives included, "[Person] feels safe because they are so welcoming and he is always happy to go out with them" and "Yes, he is safe, he is autistic, but he knows what he wants – If he wasn't safe I would know."
- Staff were aware of their responsibilities around recognising signs of abuse and raising concerns. The service worked with families where children may be subject to child protection plans and court orders. Staff worked closely with the local safeguarding team and regularly attended safeguarding enquiry meetings. Training in safeguarding adults and children was provided and case studies were discussed regularly in staff meetings.

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

- Risks to people's health, safety and well-being and any environmental risks were assessed and measures put in place to remove or reduce the risks.
- Informative and individualised risk assessments and management plans covered various aspects of people's lives, including those arising from complex medical conditions. Risk assessments were updated regularly or as and when required, for example, following an incident which may have harmed the person.
- Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary. The management team kept an overview of accidents and incidents recorded.

Staffing and recruitment

- There were sufficient staff available to meet people's care needs. Feedback from staff and relatives was that scheduled visits took place on time and staff stayed the full duration of the visit. Most relatives told us they were kept updated and informed if there was a change to their care team.
- Checks were in place to ensure only suitable staff were recruited to work with people. Recruitment records showed identity checks and checks with the Disclosure and Barring Service (DBS).
- However, we found inconsistencies with the referencing process and exploring the applicant's employment history. For professional references, the source of the reference did not always match the employer's details and checks to ensure the authenticity was not documented.
- We raised our concerns with the service manager who sent information following the inspection and clarified all concerns raised and confirmed authenticity of references requested. They also advised us the inspection prompted an audit of staff files to ensure compliance.

Using medicines safely

- Most relatives we spoke to told us they managed their loved one's medicines. However, where staff supported people with medicines, medicines administration records were clear and correctly completed.

- Staff who administered medicines received training and had an annual competency assessment to ensure they were administering medicines safely.

#### Preventing and controlling infection

- Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available for use as required to help reduce the spread of infection.
- Infection control was included in people's risk assessment, where a medical condition placed them at increased risk of catching an infection. Detailed guidance was available for staff to follow.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff worked closely with people and their families to ensure all their care needs and preferences were captured as part of the assessment process.
- The pre-assessment assessed people's care needs in areas such as mobility, mental state, continence, day and night routines and medical conditions. We saw that details of involved health professionals were noted as part of the assessment process.
- Detailed care plans were then developed following on from the thorough assessment process.
- Care plans were reviewed regularly and updated as and when people's circumstances or care needs changed. Reviews indicated that the person, their family and involved health or social care professional were involved in discussions.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about the people they supported and had the necessary skills to meet their needs appropriately. We saw staff received training in a range of topics including autism and learning difficulties, safeguarding, child protection, moving and handling, medicines and first aid.
- In addition, staff received specialised training as and when required, for example, working with resistant families and challenging behaviour, epilepsy and dementia.
- A professional involved with the service told us, "I have had some really challenging patients with ADHD and Asperger and they were able to contain them within their environment. The care workers took them out into the community."
- Relatives told us that staff were experienced and knowledgeable on how to support their loved ones. We particularly heard positive feedback about staff working proactively to support people when anxious or agitated. Relatives told us, "[Named staff] has worked with autism before, so I know they have the right training" and "Yes because initially [person] was getting violent and the staff really know how to handle his behaviour."
- Newly recruited staff underwent an induction and a period of shadowing experienced staff prior to working alone.
- Staff told us and records confirmed that staff received regular supervisions and an annual appraisal. Staff told us they felt supported and could approach the management team at any time if they had any queries or concerns.

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

- Most relatives told us they did not require assistance from staff to support their loved one with eating and drinking or food preparation.

- However, we saw that where people required staff to assist, care plans detailed how staff were to support the person. For example, one person's care plan detailed that staff were to encourage the person make healthy food choices when shopping and assist them to gain independence by assisting with meal preparation. We saw that staff had worked with the person to develop a healthy menu plan based on their preferred food choices. The person had lost weight as a result which had a positive impact on their well-being.

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

- Feedback from health professionals about the working relationship they had with the service was positive. Feedback included, "In my experience with Springcare, they have always been quick to respond to any queries I have. They have been happy to meet with myself and [colleagues] if a concern is raised, and subsequently work proactively with us in ensuring that all are happy with the service they provide" and "One of the things that I appreciate is the fact that they always keep me up to date with things that are happening. Therefore, I am able to keep an accurate account on my recordings and process notes."
- Guidance from health care professionals such as psychologists and occupational therapists was in place to ensure people received the appropriate care and support to meet their needs.
- Staff were proactive in ensuring that referrals to health professionals were made in a timely manner and supported people with attending appointments, if required.

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

- The Mental Capacity Act 2005 (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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA
- Many of the people receiving care from the service were under the age of 16. Policies and procedures were in place to ensure that consent was obtained from the appropriate legal representative.
- Care plans documented where people could make their own decisions and how staff should support people to be as involved as possible in making decisions about their care daily. Staff were knowledgeable in how to ensure people were consulted about their care preferences.

# 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

Good: 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

- Relatives told us that staff were caring and friendly. Feedback included, "When they come in they talk and read to my son and play with him, they are very caring and I'm happy about this" and "They are very patient with him. She shows that she cares and isn't just coming to do a job."
- People told us they experienced good continuity and consistency of care from regular staff. Staff consistently spoke with pride and fondness about people they supported.
- Staff were positive around embracing people's individuality and respected people's cultural and religious backgrounds. Staff had received training around equality and diversity. People were supported to live the lifestyle of their choice and staff respected their decisions.
- The service manager told us that they employed a diverse staff team who spoke many languages, and as much as possible tried to match staff with families who spoke similar languages.
- Families were signposted to local community and cultural groups where staff felt that they may benefit from participation in.

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

- Relatives told us that care staff listened to them and their loved one. They told us they were involved in regular care reviews and were asked for their views and wishes. A relative told us, "I think their strongest point is how they work with the family and the children. They build a relationship with us all."
  - Regular spot checks completed by senior staff also gave people and relatives the opportunity to give their views on the care received.
- Staff told us they understood the importance of offering people choice and engaging with people as they provided care.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us their loved ones were treated with dignity and respect. A relative told us, "Yes, they treat [person] well."
- Staff gave us examples to demonstrate how they maintained people's dignity when providing them with personal care. This included ensuring curtains were drawn and doors closed, and ensuring people were appropriately covered when being washed.
- Care plans detailed where people could independently support themselves and where they required staff assistance. Regular care reviews documented changes to people's abilities and where they could do more for themselves.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We received positive feedback on the responsive nature of staff and how adaptable the service was to people's changing care needs.
- Relatives told us, "They stick to the schedule and they go along with whatever changes we need" and "They provide what we need when we need it." A professional told us, "Springcare are the ones we turn to when the child is extremely challenging and the family circumstances are at the most complex. This is because Springcare are robust, their staff are very skilled and empathetic, and Springcare are willing to work in a very flexible way to support the child and family."
- Care plans comprehensively detailed people's care and support needs which included what people could do for themselves and where they required additional support in areas such as personal care, eating and drinking, mobility, communications, accessing the community and education.
- Care plans were person centred and information contained in the care plan demonstrated that staff and the management team took time to build a picture of the person's history, family background and social circle.
- The provider had recently implemented the use of an electronic care records system which enabled communication with staff using an encrypted app. Staff could provide updates or raise queries via an alert system which was instantly picked up by a member of the office team monitoring the system.
- Staff told us they found care plans were very useful and referred to them if they had any queries. Staff told us they were provided with opportunities to meet with people and families before delivering care and were given ample information to prepare them for the job. A staff member told us, "They tell us before we go to the client's house. We read the care plan."
- People were supported by staff to access a variety of activities, events and learning to improve their quality of life. An integral part of the service provided was to assist families to help the person access activities and social events. Feedback from a professional involved praised staff for continuing to work with people with complex behavioural issues so the person could continue to access the community and avoid social isolation.
- The provider was proactive in signposting and assisting people and their families to attend local activities and groups. For example, staff had created a newsletter which promoted local groups and activities to families to suit different budgets.

Improving care quality in response to complaints or concerns

- Relatives told us they were confident that any concerns raised would be addressed. We heard of examples where issues were resolved to their satisfaction. Relatives were aware of the providers complaints procedure. A relative told us, "In the past we complained about time keeping but the sorted it all out quickly."
- Records demonstrated that complaints were investigated and responded to. The provider kept an

overview of all complaints received to review for trends and areas for improvement.

#### End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care. However, staff had received training in this area.
- The service worked with families who had experienced recent bereavement and worked closely with involved health and educational partners to provide stable and consistent care to the people affected.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives spoke positively about the service and the care and support their loved ones received. Everyone told us that they could contact the office or out of hours if there were any concerns and would receive a response. Feedback received included, "Communication is good at least once every two three months they call and ask about my son and how the carer is doing", "Everything they do is good for my kids" and "Someone is always available and they are very friendly and understanding."
- There were established processes and procedures in place to ensure people received the care and support they wanted. The management team were committed to ensuring people received person centred care which resulted in positive outcomes for them and their families.
- The management team closely monitored people's care plans to ensure they were accessing required support from health services.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were positive about working for Springcare and the support they received from the management team. The management team told us they valued their staff and offered opportunities to develop in their roles and complete accredited training courses. Some staff returned to work for Springcare following completion of third level education.
- There were processes in place to monitor the quality of the service and to make any improvements if required.
- We identified one instance of where the service had failed to notify CQC of an incident which would have required a notification to be submitted. This was reported to the relevant safeguarding authorities at the time and the service manager provided us with evidence that the incident was fully investigated. We discussed required notifications with the service manager and notification was submitted during the inspection.

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

- There were formal systems in place to ensure the service sought the views of people through regular reviews, meetings and frequent surveys. The latest annual satisfaction survey resulted in overall positive feedback and where improvements were identified a clear action plan was developed.

- The service communicated with people and families on a regular basis through monthly newsletters which provided information such as out of hours contact details, signposting to relevant community events and activities.
- The service recognised that they worked with a diverse population and tried to implement support for families who may struggle to access services due to language or cultural barriers, which included utilising office based staff who spoke additional languages as opposed to relying on interpreters.
- Staff demonstrated to us they were dedicated to ensuring people received care tailored to their needs. Feedback from staff included, "[Springcare] offer good staff. They listen. When I came first time. They give me opportunity to grow" and "The best thing is we really know our clients well. They are not just initials. We can have conversations and we work with clients together. We all know families on personal level."
- Staff regularly fundraised for national autism charities and involved families and stakeholders in their fundraising activities such as Christmas jumper day and coffee mornings.
- Staff meetings took place on a regular basis for office based staff and staff working in the community. We saw that a variety of relevant topics were discussed such as out of hours coverage, staff training opportunities and changes to care planning and recordkeeping.

#### Working in partnership with others

- Health and social care professionals consistently told us the management team actively engaged in effective partnership working with multi-disciplinary teams.
- Feedback included, "The care packages do appear to be closely overseen and monitored by Springcare manager, as she is quick to feed back to us if she feels that there is a child protection issue or wider concern that we are unaware of" and "They never let the patients down and always go the extra mile to ensure that the patients' needs are being met."
- Clear records were kept of multi-disciplinary team meetings with involved health and social care professionals. Actions were clearly detailed and documented when actioned, for example, making referrals to other agencies such as occupational therapists.
- The service manager worked closely with educational providers and provided employment placements to student social workers. The service manager gave guest lectures at universities and spoke at local authority safeguarding information events.