

# Wellspring Recruitment and Care Services Limited

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## Inspection report

16 Patmore House  
Mathias Road  
London  
N16 8LQ

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13 March 2019

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

About the service:

- Wellspring is a domiciliary care agency that was providing personal care to one person at the time of the inspection. This care was provided by the registered manager.
- For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- People told us they felt safe at the service. People were safeguarded from the risk of abuse at the service.
- Risk assessments were in place and reduced people's known risks.
- Safe recruitment practices were followed to ensure vulnerable people were kept safe.
- Medicines were not managed by the service but appropriate risk assessments were in place where people self-managed.
- The registered manager had completed appropriate training that was up to date.
- People received an initial assessment of their needs.
- Consent to care and treatment was sought before care began.
- People were supported to eat and drink healthily and were monitored where they were at risk of dehydration.
- People were encouraged to be independent and to make their own choices.
- Care plans contained people's preferences, likes and dislikes.
- People gave positive feedback on the management of the service and the service they received.

Rating at last inspection:

- The service was registered by CQC on 5 December 2012. This is the service's first inspection since registration.

Why we inspected:

- This was a planned comprehensive inspection based on CQC's scheduling process to check the safety and quality of care people received.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?**

Details are in our Safe findings below.

**Inspected but not rated**

### **Is the service effective?**

Details are in our Effective findings below.

**Inspected but not rated**

### **Is the service caring?**

Details are in our Caring findings below.

**Inspected but not rated**

### **Is the service responsive?**

Details are in our Responsive findings below.

**Inspected but not rated**

### **Is the service well-led?**

Details are in our Well -Led findings below.

**Inspected but not rated**

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## **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:

- The inspection was carried out by one inspector.

Service and service type:

- Wellspring Recruitment Limited is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older adults, younger disabled adults and children.
- 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.
- The inspection started on 13 March 2019 and finished on the 13 March 2019. We visited the office location on 13 March 2019 to see the manager; and to review care records and policies and procedures.

What we did:

- Before the inspection, we asked the provider to complete 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.

- During the inspection we reviewed one person's care plan and risk assessment, one staff recruitment file (including training), the registered manager's training and criminal records check and policies and procedures relating to the management of the service.
- After the inspection we spoke to a member of staff, a person who used the service and a relative.

# Is the service safe?

## Our findings

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. A person said, "Yes, I am safe." A relative said, "[Person] is safe. Even if I'm not there I'm more than comfortable with [Registered manager]."
- People were protected from the risk of abuse. The service had a safeguarding adults policy and a whistleblowing policy. However, contact information for the local authority and the CQC was not provided within the policy. After the inspection the registered manager provided an updated policy with this information provided.
- The Registered manager could identify the different types of abuse and the actions they would take if they suspected abuse. The registered manager told us if they had concerns someone was being abused they would ask the person what had happened and report it to the local authority, GP, police and to the CQC.

Assessing risk, safety monitoring and management

- People had risk assessments to reduce their known risks. These included; risks related to hydration, eating and drinking, constipation and personal care.
- The registered manager told us they completed risk assessments with people so that they could discuss any issues that arose with the person straight away.
- The registered manager said, "I do a risk assessment of the house and of [person] as well."
- Records confirmed an Internal risk assessment was carried out which checked smoke alarms, cleanliness of the home, lighting, temperature, ventilation from windows, washing facilities and drinking water, tripping hazards and condition of external paths and steps.
- Equipment checks were also carried out and records showed grab rails in bathrooms were checked for safety as were people's beds and the surface temperature of radiators to prevent scalding.

Staffing and recruitment

- Staff were recruited safely at the service. The registered manager completed appropriate employment checks before staff commenced work. These included obtaining references and criminal records checks.
- At present the registered manager delivered all the care but they had recruited a member of staff in preparation to support more people.
- The registered manager told us they lived in close proximity to the person they cared for. This allowed them to provide support in a timely manner, the person confirmed this.

Using medicines safely

- At the time of the inspection the service did not support people with medicines.
- The registered manager had policies and procedures to support the safe management of medicines within the service should this be required.
- Where people self-administered, records confirmed a medical risk assessment had been completed to show the person was able to manage their own medicines without support from the service.

#### Preventing and controlling infection

- The service had an infection control policy guiding staff on how to minimise the risk of infection and to follow good hygiene practices.
- The registered manager told us they minimised the risk of infection as they used personal protective equipment.
- The registered manager said, "I check I have enough [gloves and aprons] every time I go to [person's] house."

#### Learning lessons when things go wrong

- At the time of the inspection no incidents had occurred.
- The service had an emergency policy providing information on how staff should support the person and the reporting procedures after an incident.

## 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

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

- People received an assessment of their needs before care began. The registered manager said, "I went to [person's] house four times and involved the family."
- People told us they received good care in line with their needs and choices.
- A person said, "Yes, [registered manager] asked me what I wanted."

Staff support: induction, training, skills and experience

- Records showed the registered manager had completed training in; basic life support, health and safety, countering fraud, epilepsy, food hygiene, handling medicine, preventing radicalisation, equality and diversity, information governance, safeguarding adults and children.
- Staff received a three-day induction and would shadow an existing member of staff when they joined the service.
- There was a supervision and appraisal policy in preparation for when staff joined the service.

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

- At the time of the inspection the registered manager advised they prepared the cereal of the person's choice in the morning.
- People were supported to drink sufficient amounts to stay hydrated. For example, records showed the registered manager worked with the family where someone was not drinking enough water and it was suggested to add juice to encourage drinking. This helped reduce the risk of dehydration for the person.

Supporting people to live healthier lives, access healthcare services and support

- The service documented people's health conditions in the care plan and carried out observations during each visit to check for improvement or deterioration.
- People's care plan had details of their GP.
- At present the service did not support people in attending health appointments. The manager provided an example where they contacted the optician on behalf of the person receiving care. Care plans documented where the family provided this support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.



- Consent was sought before people received care from the service and the registered manager told us they asked people's permission before providing personal care or any other support.
- The registered manager told us people were encouraged to make their own choices.
- The registered manager showed they had knowledge of the MCA and completed training in the MCA.

## 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

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service spoke positively about the care received. A person said of the registered manager, "She's a good woman, so hard working. She's really tried for me and helping me. She takes me like her family."
- The registered manager treated people with kindness and respect. The registered manager advised people just wanted someone to talk to. The registered manager said, "Sometimes I just have a chat, [person] appreciates that. I've also applied make up for [person who used the service] and [person] loves it, [person] is happy."
- Records confirmed there was an equality act policy and procedure in place. The registered manager told us staff received training in equality and diversity. The registered manager said, "We have an equality act policy and training for staff to let them know discrimination is not allowed."
- People who identified as lesbian, gay, bisexual or transgender (LGBT) were welcomed by the service. The registered manager said, "I would make sure I assessed their needs, I would let [LGBT people] know they are part of our community and should not be discriminated against."
- People's preference of carer was respected by the service. The registered manager said, "Some clients prefer a certain gender or religion [of carer] if we can support we let them know, but if I don't have I'll let them know."

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

- People were involved in their care and were asked what they needed in order to achieve the best outcomes.
- People's care plans showed their views had been sought. People confirmed to us the service asked them what they wanted from their care.

Respecting and promoting people's privacy, dignity and independence

- People's information was kept confidential. The registered manager told us they did not discuss people's health information in public.
- People's privacy and dignity was respected. The registered manager told us they shut the bathroom door while providing personal care.
- The registered manager told us people's independence was respected, they said, "I double check if [person] wants help I don't just assume."
- The registered manager told us sometimes the person she supported wanted to be alone and this was respected. This meant the person's privacy was respected.

## Is the service responsive?

### Our findings

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

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

- People's care was personalised and care was planned jointly with the person.
- Records confirmed care plans were reviewed every month with the person to check whether any aspect of care had changed and to check people's chosen goals had been achieved.
- People's care plans contained their preferences, information about their background, life history and family involvement. This enabled staff to provide care to meet people's specific needs. People received information in a way they could and understand and which followed 'The Accessible Information Standard' (AIS). The Accessible Information Standard applies to people using the service (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss.
- People's communication preferences were recorded in the care plan, and whether they needed in any support in this area.
- People's religious needs were recorded and respected by the service.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and at the start of the service people received a service user guide that provided details on how to complain and the external organisations people could approach if they wanted to escalate the matter further.
- At the time of the inspection no complaints had been received. The registered manager said, "If [person] made a complaint I would organise a meeting with them and the family to see how they want me to improve."
- The registered manager told us they expected staff to report complaints back to them so they could be investigated.
- The service received compliments on the service from people who used the service. Some of the comments included, "thank you for your patience" and "thank you for your hard work."

End of life care and support

- At the time of the inspection end of life care was not provided. Care plans documented whether people wanted to be resuscitated in the event of an emergency.

## 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

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

- The registered manager was aware of their responsibilities to provide people with quality care. They told us this was done by ensuring people were able to say what they wanted and to have their needs met by knowledgeable staff.
- The registered manager was open and transparent and was aware of their responsibilities to report matters to the CQC when things went wrong.
- The registered manager was the main person providing care and they advised they were giving high quality care as people were happy and had not made any complaints about the service.
- People and their relatives gave positive feedback on the management of the service. One person said of the registered manager, "She's amazing, I like all of her services." A relative said, "[Registered manager] always does more than what is expected, we are so happy."

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

- There was a quality assurance policy in place to support the service in the types of audits they were to carry out in the future after the service has been in operation for a year. These included sending questionnaires to people, relatives, staff and auditing a sample of care plans.
- The registered manager told us they ensured their training was up to date and records confirmed this.

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

- The registered manager regularly reviewed care and sought people's feedback on how they could improve during their visits. This was done in a non-discriminatory way by the registered manager and people told us they were always involved and listened to.
- At the time of this inspection the registered manager told us they had not sent any surveys to people or their relatives as they always asked for feedback when they visited and at reviews.
- People at the service told us they could easily contact the registered manager to provide feedback and had confidence they would be listened to and any concerns acted upon.

Continuous learning and improving care

- The registered manager advised they had registered to attend training in dementia in order to understand and support people.

Working in partnership with others

- At the time of the inspection the registered manager told us they attended a provider forum on how to improve the quality of care and they hoped to attend more meetings in order to build relationships within

the adult social care sector.