

Spring Care PAs Battle Limited

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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

The inspection of Spring Care PAs Battle Limited took place on 29 and 30 November 2016 and was announced. We gave the provider 48 hours' notice because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection involved a visit to the agency's office and telephone conversations with people who used the service and healthcare professionals.

Spring Care PAs is a domiciliary care agency based in Battle which is registered to provide personal care. The service provides care and support for adults living in their own homes at key times of the day and includes support for people with physical disabilities, learning disabilities and dementia. At the time of the inspection there were 55 people using the service.

The service had a registered manager. 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 told us they felt safe receiving the care and support provided by staff. Staff understood and could recognise the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk.

Robust recruitment and selection procedures were in place and appropriate checks had been made before staff began work at the service. There were enough staff to protect people's health, safety and welfare.

People said staff were caring and kind and their individual needs were met. One person told us, "The carers are kind and exceptionally good." Another person said, "The carers are absolutely lovely." Staff knew people well and had a good understanding of their needs and choices.

Care plans and risk assessments reflected people's level of care needs. People were encouraged to be as independent as possible. One person told us, "I am involved in making changes to my care plan. It's an open book. If we need to change things we do it."

Staff felt supported managers and understood what was expected of them. They were encouraged to report concerns and provide feedback that the registered manager could then use to improve the quality of care people experienced. A member of staff told us, "Management are supportive and approachable and staff in the office sort out any issues if I have any."

There was a complaints policy and information regarding the complaints procedure was available. Complaints were listened to and investigated in a timely manner and used to improve the service.

Regular audits were in place to measure and monitor the quality of care and service provided. The manager monitored people's support and took action to ensure that improvements were made and recorded.

People and staff surveys were positive about Spring Care PAs. One person commented, "I have no grumbles about the care. Staff do their job well." A member of staff told us, "I love my job. It doesn't seem like work. It feels like I am just doing things to help people in my community."

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.

Risks to people's safety had been assessed and well managed. Staff understood how to support people to remain independent in a safe way.

Checks had been completed on staff to ensure they were suitable and safe to work with people who used the service.

Staff understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough staff to meet people's needs consistently and reliably.

Is the service effective?

Good ●

The service was effective.

People experienced effective care because staff had received proper training and regular supervisions to support them in their role.

People were protected from the risk of poor nutrition and dehydration.

Staff understood the Mental Capacity Act (2005), and made sure they asked for people's consent before providing any care.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

People were consistently positive about the caring attitude of staff and had built a good rapport with staff. People were treated with kindness and respect. Staff knew people very well and had a good understanding of people as individuals.

People were supported to express their views about their care preferences and choices.

Is the service responsive?

Good ●

The service was responsive.

People received consistent, personalised care and care plans were reviewed regularly.

Concerns and complaints were responded to appropriately.

People had a choice about who provided their personal care and were involved in reviewing their care.

Is the service well-led?

Good ●

The service was well-led.

People's feedback about the way the service was led was consistently good. People and staff told us the service was well managed and there was a positive open culture.

There were systems in place to monitor the quality of the service and regular audits took place to measure the quality and safety of the service provided.

Spring Care PAs Battle Ltd

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 inspection took place on 29 and 30 November 2016. This was an announced inspection. The provider was given 48 hours' notice, because we wanted to make sure the registered manager and other appropriate staff were available at the agency's office. The inspection was completed by one inspector.

Before the inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. Due to technical problems, we did not request a Provider Information Return (PIR) from the provider. 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 our inspection we went to the office and spoke to the registered manager, the operations director, two office staff and three care staff. We reviewed five people's care records and risk assessments, five staff files, supervision and training records and systems for monitoring the quality and safety of the service.

On the second day of the inspection we made phone calls to 12 people who use the service and four relatives to get their feedback about the care they experienced. We also made phone calls to three healthcare professionals who work with the service including a social worker and the continuing healthcare team. Continuing Healthcare or CHC means a package of care arranged and funded by the NHS.

Is the service safe?

Our findings

People told us they felt safe receiving support from Spring Care PAs. One person said, "Put it this way, I never feel unsafe with my carer." Another person told us, "If I felt unsafe I would let them know." A member of staff told us, "It is part of my role to make sure people feel safe."

Safeguarding policies were in place with additional policies on entering and leaving people's home, handling their monies and property, confidentiality and dealing with emergencies. Training records showed that all staff had completed safeguarding training annually to recognise risks to people and how these should be reported. People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect them from the risk of abuse or harm. Staff said they would report any concerns to the registered manager and were confident that the appropriate action would be taken. If concerns related to the registered manager they would report to the appropriate local safeguarding authority, the police or the CQC. A staff member said, "I have raised safeguarding concerns with the manager and these have been properly dealt with straight away." Another member of staff told us, "Safeguarding is making sure that no harm comes to me or my client. If I had any issues I would report it to the office."

Staffing levels matched what was planned on the staff rota system and confirmed that there were enough staff to meet people's needs. The registered manager told us, "We are not a huge company but continuity of care is important. We try and keep carers working in the area where they live. It works when you get regular carers going in. Our minimum visit lasts for 30 minutes as we don't do 15 minute calls." A staff member told us, "Our system works well. A client with as many as five calls a day would only see about eight to ten different carers. Clients decide who they want and don't want. We can decline a carer on the system if the person no longer wants that carer to see them anymore. This could be because of a personality clash or just people's preferences." People told us their care worker arrived on time and that they were informed if there were any long delays. One person said, "As a rule the carers always arrive on time. It's usually not their fault if they are a few minutes late." Another person told us, "The carer's timing couldn't be better." This demonstrated that people were given a consistent and reliable service.

People were protected, as far as possible, by a safe recruitment practice. Staff files included relevant checks on staff suitability including a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults.

Every person had their care needs assessed before staff began providing care and support. The registered manager said, "We complete an initial enquiry form and risk assessments to establish what the person's needs are and whether we have the skills and capacity to provide the care they need." People's care records contained a description of needs such as health risks, mental health and sensory needs which enabled staff to provide care that met each person's assessed needs, choices and preferences. We looked at detailed risk assessments which ensured that people were kept safe such as the internal environment of the person's home, moving and handling risks, risks of falls and also visual checks that were completed on equipment such as hoists, slings and bathing equipment. Additional risk assessments were completed in relation to people's specific needs for example there were risk assessments for people's nutrition and hydration

requirements and psychological well-being. The care plans were reviewed six monthly or earlier if there were any changes in the person's care needs.

Staff managed people's medicines consistently and safely. People told us that they received their medicine at the right time and medicine administration records (MAR) were accurate and clear. Staff told us they had completed training in medication, they were aware of the provider's policies on the management of medicines and that they should follow these. Training records confirmed that all staff received medication training and staff had a good understanding of why people needed their medicines and how to administer them safely. There was clear guidance in the MAR charts on as required (PRN) medicines. PRN medicines are only given when people require them and not given routinely for example for pain relief or anxiety. One person told us, "I do my medication but they do check that I am doing it correctly." Another person said, "The carer is very professional when it comes to helping me with my medication."

Infection control policies and procedures outlined the need for staff to use personal protective equipment while providing personal care. Staff told us they understood the importance of good infection control practice and had access to all the personal protective equipment that they needed to carry out their role safely.

Risks to people's safety was managed and minimised by the service through the analysis of accidents and incidents. These were recorded and the registered manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred they would inform the office and an accident form would be completed. We looked at the last two incidents in April 2016. These records clearly stated what actions were taken and what preventative measures had been put in place to prevent a re-occurrence and protect the person. For example staff were made aware of the importance of recording the receipt of gifts from people following a concern that was raised by a relative.

Is the service effective?

Our findings

People were happy with the care and support provided by Spring Care PAs. One person told us, "The staff are good and do their job well." Another person said, "The carers are excellent. I am perfectly satisfied with the care."

All new staff completed a two hour face to face induction with the registered manager which included all generic and specific procedures to enable staff to carry out their role. This was followed by a minimum of three shadow shifts. New staff shadowed more experienced staff and did not work on their own until they were competent and confident to do so. One member of staff told us, "The induction was absolutely fine. The shadow shifts were brilliant and allowed me to get to know my clients." The operations director told us, "We have now put in place a training manager who will deliver the induction and other face to face training at our training centre. We are working with our external training provider to create a programme based on the Care Certificate. This will make our training process more robust."

Staff received training in a broad range of subjects including health and safety, safeguarding, moving and handling and person centred care. Training was regularly updated. The registered manager told us, "Staff complete a series of workbooks which cover all of the main topics within their first three months. These are marked in-house to check that staff have the confidence and competence to carry out their role." One member of staff told us, "I have completed most of the workbooks. They are very in depth so you have to put a lot of effort into them." A computer system held details of what courses had been completed by staff and notified the registered manager when updates were required. The training was effective and staff told us that they felt sufficiently skilled to carry out their role.

Staff had a good understanding of the Mental Capacity Act (2005) (MCA) and understood what they needed to do to protect people's rights. The 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. A staff member told us, "We are not judgemental and assume that our clients have capacity to make their own choices and decisions. If we observe someone acting out of character we will monitor whether the behaviour continues and if necessary make a referral to the mental health teams." Another member of staff said, "Everyone has capacity unless a professional organisation has made an assessment that they haven't." Care plans contained mental capacity assessments and also included information regarding powers of attorney and advanced directives.

Staff received supervision every two months and new staff received supervision every week for their first month of employment to monitor levels of competency and to identify areas for development and improvement. People's quality of care was supervised using unannounced spot checks which were completed with staff every other month to check whether the member of staff was on time, were wearing their uniform, how well they interacted with people and whether they met the person's needs. These spot checks were completed during part of a home visit and the results were passed to the office. Comments

from one spot check stated that a member of staff, 'made a fuss of the client and communicated well with the family.' The provider had a proactive approach to staff members' learning and development and they made sure that any areas where staff may need additional training, this was provided. For example one member of staff had requested training in dementia and this completed face to face with the manager.

Most people prepared and cooked their own meals. Staff recorded this on daily fluid and nutrition charts with specific guidance for staff to follow to ensure people's nutritional needs could be met. Staff knew how to identify the signs of malnutrition and dehydration and said people chose what they wanted to eat and were assisted to prepare meals and drinks depending on their needs.

People's care plans included key contact details such as relatives or their GP. People with more complex needs also had additional contact details of healthcare professionals such as physiotherapists, occupational therapists, and dieticians. This ensured that staff could make referrals to other health services if people's needs changed.

If a person's behaviour changed or they appeared unwell when care workers arrived at their home, staff contacted the office immediately to obtain advice and support. Office staff told us that they would make the appropriate referral to a healthcare professional. A healthcare professional said, "The carers have been friendly and helpful and I am quite impressed by their ability to deal with difficult situations." Another healthcare professional told us, "I am confident with what they are doing. I have used them successfully for some complex cases." The service responded quickly if people's needs changed.

Is the service caring?

Our findings

People said they had good relationships with the staff. One person said, "I would recommend them. They are very effective and I have no complaints whatsoever." Another person said, "I couldn't ask for better carers. Absolutely fantastic and wonderful." A relative told us, "The carers understand my wife very well. I have no cause for complaint."

We heard staff speaking with people on the telephone during our inspection visit. The staff were polite and caring in their interactions. Staff in the office understood why it was important to interact with people in a caring manner and to ensure that people were informed of any changes to visit times or any unexpected delays. A member of staff said, "The office staff are always supportive. If they don't know the answer they will come back to me." Another member of staff told us, "The co-ordinators fully appreciate our role and understand how much time is needed for us to provide good personal care to our clients." One person told us, "The people in the office will always resolve any issues. If I don't want a certain carer to come, they will make sure they don't send them again." The registered manager told us, "We all roll up our sleeves and make sure that calls are covered and that we inform clients of any changes and delays as best we can. We have produced a 'Biographies' folder for the office staff so that they are fully aware of the clients' needs and the names of preferred carers if they ring. There is also a telephone etiquette sheet which provides office staff with guidance on answering calls and taking effective messages."

People's needs, choices, likes and dislikes were well understood by staff and staff knew people well. One member of staff told us about a person they supported and told us, "We have really got to know each other. I know her routines and I know what she wants me to say and how to say it. You can't rush people and I always find time to talk to people." Another member of staff said, "I know my clients well and it really helps to talk to people and their relatives about how they like things to be done. We know what tasks need to be completed but it is important that they try and do as much for themselves and that we do things their way." One person told us, "The staff are very professional but kind and considerate too."

People who were new to the service were given a survey in the first four to six weeks to check that their care and support needs were being met properly. Staff were given enough time to get to know people who were new to the service and read through their care plans and risk assessments. A member of staff told us, "The care plan should reflect the person completely, so I wouldn't go on a call without reading the care plan to understand the person. We also use pink communication sheets so that staff are aware of any current or specific issues about the person." Staff told us although they knew what care people needed they continually asked people what they wanted. Another member of staff said, "We try to support the people we care for to be as independent as possible as many of them would like to remain at home for as long as they can."

People had been involved in their care planning. One person told us, "I review my care plan with my main carer. She asks me regularly whether I need any additional support and whether we need to make any changes to my care." Reviews were completed every six months and where people's needs or preferences had changed these were reflected in their records. People's comments were listened to and respected.

People were treated with dignity and respect. One person said, "I am always treated with the utmost dignity. I cannot praise them enough for respecting my privacy." A member of staff told us, "We treat people's homes better than we do our own." Another member of staff said, "Staff go above and beyond what we are tasked to do. We work longer so that people are left safe and secure. We take our time and work at the pace of the client explaining what we are doing at every stage. Whether I am washing a person's hair, giving a strip wash or applying creams it is important to maintain dignity and ensure that people are covered up and privacy respected." People said they felt comfortable with their care workers, and were treated like individuals. One person said, "They know what they are doing. They are always, polite, gentle and respectful of my home. They don't just do the minimum. They go the extra mile." Another person told us, "It's my highlight of the week! My carer is a lovely man and we chat about football and cricket. I really appreciate it and look forward to our conversations." A member of staff told us, "The work I do is brilliant. The clients are great and staff work together to provide good care to people."

People were provided with a 'Service User Guide' which contained information about the provider, including the values, who to contact with any questions they might have and how to complain. All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

Is the service responsive?

Our findings

People were involved in making decisions about their care and support and in reviewing their care needs. One person said, "I complained about a new carer so they stopped sending him." Another person said, "Nothing is unsolvable. If I want things changed to the care I receive or who provides it I contact the office."

People were invited to take part in a satisfaction survey in 2016. Comments included, "thank you for the way I am treated", "the office staff are very kind, helpful and understanding" and that staff at Spring Care PAs had, "pulled out all the stops so that I had the required daily help that I needed." People who were new to the service completed a survey. Comments from this survey stated, "we have been impressed with the standard of care and carers" and "the care could not be better. I am delighted." The service encouraged feedback from people so they could identify any areas of practice that needed improving.

People's needs had been assessed before they began using the service, and they said the care plans reflected their support needs. The registered manager told us the assessments were carried out to ensure the service could provide the support people needed and they were used as the basis for the care plans. A member of staff said, "The care plans reflect the individual so need to respond to change. We ask whether they want a male or female carer and what things they may want support with. If we don't have the right staff we would not take it on."

People's care plans included a detailed assessment of their needs. People's preferences and routines had been discussed with them and their relatives where appropriate. People experienced personalised care and support and staff gave us good examples of how they made sure they provided care that was centred on each individual. One member of staff told us, "We have a coughing chart for one of my clients so that we can accurately record the types of cough observed and times when the person has shortness of breath. We are then able to discuss these with a healthcare professional to ensure that we are doing everything we can to provide the best support we can." A relative told us, "We have been very happy at how quickly the staff integrated with our family. They have been so kind and offer assurance."

People's care plans provided staff with informative and comprehensive detail about their religion, medical histories, social histories, health details and medical condition. People told us that staff used this information to support them to follow their interests and discuss subjects related to their personal histories. Staff were trained in additional subjects specific to the person that they provided care and support for and care plans reflected this. People's daily care notes were completed and returned to the office monthly and provided clear details of the care and support provided for people in a person centred way. One example on a daily record stated that the person was "in great spirits" and after a "lovely chat" had their medication.

People were able to choose which care worker they preferred, to support them with their personal care needs. One person told us, "I generally have the same one. He is a lovely man." A member of staff said, "Clients can have whoever they want. They may want a male or female carer, or someone who likes to chat or someone who may have the same interests as they have." Another member of staff said, "Most of the time there is a good match but if people and staff cannot make it work the office will sort it out effectively."

People said staff arrived on time and no one we spoke to had experienced any missed visits. One person told us, "They more or less arrive at the time they are expected depending on the traffic of course." A member of staff said, "We inform people if staff are likely to be more than 15 minutes late. We are usually informed by the person or their relatives if punctuality is becoming an issue. We carry out about 150 visits a day and we have missed four visits in the last six months. We found out the reason for the missed visits and made improvements to prevent reoccurrence."

Staff told us they felt supported by the office staff and by the information available in people's homes which included the care plans, daily notes, protocols and guidance. One member of staff said if they did not have sufficient information about a person's needs they would phone the office, "The office staff are great. If I needed to check something they will find out and get back to me right away."

People knew how to make a complaint and felt that they were listened to. One person told us, "I have nothing to complain about. I feel listened to and if I had a problem they would fix it." Another person told us, "I hope everyone is as happy as me. I've never had to complain." The procedure to make a complaint was clearly outlined in the provider's complaints policy and the service user guide which had been sent to everyone who used the service. Complaints and concerns were investigated quickly and dealt with properly. The service had received one complaint in the last 12 months regarding a person's bed linen not being changed. The registered manager issued a memo to all staff to make appropriate checks and to record information in more detail. Complaints were used to improve the service and to prevent similar issues from reoccurring.

Is the service well-led?

Our findings

People and relatives described the provider as professional and caring. One person told us, "I am happy with the care provided. They do a good job." Another person said, "I would recommend them to anyone. They are very nice people." A commissioner of healthcare services told us, "I am confident with what they are doing."

The manager and provider carried out regular audits to monitor the quality of the service they provided and to help them plan improvements. People's support was monitored by the registered manager and action was taken to ensure people were safe and well. Checks were undertaken, for example, on medicines and people's home environment risks so that the provider had a clear overview of activity in people's homes. All information relating to medication errors, accidents, incidents, complaints, missed calls and safeguarding concerns were recorded on a computer system. This demonstrated that the provider had robust records in place and were aware of any potential risks to the quality of care.

Staff were motivated and inspired to provide good care to people. Staff said they liked working for the agency because of the friendly and supportive managers. One member of staff told us, "It's brilliant working here. All the clients and the work I do." Another member of staff said, "Care is a marmite job. You either love it or hate it and I love my job."

Feedback from people and their relatives about the service was consistently good. A compliments folder contained written messages of thanks and cards. Comments made by relatives included, "A big thank you for the way your company dealt with mum" and "Thank you to all who attended my dad which enabled him to stay at home right to the end of his life." One person told us, "I am so grateful for what they do for me."

The culture of the service was open and transparent and staff had confidence to question practice if mistakes occurred. The registered manager told us, "I have an experienced team but if something is not working I am happy to discuss new ideas to resolve it. I am very well supported and we all work well together." A member of staff told us, "I like the way the company is run. We are listened to and get a lot of support from the managers." Another member of staff said, "I get good support from the managers and it's an enjoyable place to work." The registered manager told us that staff meetings for office staff were held regularly where they discussed communication, staff sickness, staff holiday, note writing and medication. A member of staff told us, "We are usually emailed with information but we also get sent a copy of the staff newsletter which comes out every month and contains information about staff changes, employee of the month, updates, forthcoming events and letters of thanks." This demonstrated that staff received feedback from managers in a constructive and motivating way.

The registered manager reviewed the medicine administration records (MAR) and people's daily records on a monthly basis when they were returned to the office. This was to identify if a review of care was needed and to check for any shortfalls in recording or documentation. When there were missing signatures from MAR charts these were picked up in the monthly audit and the registered manager identified which member of staff was responsible and spoke to them directly to address the issue. This demonstrated that the provider identified areas where improvements needed to be made.

