

Springfields Community Care Ltd

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Inspection report

Springfields
Bridestowe
Okehampton
Devon
EX20 4ER

Tel: 01837861430

Date of inspection visit:
05 April 2016
06 April 2016

Date of publication:
12 May 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 5 and 6 April 2016.

Springfields Community Care Limited is registered to provide personal care to people within their own homes. At the time of our inspection there was one person receiving a service.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk had not been assessed by the service for the person whose care we examined. The registered manager acknowledged they should have their own risk assessments in place or have a service agreement where care is shared with another service. The lack of risk assessments posed a risk that staff would not be aware of certain risks and know how to respond if changes were evident. However, the person said they felt safe and supported by staff in their home.

Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

Personalised care and support was provided specific to needs and preferences. Independence was promoted as people could develop their own care plan for staff to follow to ensure they received the support they wished. Staff told us that they found one care plan helpful to ensure the person got the exact care and support they wanted.

Staff relationships were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements were flexible in order to meet individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

Checks were completed to assess the quality and safety of the service people received.

There was one breach in regulation. You can see what action we took at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

One aspect of the service was not safe.

Risk management was not entirely robust.

One person said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

Staffing arrangements were flexible in order to meet individual needs.

There were effective recruitment and selection processes in place.

Requires Improvement 

Is the service effective?

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in their health.

People's health needs were managed well.

Appropriate guidance was followed to protect people's rights.

Good 

Is the service caring?

The service was caring.

Staff were caring and kind.

Staff relationships were supportive, respectful and helped promote independence and self-worth.

Good 

Is the service responsive?

The service was responsive.

Personal preferences were understood and responded to in line with detailed care planning.

Good 

There were regular opportunities for issues, concerns and compliments to be raised.

Is the service well-led?

The service was well-led.

Staff spoke positively about communication and how the registered manager worked well with them.

The service's vision and values centred around the support the agency provided.

Checks were completed to assess the quality and safety of the service.

Good ●

Springfields Community Care Limited

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 unannounced inspection took place on 5 and 6 April 2016.

The inspection team consisted of an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with one person receiving a service and five members of staff, which included the registered manager. We reviewed one person's care file, three staff files, staff training records and a selection of policies and procedures and records relating to the management of the service.

Is the service safe?

Our findings

Risk had not been assessed by Springfields Community Care Limited for the person whose care we examined. Their care was shared between two domiciliary care agencies, with Springfields taking the secondary role. The agency taking the primary role had comprehensive risk assessments in place. For example for moving and handling and skin care. The registered manager acknowledged they should have their own risk assessments in place or have a service agreement where care is shared with another service. The lack of risk assessments posed a risk that staff would not be aware of certain risks and know how to respond if changes were evident.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3).

However, the person said they felt safe and supported by staff in their home. They commented: "I'm well treated. If I wasn't I would be quick to e-mail (the registered manager) to complain." Staff were aware of a person's risks to their skin and knew to apply the correct creams when providing personal care.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this information.

The management team demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

Staffing was maintained at safe levels, as confirmed by one person using the service. Staff confirmed that individual needs were met promptly and felt there were sufficient staffing numbers. The management team explained staffing always matched the support funded and staff skill mix was integral to this to suit the person's needs. Where a person's needs changed, staffing was adjusted accordingly. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would be arranged to meet the person's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their visits.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

One person received staff support when taking their medicines, as part of their care plan. Staff had received medicine training to ensure they were competent to carry out this task. Staff were confident supporting the person with their medicines.

Is the service effective?

Our findings

Staff were well trained and competent in their jobs. A person commented: "The carers adhere to any changes which I make from time to time."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to the person's health and wellbeing. For example, how they preferred to be supported with personal care. Staff felt that the person's care plan was really useful in helping them to provide appropriate care and support on a consistent basis. For example, when supporting them with their personal care routine.

The person was supported to see appropriate health and social care professionals, to meet their healthcare needs when they needed. There was evidence of health and social care professional involvement in the person's individual care on an on-going and timely basis. For example, GP and district nurse. These records demonstrated how staff recognised changes in their needs and ensured other health and social care professionals were involved to encourage health promotion.

The person was supported to maintain a balanced diet. Staff helped by preparing main meals and snacks. They commented: "What I have to eat is always by prior agreement between myself and the carers."

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a three month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, first aid, moving and handling and a range of topics specific to people's individual needs. For example, pressure area care. However, staff felt they would benefit from more hands on, face to face training to further develop their skills.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff files and staff confirmed that supervision sessions and appraisals took place. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Before a person received any care and treatment they were asked for their consent and staff acted in

accordance with their wishes. Their individual wishes were acted upon, such as how they wanted their personal care delivered.

Staff had received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. 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.

Is the service caring?

Our findings

A person receiving the service said staff were caring. They commented: "I am very much treated as an individual."

Staff treated the person with dignity and respect when helping them with daily living tasks. They commented: "The carers appreciate that I'm an extremely private person and that they need to check with me as to whether they can tell someone something." Staff said how they maintained their privacy and dignity when assisting with personal care, for example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff adopted a positive approach in the way they involved the person and respected their independence. For example, encouraging them to do as much as possible in relation to their personal care. The person commented, "I have total control over my care and the carers adhere to any changes which I make from time to time." They confirmed they were treated as an individual.

Staff demonstrated empathy in their discussions with us about the person. Staff showed an understanding of the need to encourage them to be involved in their care. They explained that the person being involved in their care was important so they received the care and support they most needed.

Staff relationships were caring and supportive. Staff spoke confidently about their specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. Staff described how they were observant to the person's changing needs and responded appropriately. For example, when a person was feeling sad. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. This showed that staff recognised effective communication to be an important way of supporting the person, to aid their general well-being.

Staff adopted a personalised approach in how they worked with the person. There was evidence of commitment to working in partnership in imaginative ways, which meant that the person felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering them to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs.

Is the service responsive?

Our findings

People were supported to lead the care they received. A care needs assessment had been completed when a person had started using the service which assessed their physical and mental health needs. This enable care and support to be planned which was responsive to their specific needs.

One person using the service received personalised care and support specific to their needs and preferences. They had developed their own care plan for staff to follow to ensure they received the support they wished. The care plan was up-to-date and clearly laid out. The plan was set out as a checklist and was broken down into separate bullet points to provide staff with a step-by-step guide when supporting the person. For example, shower, hair wash, water temperature, creams and catheter care. The checklist also provided additional detail relevant to the person, for example, what jewellery they preferred and which towel to use. Staff told us that they found the care plan helpful to ensure the person got the exact care and support they wanted.

There were regular opportunities for any person using the service to raise issues, concerns and compliments. This was through on-going discussions with them by staff and the registered manager. One person was aware of the complaints system when they started using the service. They raised any concerns via emails and communication aids specific to their needs, as required. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and local authority. We alerted the registered manager that the complaints procedure needed to be amended to the Care Quality Commission's details as it still documented the previous regulator. The service had not received any complaints. However, the management team recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff commented: "I feel well supported and my views are listened to and acted upon" and "I feel supported by the team."

Staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via memos and conversations with senior members of staff. Informal meetings took place on a regular basis as part of the service's handover system.

People's views and suggestions were accounted for when looking at how the service could improve. No formal surveys were completed, however one person communicated with the registered manager by email on a regular basis. The registered manager also emailed at least monthly to see how things were and shared information regarding staff rotas.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and the person having a sense of worth and value. This was what we were told and found happening in practice. There had not been any incidents or accidents. However, the registered manager was able to explain some of the steps to be taken if an incident or accident occurred. For example, additional training for staff and liaising with relevant health and social care professionals.

Spot checks were completed on a regular basis. For example, the checks observed staff providing personal care. This enabled the management team to ensure staff were supporting people appropriately in a kind, caring and safe way.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk management was not robust to ensure the health and safety of the person receiving care and support. Regulation 12 (1) (2) (a) (b)