

Springcare Recruitment Ltd

Suit 11, 56 Longbridge
Road, Barking IG11 8RT

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

Suit 11, 56 Longbridge Road, Barking IG11 8RT is a domiciliary care agency providing personal care to adults in their own homes. At the time of this inspection, the service was providing personal care to five people.

People's experience of using this service and what we found

People and their relatives were satisfied with the care provided by Suit 11, 56 Longbridge Road, Barking IG11 8RT. People were involved in making decisions about their care.

People told us they felt safe and comfortable in the company of the staff who knew them well and were kind and caring. Staff knew people they were supporting including their preferences, which ensured personalised care was delivered.

Assessments were carried out of people's needs prior to the provision of care to determine if their needs could be met at the service. People were able to choose what they ate. Staff supported people to access health care professionals.

Care plans were in place for people, which set out how to meet their needs in a person-centred way.

People were supported by regular staff who were safely recruited and who had the relevant training and qualifications to safely support them. There were sufficient staff to meet people's needs and ensure no care calls were missed.

Staff understood how to protect and safeguard people from the risk of abuse. Risks to people were assessed and mitigated, which reduced the risk of harm.

Where people required support with their personal care, health, dietary needs and with their medicines, this was carried out safely. Staff were provided with personal protective equipment (PPE) to protect people from the risks of cross infection.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective. Quality monitoring systems allowed for the effective monitoring of the service by the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 January 2019 and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Suit 11, 56 Longbridge Road, Barking IG11 8RT

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector. Following the visit to the location office, an Expert by Experience completed telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 October 2021 and ended on 19 October 2021. We visited the office location on 15 October 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a variety of policies and procedures. We spoke with two professionals who regularly visited the service. We spoke by telephone with four people who used the service, four relatives, and three members of staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member told us, "If there is any abuse, I will move the abuser away from the victim. I will contact the manager and inform the incident."
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.
- People and their relatives told us they felt safe whilst being supported by staff. One person said, "I feel absolutely safe with them [staff]. They [staff] are nice." A relative told us, "I'm very happy, they [staff] wouldn't be coming in if I thought they were not safe."
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Potential risks about people's safety were assessed to ensure they were supported to remain as safe as possible. Where risks were identified, the records detailed how staff should support the person safely. For example, there were risk assessments in place relating to epilepsy. Assessments provided clear instructions for staff to help minimise or eliminate the potential risk of harm or injury to people.
- Individuals risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs in reducing the risk.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- People and their relatives told us their care calls were reliable and usually on time. One person said, "I have one carer, they are very good, and they soon ring me if there was a problem." One relative said, "They [staff] are excellent in the best possible way, it works very well for us we have no complaints."
- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included conducting interview, completing a Disclosure and Barring Service (DBS) check and obtaining references. The DBS helps to prevent unsuitable staff from working with vulnerable people.

Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans, which was clear, up to date and accessible to staff.
- Staff received training in medicines management and records supported this.
- Medicines administration records (MAR) we reviewed were all signed with no gaps.
- Regular checks and audits of the medicines management and administration were carried out to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks. There was a policy on infection prevention and control and the registered manager carried out relevant audits related to this.
- The office staff completed spot checks where they checked on staff's infection prevention controls.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. Where incidents and accidents occurred, they were recorded with appropriate actions taken to reduce the risk of re-occurrence. Incident and accident records showed issues were recorded, investigated and addressed quickly. There was evidence of actions taken to mitigate future risks. For example, in relation to bruising, there were immediate actions outlined for staff to undertake. The provider updated the care plan and notified the carer to help mitigate future potential risks.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The provider ensured pre-admission assessments of people's needs had been completed prior to admission. These included obtaining information from people and their relatives about their needs and preferences and how they would like to be supported. These plans reflected people's needs, including aspects of their life which were important to them.
- Appropriate specialist services had been included in assessing and planning people's care.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support people received.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to support people. People and their relatives told us they felt that the care workers had the skills to meet their needs. A person's relative told us, "They [staff] are very professional and caring."
- Staff were supported and completed a programme of on-line and face to face training sessions to effectively perform their roles. Staff confirmed they attended training and told us they found this useful. A staff member told us, "They [provider] allowed me to complete my online training before I go out for shadowing."
- The provider had a clear overview of the training needs of all staff working at Suit 11, 56 Longbridge Road, Barking IG11 8RT. They had a spreadsheet which detailed the training staff had received. Records showed training provided included safeguarding, moving and handling, and infection control.
- Staff received regular one-to-one supervision as well as spot checks of their performance to offer both support and monitoring of their performance. Staff said the registered manager was approachable and they felt supported in their work. A staff member told us, "[Manager] has a calm approach and listens to your needs."

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

- People were assisted to have enough to eat and drink where this was part of their care needs. Care plans included people's preferences and the support they may require with meals.
- Staff were aware of people's dietary needs, including likes and dislikes. One member of staff told us, "[Person] likes to have Weetabix, fresh fruits with a glass of water for breakfast."

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

- The provider ensured that people's care plans and risk assessment contained information relating to

different medical needs, and there was evidence people's health and wellbeing was regularly assessed.

- Where necessary, the service worked with other services to deliver effective care and support.
- People had access to health care services and the registered manager gave an example of this. One person struggled with body pain; the service contacted the person's GP for them to be referred to an occupational therapist (OT).

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff ensured they gained consent from people before carrying out any tasks for example when assisting them with personal care.
- People were fully involved in decisions about their care and their capacity to do so was respected.
- People and their relatives told us the staff consistently sought their consent before providing any care or support. One relative said, "They [staff] always ask for our permission."
- The provider had an appropriate process in place for assessing people's mental capacity. They understood the need to work with appropriate professionals and others, to make decisions in someone's best interests for those who may lack capacity

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 commented positively about the service and the care and support provided by staff. One relative feedback stated, "Your [staff] talking to [relative] all the time, they [staff] being compassionate towards our [relative]. They [staff] always go to the extra mile. Thank you for being patient and understanding to our [relative]."
- The registered manager knew people's day to day needs and had developed good relationships with people and their family members.
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. One member of staff told us, "I treat all the service users [people] equally, we have to respect their individuality."
- Relatives provided complimentary feedback about the service and the staff. One relative feedback said, "Both [staff] were conscientious in their care of [relative], and neither was intrusive into the pattern of the household. I am grateful for their [staff] help."

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

- People were involved in decisions about their care. Care plans were signed by people to ensure they agreed with the support they will receive.
- People's relatives told us that their family member was involved in the decisions about their care and support. One relative said, "We [relative and a person] were part of the planning and asked [person] what support they need."
- Staff understood the importance of supporting people to make their own decisions. One staff member told us, "They [people] can ask what they want for breakfast, lunch, or dinner. And we [staff] will prepare the meal."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff ensured they explained what they were doing and sought people's consent when offering support. One staff member said, "Before entering the room, I will knock on their door. I will seek their [people] permission before I start on personal care. I will close the door to maintain their privacy and dignity."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff.
- When a referral was made, a trained staff member met with the person and their relatives to assess their care needs with them. This included what they would like to gain from the services provided and their desired outcomes. From the assessment a person-centred care and support plan was agreed with them and their relatives, as appropriate.
- People's care plans were detailed and held sufficient information and guidance for staff to ensure they met people's personal preferences. Guidance included how to support people when they were well and signs that may indicate they are becoming unwell.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and information on how to communicate with them was included in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in activities which they had chosen to help ensure they were not socially isolated. They were supported to access local communities such as going shopping.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.
- The provider told us there had not been any complaints received in the past year and we saw no evidence to contradict this. People told us they knew who they could complain to if they wished to. A person said, "I would talk to (registered manager) if I had a complaint." A relative told us, "If there was an issue, (registered manager) would resolve it."

End of life care and support

- The service did not support people with end of life care. The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had developed a very positive culture which placed people at the centre of the service. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- Feedback from relatives was complimentary about Suit 11, 56 Longbridge Road, Barking IG11 8RT. Relatives told us they were satisfied with the care people received and would recommend the service to other people. One relative feedback said, "The care for our [person] from the wonderful staff especially [staff] has been simply outstanding. We cannot fault the quality of the care [person] received."
- Staff confirmed they were happy working for the service. One staff member said, "They [provider] are approachable, very caring and they [provider] will listen to our needs."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour responsibility. The registered manager had been open and transparent with people when incidents occurred where the duty of candour applied. A complaints procedure was in place to address concerns raised by relevant persons and the accidents and incidents procedure detailed how the provider would review and learn from any incidents that occurred.
- Notifiable events had been reported to CQC as required and the provider was aware of their responsibilities around this.

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

- The registered manager was clear about their role and responsibilities. The registered manager understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
- Spot checks of staff practice were completed regularly to monitor the quality of care provided to people.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

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

- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service.
- Staff received annual reviews, regular supervision and there were virtual staff meeting that covered priorities such as training, PPE, and safeguarding.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.
- Other discussions were related to staff's wellbeing and the registered manager reminding staff to be aware of each other's feelings and to ask colleagues if they were feeling okay. The provider had a confidential employee assistance programme that offered professional advice, practical information, resources and counselling.

Continuous learning and improving care

- Various audits were carried out by the registered manager, including audits of medicine records and infection control practices, while care plans and risk assessments were subject to regular review.
- The registered manager and staff undertook regular training to help drive learning and continuous improvements at the service. The registered manager also had regular one to one meetings with people to seek their views about how they could improve the service provided.

Working in partnership with others

- The provider had good links with community-based health services where needed to meet people's needs. For example, they had links with, GPs, occupational therapists, and other health care professionals. This was underpinned by a policy for relevant information being shared with appropriate services within the community or elsewhere.
- Health professionals told us that Suit 11, 56 Longbridge Road, Barking IG11 8RT was welcoming and friendly. One said, "They always found the service to be very professional, courteous and helpful. All our clients [people] have been very happy with this provider."