

Springfields Community Care Ltd

Springfields Community Care Limited

Inspection report

Springfields
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Okehampton
Devon
EX20 4ER

Tel: 01837861430

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Springfields Community Care Limited is a domiciliary care service, supporting adults in the community who require assistance with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 3 people using the service.

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

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

People felt safe and supported by staff in their homes. Comments included, "Kind, caring staff. I have no concerns at all." A relative commented, "We are extremely happy with the care and support my mother gets [from Springfields Community Care]."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.

People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. Medicines were managed as necessary. Effective infection control measures were in place. The principles of the Mental Capacity Act were adhered to when necessary. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

People confirmed that staffing arrangements met their needs. Staffing arrangements matched the support commissioned and staff skills were integral to this to suit people's needs. Where a person's needs increased or decreased, staffing was adjusted accordingly. There were effective staff recruitment and selection processes in place.

Staff spoke positively about communication and how the registered manager and management team worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection

The last rating for this service was Good (published 18 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and length of time since the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfields Community Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Springfields Community Care Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person using the service and 6 members of staff, which included the registered manager.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included 2 care files and 2 staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regards the management of the service.

We sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from 1 relative, and 2 health and social care professional. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their homes. Comments included, "Kind, caring staff. I have no concerns at all." A relative commented, "We are extremely happy with the care and support my mother gets [from Springfields Community 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 to the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role 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 they knew about the safeguarding adults' policy and procedure and where to locate it if needed.
- The service gave people information on adult safeguarding and how to raise concerns.

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

- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments had been carried out for moving and handling, falls and skin care.
- Risk management considered people's physical and mental health needs, and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Where incidents had taken place, actions had been taken in line with the service's policies and procedures. The involvement of other health and social care professionals was requested where needed, to review people's plans of care and 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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).

Staffing and recruitment

- People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time.
- Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The registered manager explained staffing arrangements matched the support commissioned and people were matched with staff who had the skills to meet their individual needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- Where a person's needs increased or decreased, staffing was adjusted accordingly. The registered manager explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. Contingency plans were in place to deal with adverse weather conditions and the Covid-19 pandemic.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager and other members of the management team checked medicine practice whilst working with staff in the community and via records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- Springfields Community Care Limited circulated regular updates to staff on preventing infection and

COVID-19, along with any new legislation/guidelines that would affect the way they worked. This ensured they followed best practice in order to keep people safe.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, infection control, incidents, accidents, and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated and involvement of relevant health and social care professionals.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service' policies.
- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about communication and how the registered manager and management team worked well with them, encouraged team working and an open person-centred culture.
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings, memos and conversations on an on-going basis.
- The service sought feedback from people who use the service to identify areas for improvement. All comments were positive. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Springfields Community Care Limited. For example, people were constantly encouraged to lead rich and meaningful lives to aid their physical and mental health well-being.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nurses. Regular reviews took place to ensure people's current and changing needs were being met.
- Health and social care professionals praised the service. Comments included, "The staff team are outstanding and only contact when their observations give a genuine reason. They really provide people with dignified care and have their best interests at heart. They provide very kind and sensitive end of life care."