

Springfield Home Care Services Limited Springfield Healthcare (North Yorkshire & York)

Inspection report

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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

Springfield Healthcare is a care at home service providing personal care to 119 people in their own homes. Not everyone who used the service received 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.

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

People received person-centred support and staff knew people well. People and their relatives told us they were happy with the care they received. People's care plans covered all aspects of people's lives and their preferences to ensure a personalised experience. People's health and well-being needs were supported from the staff team who encouraged people to develop. New systems were in place to monitor the service people were receiving.

People were able to take risks safely in everyday life and had risk assessments in place to support this. Staff were trained to identify and report any safeguarding concerns to protect people from any potential harm. Monitoring checks were in place to ensure the service people received was safe.

Medicines were safely administered and recorded accurately. Robust recruitment and selection procedures ensured suitable staff were employed. Staff were recruited safely and were trained to support people's individual needs while ensuring their safety. People were supported by staff who encouraged people's independence and were trained in dignity and respect.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 21 July 2021) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focussed inspection of this service on 26 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield Healthcare North Yorkshire and York on our website at www.cqc.org.uk.

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 the safe findings below.

Is the service well-led?

Good 

The service was well led.

Details are in the well led findings below. □

Springfield Healthcare (North Yorkshire & York)

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.

Notice of inspection

This inspection was announced. We gave the service 24 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 team

The inspection was carried out by one inspector and an Expert by Experience made telephone calls to people and their relatives to collect their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 this inspection there was a registered manager in place and a service manager who was also preparing to register with us.

What we did before the inspection

We reviewed information we had received about the service. 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. 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. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time at the office to review records and spoke with the service registered manager and operations director who was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included five people's care records, and a variety of records relating to the management of the service, including audits and procedures.

After the inspection

We carried out telephone interviews with 4 people who use the service, 6 relatives and 4 members of support staff while continuing to seek clarification from the provider to corroborate evidence found. We looked at audits, care plans, reports and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and improve the quality and safety of the services. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

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

- Peoples relatives told us they felt their family members were safe. One person who uses the service told us, "I do feel safe with the carers who come to see me. If they are going to be late they give me a ring."
- Improvements had been made to peoples risk assessments to include more directions for staff to follow. This included equipment used to keep people safe such as bed rails and moving and handling equipment. These were personalised and reviewed regularly.
- Peoples care plans were provided via an improved electronic care plan system that included up to date relevant information.
- Accidents and incidents were recorded on an individual basis. The registered manager analysed these to look for any patterns or trends and took appropriate action to minimise risk of further incidents.
- Fire safety practices helped ensure people were kept safe.

At our last inspection the provider failed to ensure that staff were suitably qualified and competent to carry out the duties they are employed to perform. This is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

Using medicines safely

- Medicines were managed and administered safely by suitably qualified and skilled staff.
- Improved medicines records were in place and regular checks on staff's competency to administer medicines were carried out.
- People received their medicines as prescribed and at the right time. Medicine records were clear for staff to follow and were accurately completed.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to appropriately raise any concerns.

- Where safeguarding concerns had been raised, investigations and timely appropriate action was taken.

Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety. Staffing levels were in the process of being increased following recruitment.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff were employed.

Preventing and controlling infection.

- Staff were provided with appropriate protective equipment as per current guidance.
- Spot checks were carried out with staff regarding infection prevention and control.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to establish and effectively operate systems or processes and maintain complete and contemporaneous records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had systems in place to enable oversight of the quality of the service. The improved system showed an up to date overview of the service and this was reviewed regularly. Audits were improved and regularly completed.
- Records were improved, they were up to date and readily available on an online system for review.
- The registered manager took on board the opinions and views of people who used the service and their relatives to make improvements.
- Policies and procedures were current and in line with best practice.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. They had sent us notifications relating to significant events occurring within the service.

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 provider and registered manager had an open and inclusive culture. The focus was on delivering high standards of person-centred care. Staff understood the provider's values and put them into practice on a day to day basis.
- The provider and registered manager understood the duty of candour responsibility; they had been open, communicated well and apologised to people and relatives when things had gone wrong.
- The registered manager was open with the inspector during the inspection and took on board previous suggestions for improvements.

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

- People had regular review meetings with their staff team and relevant professionals. This was to review all

areas of their care plans.

- Staff could approach the registered manager or provider for support at any time. One member of care staff told us, "I feel supported by the registered manager and my colleagues that I work with. We all have our own areas and the clients know the carers and that's why I like working here for the continuity of care for our clients."