

Springfield Home Care Services Limited

Springfield Healthcare

(Newcastle)

Inspection report

Unit 7 St. Peters Wharf
Terrace Level
Newcastle Upon Tyne
NE6 1TW

Tel: 01913277998

Date of inspection visit:
21 March 2022

Date of publication:
12 May 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Springfield Healthcare (Newcastle) is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care from staff. 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 inspection 45 people were receiving personal care.

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

People and relatives were positive about the care provided by staff. People told us they had a friendly staff team supporting them and they felt safe.

Most people told us they had a regular staff team supporting them and, at times, new care staff joined the team after completing shadowing sessions. The management team reviewed staffing requirements regularly.

Staff were caring when talking about the people they supported and their comments included, "I enjoy seeing them smile" and "I absolutely love the team I work with and the clients."

Risks to people were fully identified and mitigated. Medicines were safely managed, and the service worked in partnership with other health care professionals to make sure people received a continuous level of support. People had person-centred care plans which were created from comprehensive assessments of people's needs.

Staff had a positive relationship with the manager and felt able to provide feedback regularly about the service. The quality assurance systems in place allowed for effective monitoring of the service by the manager and provider.

Staff had access to PPE and followed best practice guidance and the provider's policy in relation to infection prevention and control. Staff had received additional training and support during the pandemic to make sure they were confident and capable to deliver care.

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.

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

Rating at last inspection and update

The last rating for this service was good (published 21 May 2019).

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died.

The information CQC received about the incident indicated concerns about the management of risks relating to wheelchair usage and assessment. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report.

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 not changed and remains good, based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springfield Healthcare (Newcastle) 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 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.

Springfield Healthcare (Newcastle)

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 and an Expert by Experience. 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.

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

We gave the service 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 March 2022 and ended on 21 March 2022. We visited the location's office on

21 March 2022.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or events. 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.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We received feedback from four members of care staff. We spoke with the deputy manager and regional manager.

We reviewed a range of records. This included four people's care records and medicines records for four people. 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 also reviewed.

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

- Systems and processes were in place to protect people from the risk of abuse. Safeguarding and whistleblowing policies were in place which were accessible to staff, people and relatives.
- Staff had received safeguarding training and could tell us what action they would take if they identified any form of abuse. One staff member said, "I feel that I would certainly be listened to if there was an issue that I felt I needed to whistleblow."
- People and their relatives said that they felt safe with the care provided. One person told us, "Yes I feel safe and I trust them (the staff)."

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

- Risks people may face had been fully identified, assessed and mitigated. Lessons were learned through investigations into incidents and actions put in place to stop similar incidents occurring.
- Risk assessments detailed what steps staff should take to keep people safe. Risk assessments were regularly reviewed and updated to reflect the person's current need. The management team monitored the quality and safety of the care provided to people through their auditing processes.
- The management team investigated all accidents and incidents fully. Any safeguarding investigation reports were shared with the local authority and CQC. Findings were shared with staff to prevent further incidents occurring.

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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA.

Staffing and recruitment

- Staff were safely recruited and there was enough qualified and competent staff to safely support people.
- Staff told us they had enough time to support people and visit times allowed them to travel between people's homes. People told us that the majority of their visits were on time and, if there was a delay, the main office would ring to update them.

- The provider had a recruitment policy in place and carried out thorough pre-employment. These checks included a Disclosure and Barring service check, references and qualifications. Disclosure and Barring Service (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

- Medicines were managed safely. There were regular checks of medicines by the management team.
- People and relatives were happy with how medicines were administered. One person commented, "They give me all my pills and make sure I take them."
- Staff had received training and competency checks around administering medicines. A staff member told us, "I have received medicines training and have been observed in people's homes."

Preventing and controlling infection

- People were protected by the risk of cross infection. Staff had received training in preventing and controlling infection and the provider had robust policy in place for staff to follow.
- People and relatives told us that staff wore PPE whilst delivering care. A relative said, "They wear the lot. There's a stock of aprons and gloves upstairs."
- Staff had received updated training relating to COVID-19 and were regularly tested.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 had holistic assessments of their needs which reviewed not only their physical needs but emotional and social as well. Care plans developed from these included people's own choices for how their care is delivered.
- People and relatives told us they were involved in their care planning. A relative said, "At the beginning I was involved, and I am still involved now. I input any changes into [person]'s needs and discuss with the carers."
- Care plans were regularly reviewed and updated to reflect people's changing needs or preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed.
- People could access information in different languages, easy read and in large print if needed

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 supported to maintain and develop relationships, and to follow their own interests and social activities.
- Staff told us about different ways they supported people to access the community. One staff member commented, "We are enabling individuals who would otherwise be isolated to access the community. They're learning new skills and developing relationships."
- Care records showed people had regular scheduled times to meet with friends, family or carry out an activity. One person said, "I now have a circle of friends because of my carer."

Improving care quality in response to complaints or concerns

- There was a complaint policy in place which people were aware of.
- People told us that they did not have any current concerns. One relative discussed a complaint they had made which was now resolved. They told us, "I put a complaint in many months ago, but the responses were good."

End of life care and support

- People's end of life wishes, care and support were provided in a respectful and caring way by staff. People had discussions around how they would like to be cared for in their final days.
- Staff had received training in supporting people with end of life care.

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.

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

- People and their well-being remained the main focus of the service's values. Staff told us that making a positive difference to people's lives was their objective. A staff member commented, "I have found Springfield Healthcare to be a great company to work for and that everyone does their best to deliver the best possible care."
- Relatives and people were positive about the support provided by staff and the impact that it had on their well-being. One person told us about their staff team and were very happy about the care provided. They said, "They are very caring, and they chat to me. They are very warm and compassionate."

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

- Apologies were given to people when things went wrong and lessons were learned from this incidents.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service

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

- The registered manager and deputy manager were fully aware of their legal responsibilities and were open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.
- The quality and assurance systems in place allowed the manager to effectively monitor the quality of care provided to people.
- Staff were positive about the approach of the management team. One staff member told us, "I must say [deputy manager] is so approachable and really does what she can to resolve any issues quickly. She listens very well and fills me with confidence."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff, people, relatives and professionals were asked for their feedback about the care provided. Responses from these were used to improve the service. A relative commented, "They do check about every three months to see if everything's okay."
- Staff worked closely with other health care professionals. People's care records showed involvement and

guidance from other agencies, for example the district nursing team and GP.