

Springfield Home Care Services Limited

Springfield Healthcare

(Newcastle)

Inspection report

Oceana House
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Tel: 01913277998

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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: Springfield Healthcare (Newcastle) provides personal care to adults with a range of health issues in their own homes. At the time of the inspection 60 people were supported with an average of 1750 hours of care delivered per week.

People's experience of using this service: People felt safe with care staff visiting them and staff knew how to report any concerns. Risks had been assessed to minimise the potential of harm to people.

People were supported by staff who encouraged their independence and treated them with kindness and compassion. People told us staff were kind, caring and patient when supporting them.

People were fully involved and supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

People said they received effective health care with positive outcomes. They said staff at the service liaised with other healthcare professionals to ensure their health needs were met. We saw evidence of multi-agency working to meet people's health care needs and appropriate referrals made when necessary.

The registered manager had taken prompt and appropriate action to learn lessons when things went wrong, including a review of the information kept about people who used the service when needed.

Medicines were administered safely.

There were enough staff to provide care calls to people. A small number of people commented that rotas had not always been sent recently and calls had sometimes been either earlier or later than expected. The registered manager was aware of this and new systems and newly employed office staff were now in place to address this.

Staff had taken a range of training, and refresher training was planned. Staff received supervision and an annual appraisal, although this was a little behind. Staff were able to speak with the management team at any time via a range of methods.

The registered manager carried out regular audits of the service to monitor the quality of care provided. Issues identified during the audits were acted on swiftly and lessons learnt to minimise the risk of repeat incidents.

We recognised the improvements the management team had made since our last inspection and the service is now rated overall as good.

For more details, please see the full report below and also on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (Report published on 25 April 2018).

Why we inspected: The inspection was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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.

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 as part of our regulatory functions. This inspection checked 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.

Inspection team: The inspection was conducted by one inspector and one 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; this Expert by Experience had knowledge of older people.

Service and service type: Springfield Healthcare (Newcastle) is a domiciliary care agency. It provides care to people living in their own homes in Newcastle and North Tyneside areas.

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 visit because we wanted to visit and telephone people in their homes and needed to give them notice and receive their consent. We visited the office location on 3, 4 and 8 April 2019. We visited people on 4 and 8 April and telephoned people and relatives on 4 April 2019.

What we did: Before the inspection we looked at information received from the service, including incidents or any allegations made. We contacted the local authority and Healthwatch. Any comments received supported the planning and judgements of this inspection.

During the inspection we telephoned nine people and four relatives. We visited five people with four of their relatives present. We spoke with the registered manager, service manager, one care coordinator, one

supervisor and the clinical lead in the area for the organisation. We contacted six care staff via telephone or during visits to people. We also contacted, district nursing teams, two care managers and two social workers and where we received a response we used this information to support the inspection process.

We looked at six people's care and medicines records. We also looked at records relating to the management and quality assurance of the service and six staff personnel files.

After the inspection visit the registered manager sent us additional information requested and further evidence used to support the inspection judgements.

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 published in April 2018 we asked the provider to make improvements and ensure the safe care and treatment of people. The provider had addressed the issues we found.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

At the last inspection the provider had not managed medicines safely and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People told us they received their medicines as prescribed. We did find a small number of recording issues in which staff had not always fully completed paperwork. This was addressed straight away with no impact on people.
- Staff had been trained in the safe administration of medicines and where issues had arisen had received refresher training and further updates.
- Staff competencies were checked regularly to ensure they were carrying out procedures correctly and safely.

Staffing and recruitment.

- Recruitment procedures were safe and potential staff were robustly checked for their suitability to work with vulnerable people.
- There were enough staff to support people, although some people told us that calls could run either a little late or earlier than expected. A new system was now in place which meant any late or early calls could be identified and action taken.
- There had been a shortage of staff in the provider's office, however, this had been addressed and all posts were now filled.
- There had been some instances of unacceptable staff behaviour, but this had been addressed fully and effectively to keep people safe.

Preventing and controlling infection.

- Staff followed safe practices to minimise risks from infection. Gloves and aprons were supplied to staff and we observed these being used during our visits to people.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person said, "They just make me feel safe."
- The provider had systems in place to help protect people from abuse.
- Staff had received training which enabled them to identify abuse and safeguarding policies in place supported this further. Staff told us they would have no hesitation in reporting any concerns.

Assessing risk, safety monitoring and management.

- Risk had been appropriately assessed. Assessments helped staff to support people to lead an independent life and promoted positive risk taking.
- Staff worked with people, their relatives and health and social care professionals to monitor and assess risks and to develop plans to ensure people's safety.

Learning lessons when things go wrong.

- The registered manager was keen to ensure that lessons were learnt from any incidents. We were shown examples, which had included contact with families and discussion with staff on how issues arising should be dealt with in the future.
- Accidents and incidents were recorded and reported correctly. An analysis of this information supported the registered manager and provider to monitor for any trends or themes occurring.

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.

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.

- People's needs were comprehensively assessed. Reviews took place regularly, including when unexpected changes in people's needs occurred.
- People's preferences, likes and dislikes were acknowledged and recorded in their care plan information to allow staff to support people with their choices.
- Staff and the management team applied best practice principles, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- New staff were provided with a suitable induction. In addition to their induction new staff received shadowing opportunities with more experienced staff. We identified one instance when this had not occurred and highlighted it to the registered manager to look in to.
- People and their relatives thought that staff were trained and had the skills to support them. Where issues had arisen with training or skills, this had been addressed by the registered manager.
- A range of training had taken place since the last inspection with further updates planned to keep staff skills up to date. The provider was aware there were some gaps, and these were being addressed.
- Staff felt supported, with access to senior management available in a variety of ways. The provider had planned for all staff to receive regular supervisions and appraisals, including support at various meetings. Due to shortages with office staff there had been delays in some cases. This was now being addressed with the recruitment of new office staff.

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

- People were provided with food and refreshments to meet their dietary needs if this was part of their identified care needs. This included a range of support, from preparing meals or supporting people to eat and drink.
- Nutritional care plans reflected information required to help staff support people fully.
- Any issues of weight loss or concerns over fluid intake was reported to healthcare professionals when necessary.

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

- Staff continued to work in collaboration with people's relatives, staff from other agencies, care managers and healthcare professionals involved in people's care. One person told us, "They noticed that I wasn't standing properly, so they organised for an OT (occupational therapist) to come out and see me. Now I am getting some new equipment and that is due to the carers noticing my problem."

- Staff continued to have access to and follow guidance provided by healthcare professionals such as district nurses and doctors.

Adapting service, design, decoration to meet people's needs.

- The service was continually changing and improving to meet the needs of the people who used it.
- IT systems had been recently updated. This allowed better monitoring of care calls.

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.

- Springfield Healthcare (Newcastle) was working within the principles of the MCA. One relative said, "They have never restricted him from doing anything."
- The registered manager was working with staff to ensure that capacity assessments and best interest decisions were made appropriately.
- People told us that staff always asked for their consent before they received support.
- The provider told us after the inspection that a training bulletin was to be sent to all the staff to refresh learning around MCA and the induction process was also to be updated.
- The service confirmed if people had a lasting power of attorney (LPA) in place but did not always have the documentation to support this. (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future. The registered manager was going to address this straight away.

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.

People continued to be 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.

- People continued to be complimentary about the service they received. One person said, "They go that extra mile by doing extra little things such as putting in my hearing aids for me or cleaning my glasses. They are so nice."
- Staff had a good rapport with the people we visited and other contact made with people indicated staff were kind and caring.
- Staff spoke fondly of people they supported and knew their needs and preferred routines well.
- A Christmas party had been organised by the registered manager for people using the service and some of their family members. Raffles were provided from donations gathered by staff from local businesses. We saw pictures of the party and people appeared to be happy and having a good time.
- Staff were considerate and told us they wanted to do the very best for people.
- Staff had an understanding of protecting and respecting people's human rights. They talked about the importance of respecting people's different and diverse needs.
- The registered manager addressed people's cultural needs by ensuring people were supported by staff who had a good understanding of the person's language, culture and religion.

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

- People were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these. One person said, "I was involved in my care plan and this agency helped me. The staff know what is in it and they follow any instructions."
- Staff understood how people communicated, including those who were deaf. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.
- People and their relatives had been included when care was being planned and reviewed.
- People had access to advocacy services if they required this, but many had relatives who acted on their behalf. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence.

- People told us staff treated them with respect and promoted their dignity.
- People were encouraged to maintain their independence where ever possible. Examples of this were seen during our visits, including one person who was encouraged to eat themselves.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff provided people with care that had been tailored to their specific and individual needs, and gave them choices in everyday decisions relating to care delivered.
- People and their relatives had shared information about people's life history, likes, dislikes and preferences. Staff used this information to help them get to know people and engage with them in meaningful ways. Some records were due to be reviewed and this was planned to take place.
- Rotas provided to people to confirm which staff would be attending them had recently not always been sent. However, the registered manager was aware of this and told us recent additions to the office staff team would address this. One relative commented, "The rota is fine at the moment although it has been a bit erratic at times."

Assessible information standard.

- Each person's records showed their communication preferences, including for example one person who used a voice box.
- Staff communicated with people and families in their preferred way including sign language or use of Makaton (which is another form of communicating using signs and symbols).
- The provider had a range of supporting communication methods, including braille and easy read formats if necessary.

Improving care quality in response to complaints or concerns.

- A complaints procedure was available to all those who used the service and their relatives and people told us they knew how to complain if they needed to.
- Where complaints had been received, these were recorded and there was evidence that they had been investigated and responded to in a timely manner.
- Many compliments had been received, including from relatives and healthcare professionals.

End of life care and support.

- There was only one person on end of life care at the time of the inspection.
- Care plans were fully detailed to show staff how to support the person in conjunction with other end of life care providers.
- Good interaction and communication with relatives were recorded.
- The registered manager showed us an example of a handmade card which they had sent to one staff member for providing excellent support to one person at the end of their life and their family.

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 published in April 2018 we asked the provider to make improvements in good governance. The provider had addressed the issues we found.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care.

At the last inspection the provider did not have robust quality assurance systems in place and this was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Issues arising were discussed and addressed at daily meetings at the main office.
- Audits and quality assurance checks had improved and were used to continually monitor the service provided, with actions taken when issues were identified. For example, where medicines lists had been identified as incorrect, these were replaced.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The management team strived to build good relationships with people and relatives using the service. People told us they had been visited by the management team and many by the registered manager.
- Staff spoke well of the registered manager and one said, "They always listen and act when they need to."
- The registered manager promoted an open and honest culture and praised staff for the work they had done and was transparent when things had gone wrong, which demonstrated the requirements of the Duty of Candour.
- In order to retain good quality staff, the provider had several measures in place. This included various achievement and recognition awards for good performance, voucher 'giveaways' and staff health schemes. This also included staff winners at the service of a national award, which included one for best newcomer.

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

- Staff and management were clear about their roles and responsibilities, with job descriptions available. They demonstrated that they were enthusiastic about the work they did.
- A clear management structure was in place which ensured that the service was well led and organised in meeting the needs of people, this included on call arrangements.
- Representatives of the registered provider maintained a presence within the service and provided direct support to the management team.
- The registered manager was clear in their aim to provide good care to people in their homes.

- A new addition to the providers IT system had been implemented to improve call monitoring and meant office staff could easily establish if care calls had been made in a timely manner.
- Policies and procedures were available to support staff.
- Ratings were displayed, including in the office and on websites.
- Regulatory requirements were met, including sending notifications of relevant accidents and incidents to the Commission.

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

- Reviews of people's care took place regularly, which included visits to their homes by the management team. This also included feedback on care delivered and staff performance.
- Surveys had taken place with people and their families. These were being rebranded and the registered manager confirmed they were due to be sent out soon.
- Staff had completed surveys and the analysis confirmed the majority of staff were happy working for the provider. The analysis had been sent out to staff with actions the provider was taking to address any issues raised.
- The management team had regular contact with members of staff. They regularly sought feedback about what had gone well and what could be improved, including during staff meetings.

Working in partnership with others.

- The service worked in partnership and collaboration with other organisations to support care provision and improve service development. For example, with the Parkinson specialist team to support one person they provided care to.
- A relative gave an example of how the registered manager had worked closely with another agency to enable their family member to receive the equipment they needed to improve their comfort and health.