

Ms Beverley Harker

Springboard Business Centre

Inspection report

Ellerbeck Way
Stokesley Business Park, Stokesley
Middlesbrough
Cleveland
TS9 5JZ

Tel: 07736109161

Date of inspection visit:
22 January 2018
01 February 2018

Date of publication:
14 March 2018

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

Springboard Business Centre is a domiciliary care service providing support to older people and younger adults who live in the local community. The service is known locally as Quality Care Service although this is not the names registered with the Care Quality Commission (CQC). The office is located in Stokesley.

Inspection site visit activity started on 22 January 2018 and ended on 1 February 2018. At the time of this inspection, the service was providing support to 36 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service is not required to have a separate registered manager, because the registered provider is an individual who is registered with us. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Safe recruitment processes were in place and continued to be followed. Staff had up to date safeguarding training and understood the importance of reporting concerns. Risks to people were managed appropriately and plans were in place where required. Medicines had been administered safely but the administration of topical medicines such as creams was not always clearly recorded. People were supported by a consistent team of staff. Staff had access to personal protective equipment to promote good infection control practices.

A thorough induction process had been developed which included staff completing the care certificate. Training had been provided to ensure staff were kept up to date with current best practice. Staff were supported by management through regular supervisions and observations of their practice. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People where needed were support to maintain a balanced diet and had access to their own GP. Referrals to other professionals had been made when required.

Staff treated people with dignity and respect and people we spoke with confirmed this. People's independence was promoted by staff who were familiar with their needs. Care plans had been developed to ensure they contained person centred information. There was a complaints policy in place.

Quality assurance processes were in place to monitor and improve the service but these were not always thoroughly recorded. However, it was clear action had been taken when areas of improvement were identified. People and staff spoke highly of the provider and told us they felt valued.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Springboard Business Centre

Detailed findings

Background to this 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 was planned to check 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 site visit activity started on 22 January 2018 and ended on 1 February 2018. The first day of inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and often supports people in the community. We needed to be sure that they would be available at the office location. We made calls to six people who used the service and four members of staff on 1 February 2018 to ask their views.

The inspection was carried out by one adult social care inspector.

We contacted the local authority adult safeguarding and quality monitoring team to ask if they had any relevant information to share. We used this information to plan our inspection. Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider had not been requested to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed four people's care plans and risk assessments, medication administration records, three staff recruitment, training and supervision records, meeting minutes, audits and a selection of records relating to the running of the service.

Is the service safe?

Our findings

People told us they felt safe and that care was provided in a safe way. Comments included, "I feel very safe. The staff have a way of making you feel safe" and "The staff really do look after me. They would never see me go without and that makes me feel safe."

Safe recruitment processes had continued to be operated and followed. All the staff files we looked at had the appropriate pre-employment checks completed.

People were supported by a regular team of staff at consistent times and people we spoke with confirmed this. The provider said they were currently fully recruited with a mixture of full and part time staff. The retention rate of staff was very good and the provider explained how this helped to ensure continuity of staff for people.

A safeguarding policy was in place which had been updated since our last inspection and reflected current best practice guidance. Staff were aware of the safeguarding process and the importance of raising any concerns. They told us they had received training in this area and records we looked at confirmed this.

Risks had been assessed in areas such as health & safety, external environment, moving and handling and falls. These provided guidance to staff on how to manage the risk safely. We found although information around a person skin integrity was detailed within care plans, a separate risk assessment was not completed. The provider told us they would ensure this information was clearly documented in a risk assessment where needed.

People told us they received their medicines as prescribed by competent staff and records we looked at confirmed this. At the last inspection we identified that topical medicines such as creams were not clearly recorded to evidence they had been administered. At this inspection, we found improvements had been made with regards to the details contained on the medicine administration record (MAR). However; staff were still not recording accurately when they administered topical medicines. The provider had identified this and was able to show action they had taken to address this. People we spoke with confirmed staff always applied any prescribed topical medicines and raised no concerns.

Staff had access to person protective equipment such as gloves and hand gel. People we spoke with told us staff regularly washed their hands and used the PPE provided. Staff had also completed training in this area and were clear on the importance of following best practice guidance.

The provider had a system for recording any accidents or incidents. Although there had been no accident or incidents reported the provider was able to explain action they would take and there was a clear emphasis on learning lessons when mistakes were made.

Is the service effective?

Our findings

People told us they received effective care and support by trained staff. Comments included, "The staff are brilliant. I cannot fault them or the way they work. They certainly know what they are doing."

Since our last inspection, the provider had worked hard to develop their induction process to incorporate the care certificate and records we looked at confirmed this. New staff worked alongside a more experienced member of staff until they were confident within the role. One person we spoke with told us, "If there are any new members of staff they also get introduced. I have never had a bad one yet."

A training manager was now in post and had developed the training so that it was specific to the service. The training manager had begun to update the content of each training sessions and plans were in place for this new training to be delivered to staff. Staff spoke positively about the training on offer. Comments included, "I have no issues with training. It is all very good."

The provider conducted regular observations of staff practice in the community and this was clearly documented. One to one supervisions also took place which gave staff the opportunity to discuss any concern or areas for further development. Records showed that where staff had expressed an interest in further qualification, this had been arranged by the provider. For example, additional levels of national vocational qualification (NVQ) in health and social care.

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The service did not support anyone who lacked capacity to make day to day decisions. However, was clear on guidance they would seek if they had any concerns.

Some people required support with meal preparation. Staff had completed food hygiene training and daily care notes provided details of any meals or snacks that had been prepared by staff. We found where people had specific preferences with regards to meals; this was clearly recorded in a person's care plans.

People we spoke with told us they had access to their own GP and that this could be arranged by staff if needed. We found example where the provider had contacted other professionals when concerns had been raised. For example, it had been reported by staff that one person was struggling with their mobility so the occupational therapist had been contacted and a home visit arranged. This had been done in a timely manner and the provider told us, "We always act quickly when we have any concerns for the safety of people and our staff. The staff are really good at reporting any changes in people's care needs."

People consented to care by verbally agreeing to it. People we spoke with told us they were in control of their care and their requests were always listened to. One person told us, "They (staff) always do as I ask. They (staff) fill in a file to say what they have helped me with and I can look at that if I wish." Another person told us, "They always ask before doing and that is what I like. My wishes are respected."

Is the service caring?

Our findings

People told us, without exception, that they were well cared for. Comments included, "They (staff) are all very respectful and caring. A lovely bunch" and "They (staff) are all very pleasant. We have a good chat. Sometime they are the only people I see so it is nice they have time for a chat."

People described how staff treated them with dignity and respect. One person told us, "They (staff) know what I can manage myself so when they have helped me in the shower they close the door and then go and make the bed so I have privacy with washing. I just shout them when I am ready to get out."

Staff supported and encouraged people to make decisions and express their wishes and views. People told us staff listened to them. They were able to choose a time for staff to visit and the provider told us they tried to accommodate everyone's preferences. They told us if they requested a change in time due to a personal appointment, this was accommodated.

People expressed the importance of staff being able to spend time chatting with them when they visited and this had a positive impact on their wellbeing. We found staff demonstrated a positive regard for what was important and mattered to people. People who used the service told us that staff were familiar with their likes and dislikes and were involved in the planning of their care.

Staff promoted people's independence and had contacted relevant professionals when they had any concerns. For example, the occupational therapist if they found someone was struggling with mobility or showing. Staff told us how they encouraged people to do as much for themselves as they could and people we spoke with confirmed this.

Information was available about the use of advocacy services to help people have access to independent sources of advice when required.

Is the service responsive?

Our findings

People told us they were actively involved in the planning of their care. They told us the provider often visited them to ensure they were happy and review the care that was currently provided. Changes would be made if the support was not meeting their needs. One person told us, "They are very good at responding to my needs. I just have to ask if I want any additional help and it is actioned."

We found initial assessments had been completed. The provider told us social workers would usually contact them and ask if they had availability to cover a new package of care. The provider would then arrange a home visit to assess their needs and develop a care plan. Records we looked at confirmed this.

Care plans contained person-centred information that had been developed over time once a person found a routine they were happy with. The provider told us, "We start with a basic care plan and then develop it to meet personal requirements. This way we ensure the care plan is as person centred as it can be." Staff we spoke with told us care plans contained enough information for them to be able to provide person centred support. Staff were very familiar with people they were providing support to, therefore a person centred service was being provided.

The provider had made improvements to the daily visit reports following feedback from staff. They were now pre-populated with information on what staff were required to complete at each visit. There was an additional space for staff to sign and add any other comments. The provider and staff told us this was to allow additional time to chat with people as this was an important aspect of care that was sometimes overlooked. Staff told us this had been a positive improvement, stating, "It sure saves us time writing and I would much rather spent time chatting."

At the time of this inspection, the service did not support anyone with end of life care. We found details on people's preferences in this area had not always been clearly recorded. The provider told us this was not always something people wished to discuss but agreed that this important information needed to be recorded. They told us they would update people's records.

The provider had a complaints policy in place. There had been no complaints raised in the past 12 months. People who used the service told us they felt able to speak with staff and management if they had any concerns.

The service had received a number of compliments about the support provided. Comments included, "A huge thank you to you all. You do an amazing job," "We are extremely grateful to you all. You do a great job" and "I am so lucky to have found this company. The care and compassion you all show has been appreciated by us all. The support we have received has been invaluable."

Is the service well-led?

Our findings

Throughout the inspection, the provider spoke passionately about the service that was provided and the high expectations they had for staff. The provider often worked alongside staff in the community to ensure those standards were being maintained. They told us, "I want to ensure quality and what better way than seeing it first-hand." They went on to say, "I have no desire to become a massive company and I am not in it for the money. I just want to deliver high quality care that people deserve."

We found the provider was very open in their approach and staff and people we spoke with confirmed this. One person told us, "[Provider] often visits me. I have a good relationship with them. They don't mind getting their hands dirty and I think staff respect that."

The provider also sent out satisfaction questionnaires to people throughout the year. They had been developed and now focused on specific areas, such as communication, the care provided, staff approach and experience of the initial assessment process. It was clear the provider had taken action when people had raised concerns, such as visiting the person in their own home to discuss further.

Checks were in place for areas such as daily visit reports, financial transactions and medicine administration records. We found that these audits were not always clearly recorded. However, it was clear action had been taken when concerns were found. For example, a medication training session was arranged after errors were identified.

Staff told us they felt supported in their role and that the provider was approachable and open to ideas for areas of improvement. One member of staff told us, "[Provider] is very approachable. They always listen and react. I would be confident in raising anything."

Records showed that regular staff meetings took place and were well attended. These meetings were used to discuss any changes within the service, any concerns and also areas for improvement.

The provider told us they liaised with the local authority and available websites to ensure they kept up to date with current guidance. They had plans, moving forward, to join accredited schemes so they could develop the service.