

Springfield Home Care Services Limited Springfield Healthcare (Hull)

Inspection report

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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 is a domiciliary care service providing care and support to younger adults and older people, people with learning disabilities or autistic spectrum disorder, who misuse drugs or alcohol, with mental health needs, a physical disability or sensory impairment. On the day of our inspection, there were 215 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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 who used the service were safe. Risks to people's health and wellbeing were appropriately assessed and managed. Staff were safely recruited and sufficient in number to support the geographical area. There was good infection control practice embedded in the service. Systems were in place to ensure lessons were learnt when things went wrong.

The service was effective. People were supported to receive care in a person-centred manner and this was reflected in care planning. Staff acknowledged, and respected people's needs and choices. Staff were effectively trained in topics relevant to their role. Staff understood the importance of working with other healthcare professionals to ensure people were supported to live healthier and independent lives.

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.

The service was caring. People received individualised care and were supported by staff that were kind, caring and compassionate. Staff valued people as individuals and had formed caring supportive relationships with them. Staff knew how people preferred their care and support to be provided. People were placed at the centre of the service and were consulted on every level.

Respect for privacy and dignity was at the heart of the culture and values of the service. Activities were promoted at an organisational level and staff worked tirelessly to prevent social isolation.

The service was responsive. People had personalised care plans that promoted independence. Staff identified people's information and communication needs. People and relatives knew how to make a complaint and felt confident they would be listened to.

The service was well-led. Systems had been developed to review how the service was managed and to review the quality of the care provision. The registered manager understood the importance of gaining

people's views about the quality of the service.

Rating at last inspection

The last rating for this service was good (published 20 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Springfield Healthcare (Hull)

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.

Inspection team

The inspection was carried out by one inspector and two Experts 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.

The service had a manager registered with the CQC. 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. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 October and ended on 16 October 2019.

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 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 22 people who used the service and 12 relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, assistant manager, trainer and care workers. We spoke with two health and social care professionals.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at five staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and there were systems in place to ensure people were protected from the risk of abuse. A person told us, "I feel completely safe."
- Staff were trained in safeguarding people from abuse and understood their safeguarding responsibilities.
- The registered manager knew how to refer any concerns to the local authority safeguarding teams.

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce the risk of harm.
- Risks associated with people's care and support needs were robustly assessed, and staff had access to information to help them minimise any risks as much as possible
- Guidance provided by external healthcare professionals was incorporated within people's risk assessments and staff knew how to keep people safe.
- The registered manager had audited records to show any potential trends, this enabled them to take action to reduce risks to people.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.
- Staffing levels were safely managed. People received support from staff who were familiar with their support needs. People had been involved in recruiting staff to meet their specific needs.
- Computerised systems helped the management team to safely monitor visits to ensure staff arrived at expected times and that everyone received visits as per their plan of care.

Using medicines safely

- Medicines were managed safely. People were supported with their medicines by trained members of staff who regularly had their competency levels checked.
- People told us they received good support to take their medication on time. One person told us, "They write on the MAR (Medication Administration Record), I always get my medication on time, the staff are really good."
- Information on topical medicines, such as creams, was recorded in line with best practice guidance to support the safe use of these medicines for people.

Preventing and controlling infection

- Staff were aware of the risk of infection and wore personal protective equipment such as gloves and

aprons as appropriate. A person told us, "Staff always wash their hands and put gloves on."

Learning lessons when things go wrong

- Accidents and incidents were audited monthly to identify themes and trends for which action could be taken to minimise the risk of reoccurrence.
- Staff were confident to raise any concerns with management and knew these would be dealt with. A member of staff told us, "If I have a problem I speak to [Name of registered manager] and they will always try and sort things out."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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, and choices were met. People were assessed before services were provided to ensure their needs could be met. Pre-assessments included information about medical and social needs, for example people's religious beliefs and hobbies.
- Assessments were used to develop care plans, which provided clear information to guide staff to provide care in line with people's needs and personal routines, and support good practice.

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the service. The induction training contained safeguarding, movement and handling and other subjects the provider deemed vital for good, effective and safe care.
- To ensure people had the care they needed, staff could access extra training where people had additional needs. For example, specialist sessions on diabetes or drug and alcohol dependency.
- We saw supervision and appraisal documentation.

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

- People's nutrition and hydration support needs were well managed.
- People confirmed staff knew their preferences and prepared meals and drinks as they wished. One person told us, "The staff make me a sandwich at lunch time and a hot meal at night, they ask me what I want, and I decide."

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

- People's healthcare needs were met in a timely way. They were supported to access care from other professionals. A professional told us, "Care staff are on the ball when reporting any concerns with me."
- Staff were knowledgeable about people's needs. Care plans documented people's needs and helped staff to understand how their health affected them. People told us staff had contacted GP's on their behalf when needed.
- Staff provided consistent care. They were kept informed of any changes to people's needs through emails, telephone calls and updated care plans.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in relation to the MCA and understood their responsibilities.
- The service was working in accordance with the principles of the MCA. People were asked for consent and given choices in relation to their care and other important decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were 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 received good care and support from staff. One person told us, "The staff understand and know me well." Another said, "It's wonderful to know they are there." A relative said. "Everyone has been fantastic."
- Staff had received an array of letters and cards complimenting the care provided. These included, "My care workers bring a smile to my face, they are kind and considerate, and make me smile." Another said, "I don't know what I would do without my carers, they are so helpful, and this means I can stay at home." And "There is so much care and kindness from every carer."
- The services caring approach was evident when supporting people through bereavement. For example, staff had been caring and supportive towards one person who's relative had died as they had lived together their whole lives. They helped to put into place some coping strategies to support the person to help them process what had happened. This had had a positive impact on the person and helped them grieve for their loved one.
- Another person who loved the outdoors was no longer able to get outside and this was impacting on their wellbeing. A staff member took videos of wildlife in the garden and shared the images with them

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

- The service was effective at helping people to express their views so staff at all levels understood them. People told us their views were listened to and they were involved in planning their care.
- People told us they had been fully involved in their care package and reviews and their care package was reviewed regularly.
- The registered manager recruited staff to support a person who communicated non-verbally and had various health conditions to ensure they had the right staff to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- Privacy, dignity and respect were at the heart of the service and how staff provided care. People's privacy and dignity were valued by caring and respectful staff. One person said, "The staff respect my wishes they are very good like that, I can't fault them." Another said, "The staff certainly treat you with respect, they always ask before they do things and they always tell you what they are doing."
- People received caring support to help them maintain their independence; staff were proactive and worked closely with people and other professionals to help people regain their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; End of life care and support

- People had choice and control over their care. They were supported to spend their time as they wished. Staff were knowledgeable about people's needs and preferences and respected their decisions.
- People and their families were included in developing detailed, person-centred care plans, which gave clear instruction to staff about the support they needed and how they would like to receive it.
- Staff supported people with end of life care. They worked closely with and were supportive to people and their relatives' to ensure people had the right medicines and equipment in place to maintain their comfort and dignity.
- People were supported at the end of life. There was good liaison and referral to local health and social care professionals when needed. This helped to ensure people would receive dignified, comfortable and pain free care to support and maintain their cultural and spiritual requirements at the end of life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers'.

- The registered manager and staff understood the need for effective communication and met the requirements of the AIS.
- People's communication needs were met. Care plans contained detailed information on each person's individual communication needs, for example, verbal, picture cards and listening books.

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

- Care plans contained details about people's hobbies and interests, so staff could learn about them and be better matched to people who they had interests in common with.
- People were supported to access their local community to reduce the risk of social isolation and enhance their wellbeing. For example, people had told staff they loved sports particularly rugby as the city has a great rugby tradition but were no longer able to go to games. The service organised a coffee morning, people who were socially isolated were supported by staff to attend and were overjoyed when players from both teams joined them.
- The feedback from people who attended was extremely positive, they had participated in other events too including a pamper day organised by staff who also provided the pampering. People were still talking about the events and were hoping the rugby 'meet and greet' would be an annual event.

Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise complaints with the service if they had to. A person told us, "I would complain to the office, but I wouldn't still be with them if I wasn't happy." Another said, "There is a procedure, you can go through the office, but I haven't had to complain, my carers are lovely."
- The provider had systems in place to manage complaints.

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 good. At this inspection this key question has remained the same. 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

- The registered manager and all staff demonstrated a positive culture and promoted a high standard of person-centred care and support for people.
- The ethos, vision and values of the service were person-centred. These ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve. The service planned and delivered effective, safe and appropriate person-centred care.
- Effective communication between the registered manager and staff team supported people to receive their preferred care and support.

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

- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service.
- The registered manager kept up to date with best practice through regular training and through updates provided by regulatory bodies. They attended regional team meetings and received regular visits from the area manager which provided them with support and formed part of their quality assurance process.
- There were quality assurance procedures in place to support continual improvement. These processes included the completion of audits for care plans and the completion of quality assurance questionnaires, which were sent to people and staff. The registered manager monitored all findings and feedback received and where issues or concerns were highlighted, action was taken as required.
- Staff said they received regular supervisions and staff meetings to promote their development.
- Policies and procedures for staff to reference to ensure care and support was provided in line with national guidance and regulation were kept up to date.
- The registered manager was able to demonstrate a good understanding of the duty of candour and when this would apply.

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

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Such links supported the service to develop.
- There was a collaborative working relationship between the provider, registered manager and staff. Staff

were positive about the level of support they received from the registered manager and senior staff. A staff member said, "The manager is very supportive on both a personal and professional level. I can ring them and they are always willing to listen, I can't praise them enough." Another staff member told us, "The manager is very supportive, I feel very relaxed when talking to them."

- There was an open-door policy. People felt confident to speak to staff and the registered manager about the care they received. A person said, "I have spoken to the manager quite a few times, they seem to get things sorted, I know I can talk to them."
- Feedback was gathered from people using the service and their relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives and via emails and telephone contact. The registered manager told us if relatives lived away and wanted a face to face meeting they were flexible to fit in with their visits to relatives.
- Feedback was gathered from staff, during their one to one supervision sessions, through quality assurance surveys and during staff meetings.

Continuous learning and improving care; Working in partnership with others

- There was an emphasis on continuous improvement. The registered manager monitored complaints, accidents, incidents and near misses frequently. If a pattern emerged, action was taken to prevent reoccurrence.
- The registered manager understood the importance of working collaboratively with other health and social care professionals to provide joined-up care. They understood the challenges they faced and were able to speak openly with health and social care professionals about these.
- The management team completed initial assessments of people and told us that they spoke to other professionals who knew the person, to determine what their care needs were and if the service could safely meet them.