

# Wellspring Corporate Limited

# Wellspring Care

## Inspection report

Belvoir Maison  
Crays Hill  
Billericay  
CM11 2YA

Tel: 03301330450  
Website: [www.wellspringconsultancy.com](http://www.wellspringconsultancy.com)

Date of inspection visit:  
30 June 2021  
05 July 2021

Date of publication:  
28 July 2021

### 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

Wellspring Care is a small domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was providing care to five people.

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

This was a very small service, focused on providing personalised care. People were positive about the care, in particular about how approachable the registered manager was.

There were effective checks to monitor the quality and safety each person received. The registered manager took prompt action when concerns were raised. They were still developing systems to measure themes and log incidents and concerns over time. We have made a recommendation about developing good governance systems.

The registered manager carried out risk and needs assessments with people and their representatives. They had a good understanding on how to minimise risk and provide good quality care. They shared this knowledge verbally with staff; however, written care plans lacked detail. This had minimal impact on people as staff knew them well and the registered manager was heavily involved in care. We have made a recommendation about developing good quality care plans.

Safeguarding practices protected people from the risk of abuse. Staff supported people to take their medicines safely, and as prescribed.

There were enough safely recruited staff to support people, in line with their needs and preferences. The registered manager was purchasing a new electronic system to support them to manage staffing and enable them to grow the service in a sustained and safe manner. Staff were well supported and trained. The registered manager was enthusiastic about staff training.

Staff supported people to eat and drink. The registered manager supported people's wellbeing in a holistic manner, referring for support to external professionals when necessary. The registered manager had worked effectively to reduce the risk of infection from COVID-19.

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.

Staff were compassionate and respectful. Staff communicated with people in a way they understood. The registered manager promoted dignified care. Care was personalised and adapted flexibly in response to people's changing needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 26 March 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection of a newly registered service.

#### 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?

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.

# Wellspring Care

## 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 team consisted of one inspector.

#### 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 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 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 activity started on 29 June 2021 and ended on 9 July 2021. We visited the office location on 5 July 2021.

#### What we did before the inspection

We reviewed information we had received about the service. We also 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.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the administrator, who both provided care to people. We reviewed a range of records relating to the management of the service, including two people's care records, three staff files, training and quality assurance records.

#### After the inspection

The provider sent us additional information, as requested. We had contact with one person, one relative and three members of staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people. The registered manager promoted a culture where safeguarding was at the forefront of the service.
- Staff had received safeguarding training and knew what to do if they were concerned a person was at risk of harm. The registered manager checked staff knowledge by discussing safeguarding frequently at team meetings.

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

- People told us they felt safe with staff. They knew who to speak to if they had concerns and were positive about having known staff and personal contact with the registered manager.
- The registered manager carried out comprehensive risk assessments, such as fire and environmental risk assessments. They put in place practical measures following risk assessments, for example to minimise a person's risk of falls. The registered manager was improving the written guidance for staff, as discussed in the effective section of this report.
- There were systems to check staff were supporting people safely, such as regular unannounced spot checks. These looked at punctuality and staff attitude.
- The registered manager reflected and learnt from mistakes. They communicated regularly with staff when things went wrong, so they could learn together about how to improve the service. For example, during a team meeting the team discussed safety precautions when supporting a person on home oxygen therapy.

Staffing and recruitment

- People confirmed staff were not rushed during visits. A relative told us, "They always get everything done and chat away during the visit."
- There were enough staff to support people safely. Rotas were consistent and well planned. The registered manager was purchasing a new system which would help with planning rotas. A member of staff told us, "Wellspring has enough staff as far as I know to provide day to day planned visits."
- The registered manager was still building their team. Feedback from people was positive about the whole staff team. The office staff also provided care flexibly, which had helped manage staffing gaps.
- There were safe recruitment systems in place.

Using medicines safely

- Most people did not require support with their medicines. Where required, staff supported people to take their medicines safely and as prescribed.
- Staff had the skills to support people with their medicines. They received regular training and competency assessments.

- There were effective checks to monitor whether people took their medicines safely. Medicine errors were addressed promptly, though the errors we noted involved lack of recording with little impact on people's safety.
- Written guidance for staff on the support a person needed with their medicine lacked detail. There was no impact from this due to the involvement of the registered manager in care. However, they assured us they would review the medicine care plans as part of ongoing improvements.

#### Preventing and controlling infection

- The provider had measures in place to manage risks from COVID-19.
- Staff had access to the necessary equipment, such as masks and gloves, to enable them to support people safely. They had received training and updates about how best to reduce the risk of infection.
- The registered manager had kept up to date with ongoing changes throughout the pandemic and reviewed their procedures in response to changing guidance.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager had completed detailed assessments of people's needs. They consulted with people and their representatives as required.
- Each person had a care plan providing basic details to staff about their support needs. Care staff mainly learnt about people's care needs from shadowing other staff and from regular contact with the registered manager.
- Some key information gathered during the assessment process was not in the care plans, for example the prompting a person needed due to their memory loss. The registered manager assured us they would review the care plans, especially as the service expands.

We recommend the registered manager seek best practice guidance when developing care plans to ensure staff have access to information in a clear and consistent format

- Staff knew people well and we found the limited care plans did not impact on the quality of care provided. People told us, "They do exactly what I want" and "They know what they are doing."

Staff support: induction, training, skills and experience

- The registered manager was passionate about training and developing staff skills. Staff received the necessary training and guidance to ensure they had the skills and knowledge to provide personalised care.
- Team meetings were used effectively to develop staff skills and drive improvements. The registered manager selected relevant topics to discuss, providing practical advice. For example, they had a session on supporting people with dementia, which reflected the needs of the people they supported.
- New staff received an induction when they started working at the service and shadowed more experienced staff to develop their skills. The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff were well supported. They had regular supervision meetings with the registered manager which were used to reflect on their practice and for support. Staff said, "We all have the right training and are up to date, also we have support if needed to meet service users' needs."

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

- People and their relatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences.
- No one in the service required specialist support with eating and drinking. Staff recorded the support and

prompting they provided people to remain well-nourished and hydrated. These records show staff were led by people's choice when selecting meals and drinks.

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

- Most of the people at the service did not have complex care needs and were mainly supported by their families to access ongoing healthcare services. The registered manager had a good awareness of people's health care needs and stepped in where additional support was needed.
- Staff worked well with other professionals to support people's health and wellbeing. They had referred to an occupational therapist when a person's mobility had deteriorated.
- The registered manager looked at people's needs in a holistic way. They had advised a person and their relatives about additional support services to support a relative in their caring role.

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.

- Staff had received MCA training and respected people's rights to make decisions about their care.

Observations of staff competence checked staff asked for consent before providing care. This help promoted people's rights to make their own decisions about the care they received.

- At the time of our inspection people at the service had capacity to make decisions about day to day care, such as meal choices. The registered manager had a good awareness where people had diminishing capacity and where assessments of capacity might be required in the future.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Feedback from people and families was positive. A family member told us, "I think they are brilliant; they go above and beyond their remit."
- People told us they appreciated having regular care staff who knew them well. A person told us, "It's always the same staff unless they are off. You then get a stand in and they are just as nice."
- Although the registered manager and care staff knew people well, there was room for improvement in how well people's diverse needs were recorded. This was important as the service grew, as staff would not be able to get to know people and their individual circumstances as closely.
- The registered manager led by example, creating a caring culture. When describing a person with dementia, they said, "We need to understand [Person], to know where they are coming from and who they were to help manoeuvre through life."
- People gave examples where the registered manager had visited them to help sort out an issue. A person told us, "The manager came to visit because I was having issues getting [health issue] sorted out - they helped me by phoning the surgery."
- Staff were compassionate and non-judgemental when speaking about people. They spoke with understanding about each person's individual circumstances.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- The registered manager spoke of the importance of maintaining people's independence and describe the support they were providing to a person to ensure they remained mobile. Another person could brush their own teeth and staff had guidance on how to prompt and encourage them to maintain that skill.
- A person described how the registered manager involved them in decisions about their care, "The lady in charge is always really good and rings me when things change." Records of visits showed how staff were led by people's choice and views, such as what meals to prepare.
- Guidance to staff about respecting people's dignity was practical. The registered manager gave staff suggestions on maintaining privacy and explained this would, "Enable people to be free with you while in the bathroom with them and give them also a choice of what they will wear."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care was provided in a person-centred manner, recognising people's individual preferences. We observed the registered manager alter a rota to accommodate a person's specific request. Another person described how once a week the timings of their visits changed due to their personal circumstances.
- There were planned reviews to ensure the service was meeting people's needs. This helped people have a say in the service they received, and to highlight where changes were needed.
- Reviews also took place when people's needs changed. For example, the registered manager spent time with a person who had returned home from a hospital stay to ensure staff would be aware of any changes in the support the person required.

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 had considered people's communication needs and discussed this with staff, but not always included this guidance in care plans. There was no impact on people's care and the registered manager assured us these gaps would be addressed as part of the overall improvements in care plans.
- Care plans and other documentation were written in practical accessible language.

Improving care quality in response to complaints or concerns

- There had been no formal complaints. People and their relatives told us they had not had any reason to complain but would feel able to if required. A person told us, "I have the manager's phone number if I had to complain, but I've not had to."
- Informal complaints were dealt with well. The registered manager told us they were able to resolve concerns informally and promptly because they continued to provide some direct care and people spoke up during visits.
- There was a complaint process in place. Family and people were asked for feedback and prompted about their right to complain, for example during care reviews. The registered manager was still setting up a complaints log, to capture any themes from complaints.
- Information from feedback was used to improve the service. For example, the registered manager described how they no longer gave a specific time for arrival at a person's home, as they had learnt this could lead to disappointment.

#### End of life care and support

- The service was not supporting anyone who was required end of life care.
- There were examples where care had been adjusted flexibly when people required increased support. This assured us the registered manager would respond as required should a person need end of life care and support.

# 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

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager was passionate about providing good quality care and focused on the needs of the people they supported.
- Feedback from people was positive about all areas of the service. Staff told us they were trained and encouraged to provide high quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The registered manager knew in detail what was going on across the service. Regular checks on the service people received were practical and improved the quality of care. For instance, during their induction a member of staff was reminded about the importance of punctuality. Timekeeping was then checked at their first unannounced spot check.
- Due to the size of the service, the registered manager had not yet developed systems to track themes and capture learning at an organisational level. This had not impacted on the quality of care, however they assured us they would develop improved systems as the service grew to ensure they continued to know what was going on in the service.

We recommend the registered manager seek best practice guidance on how best to effectively monitor the quality of care of their growing service.

- The registered manager was passionate about learning and developing the service in a sustainable manner. They spoke clearly about the role of each newly recruited staff member and the benefits they would bring to the service.
- There was a continual drive to enhance the service. The registered manager had recently purchased a new electronic system to improve the overall management of staff time and rotas. They also showed us a new and improved fire risk assessment which they were trialling.
- The registered manager had joined a care association and spoke positively about learning from more experienced managers in the network. The service's nominated individual was available for advice about clinical issues, which supported staff to provide safe, good quality care. Both these resources enabled the registered manager to reflect and learn as the service developed.

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

- There was good engagement and communication with people and their families. A person told us, "The manager is very helpful and rings to see how I am getting on with the service." The registered manager described a situation where they had to be honest with a person when they were not able to meet a specific request.
- The registered manager involved staff and asked for their views about the service. In January 2021, they asked staff at a team meeting to reflect on the previous year and what they could do differently in the year ahead.