

# Living Spring Solutions (Care & Training) Limited

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### 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

This inspection took place on 10 April 2017 and was announced. Living Spring Solutions is a domiciliary care agency that provides care and support for people living in their own homes. This was our first inspection at the service. At the time of this inspection five people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Procedures were in place to support people where risks to their health and welfare had been identified. Appropriate recruitment checks took place before staff started work. People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

None of the people using the service were able to communicate with us verbally during the inspection so we spoke with their relatives about the service their family members were receiving. They told us they and their relatives were provided with appropriate information about the service. They said staff were kind and caring and their relatives privacy and dignity was respected. They had been consulted about their relatives care and support needs and care plans were in place that provided information for staff on how to support people to meet their needs. They were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary. The registered manager and staff said there was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys and telephone monitoring calls. They carried out unannounced spot checks to make sure people were being supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

## 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.

The service had appropriate safeguarding adults and whistle blowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

### Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other healthcare professionals when they needed them.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

People and their relatives had been involved in planning for their care needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care records included detailed information and guidance for staff about how their needs should be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

The relatives of people using the service said they knew about the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in post.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys and telephone monitoring calls.

The provider carried out unannounced spot checks to make sure people were being supported in line with their care plans.

Staff said they enjoyed working at the service and they received good support from the registered manager.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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## **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.

This inspection took place on 10 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

The inspection team comprised of one inspector. We looked at the care records of three people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with the registered manager and four care staff. We also spoke on the telephone with the relatives of four people using the service and a senior operations manager from a local authority that commissions services from the provider to gain their views about the service.

## Is the service safe?

### Our findings

One person using the service's relative told us, "I think my loved one is safe with the care he receives." Another person's relative told us, "My relative is well cared for by staff and is safe."

The service had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the service. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. One member of staff said, "If I thought someone was being abused I would let the registered manager know right away. If they didn't do anything and the abuse was still taking place I would report my concerns to social services or the Care Quality Commission." The registered manager said the staff team had received training on safeguarding adults from abuse and training records we saw confirmed this. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of seven members of staff. We saw completed application forms that included references to staff's previous health and social care work experience, their qualifications, health declarations and employment history. The registered manager told us that any breaks in employment were discussed with staff during the recruitment process. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out.

The registered manager showed us a rota and told us sufficient staff available to meet people's care and support needs. They said late calls were very infrequent as most staff lived local to where they supported people using the service. A relative told us, "So far the staff have been very good at keeping to time. They are never ever late." Another relative said, "I have a rota so I know which staff are coming. They always come when they are supposed to. I have the details of the service in case I need to call them. They have always when I have called." A member of staff told us, "The service has enough staff to support people. I don't live far from the people I support so I don't need to rush between calls." The registered manager told us staffing levels were arranged with the local authority according to the needs of people using the service. If extra support was needed to support people to attend social activities or health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example on moving and handling and going out into the community. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment.

People were supported, where required, to take their medicines as prescribed by health care professionals. At the time of the inspection only one person using the service required support from staff to administer their medicines and this was recorded in their care records. We saw medicine administration records (MAR)

were being completed by staff confirming that the person had taken their medicines. A member of staff said, "I have had training on administering medicines to people. Whenever I administer medicines I record this in the MAR in the person's home." We saw records confirming that the registered manager had assessed this member of staff's competence in administering medicines during a supervision session. Another member of staff told us, "I don't support anyone to take medicines at the moment but I have had the medicines training as I might need to support people to take medicines in the future." Training records confirmed that all staff had received training on the safe administration of medicines. This ensured that staff had the necessary skills to safely administer medicines.

## Is the service effective?

### Our findings

The relatives of three people using the service told us they thought the staff were well trained and they knew what they were doing. One relative told us, "The staff are very professional and they seriously know their jobs."

Staff completed an induction when they started work and they received training relevant to the needs of people using the service. Staff told us they completed an induction when they started work and initial shadowing visits with experienced members of staff. One member of staff told that shadowing an experienced member of staff had helped them to get to know and understand the person they were supporting and how to support them with their needs. We saw records confirming that all staff had completed an induction and training in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction of social care workers. Training records confirmed that all staff had completed training the provider considered mandatory. Mandatory training included food hygiene, medicines, moving and handling, health and safety and infection control. Staff had also received training on the Mental Capacity Act 2005 (MCA), fire safety, first aid, safeguarding adults, equality and diversity, fluid and nutrition and awareness of mental health, dementia and learning disabilities. All of the staff had attained nationally recognised qualifications in care or were in the process of obtaining the qualification.

Staff were aware of the importance of seeking consent from people when offering them support. One member of staff told us, "I always respect people and I would never go against their wishes. If it had an impact on their health needs I would contact the registered manager and we might need to review the persons care plan."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people using the service had capacity to make some decisions about their own care and treatment. Where people lacked capacity to make specific decisions we saw that the registered manager had worked with the person, their relatives and social care professionals to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.

People had access to health care professionals when they needed them. A relative told us, "If my relative wasn't well the staff would call the doctor for him." Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One member of staff said, "If I found someone wasn't well I would let the registered manager know and call a GP or emergency

services if I needed to. I would keep everything recorded in the person's daily notes."

Where people required support with eating and drinking or cooking meals this was recorded in their care plans. A relative told us, "The staff are teaching my loved one to cook their own meals." A relative of another person using the service said, "We normally cook, however if we need them to, staff cook meals and they are excellent cooks." A member of staff told us, "I am currently supporting one person with improving their daily living skills. This includes teaching them to cook simple meals such as eggs and toast. It's all recorded in the persons care plan."

## Is the service caring?

### Our findings

One person using the service's relative told us, "The staff are very caring. I think my loved one is well looked after." Another person's relative told us, "All I can say is this is the best agency we have ever used, the staff are very nice and very friendly."

The relatives of people using the service said they and their relatives had been consulted about their relatives care and support needs. One relative told us, "I was involved in planning for my sons care and support needs. His needs were assessed by the registered manager when he started using the service. A care plan is in place now and the staff knows what they need to do for him." Another person's relative said, "The registered manager came to our home and carried out an assessment of my son's needs. She put a care plan in place for staff to support him and we review the care plan together regularly."

People were treated with dignity and respect. One person's relative told us, "The staff always treat me and my loved one with dignity and respect. They knock on the door and announce themselves before they come into our home. When they provide my loved one with personal care they close the windows and doors so that everything is done for them in private." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff told us, "When I help people with personal care I make sure their privacy is maintained by closing the bedroom door. I always explain what I am doing for them."

People were provided with appropriate information about the service in the form of a 'Service Users Guide'. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. One person's relative told us, "They gave us a Service Users Guide. This is very useful as it has all of the information we need to know about the service including making complaints and contacting them in an emergency."

## Is the service responsive?

### Our findings

One person's relative told us, "Everything is in place and the staff know what they have to do to support my loved one. The staff are all very good." Another person's relative said, "The staff are excellent and the service my relative receives from them is excellent." A third person's relative commented, "My relative gets all the support he needs from the staff."

Assessments were undertaken to identify people's support needs before they started using the service. Initial assessments covered areas such as medical histories, health needs, communication, personal care, eating and drinking, moving and handling, pain and social interactions. Care plans were developed outlining how these needs were to be met and included detailed information and guidance for staff about how each person should be supported. The care plans showed that people using the service and their relatives, where appropriate, had been consulted about their needs. We also saw that care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. A member of staff told us, "The care plans include information about the people we support and what we need to do for them. They are simple, straight forward and easy to understand."

The registered manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. They told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. For example some people using the service were autistic so the staff that supported them had completed autism awareness training. A member of staff told us, "The registered manager would always make sure we are properly trained before we support anyone for example the training I had on moving and handling helped me to understand how to support people safely."

Staff understood people's needs with regards to their disabilities, race, culture and religion and supported them to meet these needs. The registered manager and staff told us they respected people's diverse needs and took into account their age, disability, race, religion, sexual orientation and gender. The registered manager told us that staff supported one person to attend their place of worship and a member of staff told us, "I respect that people come from different cultures and backgrounds and some have different beliefs from me. But everyone is different and my job is to support people to do what they want to do."

The relatives of people using the service told us they were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary. One relative told us, "I have never needed to complain but I would just speak with the manager. I know they would deal with any concerns if I had any." The service had a complaints procedure in place. The registered manager showed us a complaints file that included a copy of the complaints procedure and forms for recording and responding to complaints. They showed us a record from a complaint made to the service. We saw that the complaint had been fully investigated and responded to appropriately.

## Is the service well-led?

### Our findings

One person's relative told us, "I think the service is smoothly run, we have not had any problems so far. I have met the registered manager and she seems well organised." Another person's relative said, "The service is excellent. The service is very well run." A senior operations manager from a local authority that commissions services from the provider told us they found the provider to be responsive to their requests and always as helpful as possible.

The service had a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

We saw that people's care plans and risk assessments were kept under regular review and where people were supported to take their medicines we saw that medicines audits had been completed. Accidents and incidents and complaints were also recorded and monitored. The registered manager told us that these were discussed with staff and measures were put in place to reduce the likelihood of these happening again. We saw records of unannounced spot checks carried out by the registered manager on staff working at people's homes. They told us they carried out these checks to make sure staff turned up on time, wore their uniforms and identification cards and that they had completed all of the tasks recorded in people's care plans. They also asked people using the service and their relatives for their views about the support they were receiving from staff. All of the spot check records we saw included positive comments from people using the service about the staff. Two members of staff told us the registered manager carried out unannounced spot checks to make sure they were doing things right. One member of staff said, "We never know when they are coming. They check that we are doing everything right according to people's care plans. They speak with the person using the service and their family members to find out if they are happy with what we are doing."

The provider took into account the views of people using the service through satisfaction surveys and telephone monitoring calls. We saw a number of completed questionnaires from a survey carried out by the provider in March 2017. The feedback had been very positive and none of the people that completed the survey had made any recommendations for improvement. We also saw information recorded on telephone monitoring forms. The registered manager told us they regularly contacted people using the service to see if they were happy with the service they were receiving and if care staff had any concerns. For example one member of staff had noted that the person's medicines had not come from the pharmacist in blister packs. The registered manager contacted the pharmacist and arranged for the person's medicines to be prescribed blister packs. The registered manager told us they used feedback from the surveys and telephone monitoring calls to constantly evaluate and make improvements at the service.

Staff said they enjoyed working at the service and they received good support from the registered manager. One member of staff said, "The registered manager is brilliant, she guides me and supports me with things I'm not sure about. She encourages me to attend training in order to improve my skills and confidence. Any

time I need her she is always there and willing to listen." Another member of staff told us, "I am very happy with my job. We have a great team and the manager is fantastic."