

Springfield Home Care Services Limited Springfield Healthcare (North Yorkshire & York)

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?	Requires Improvement ●

Summary of findings

Overall summary

Springfield Healthcare (North Yorkshire & York) is a domiciliary care agency, which provides personal care to people living in their own homes. The service supports younger adults and older people, as well as people who may be living with a physical disability, sensory impairment, mental health needs, dementia, a learning disability or autistic spectrum disorder and people who misuse drugs and alcohol.

Not everyone using Springfield Healthcare (North Yorkshire & York) receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

Inspection activity started on 3 September 2018 and ended on 10 September 2018. It included speaking with people who used the service and their relatives or carers. We visited the office location on 3 and 10 September 2018 to speak with the registered manager and office staff. We also reviewed care records, policies and procedures.

The provider was given two days' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure someone would be in the location office when we visited. At the time of our inspection, there were approximately 160 mainly older people using the service.

At our last inspection in August 2016 we rated the service 'Good' overall. At this inspection, the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing 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 had a registered manager. They had been the registered manager since May 2013. A registered manager is a person who has registered with the CQC 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 2008 and associated Regulations about how the service is run. The registered manager was supported by an operations manager, care manager, team leader, care coordinators and supervisors in the management of the service.

The provider took action in response to our feedback to make sure the rating awarded to the service following the last inspection was correctly displayed in the location offices and on their public website. Notifications had been written, but due to a technical issue with the provider's systems had not been successfully sent to the CQC.

People told us rotas needed to be better managed and said they were not always informed when staff were running late. Accidents and incidents were recorded, but we made a recommendation about following their policy and procedure and documenting more detailed information about what had happened to improve

accountability and oversight.

People told us they felt safe using the service. Staff were safely recruited and were trained to recognise and respond to safeguarding concerns. Risk assessments provided guidance to staff on how to support people in a safe way.

Staff received ongoing training, spot-checks, supervisions and appraisals to support them to develop the skills and knowledge needed to provide effective care.

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 supported this practice. The provider was developing more detailed paperwork in relation to mental capacity assessments and best interest decisions.

Staff supported people to make sure they ate and drank enough and to monitor their nutritional needs. They worked closely with healthcare professionals to seek further advice, guidance and medical attention when needed.

People told us staff were kind, caring and treated them with respect. Staff understood the importance of listening to people, supporting them to make decisions and respecting their choices.

The provider had a system in place to gather feedback and to respond to any complaints about the service.

People's care plans contained person-centred information about their needs and preferences and people told us staff were responsive to their needs.

Staff told us the service was well-led and gave positive feedback about the support provided to them. The provider had introduced a quality assurance framework, which included regular audits to monitor the service. The registered manager and provider responded to feedback and acted where issues and concerns had been identified to improve the service.

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.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service requires improvement.</p> <p>The provider had not met the requirement to submit notifications or to display their rating awarded following the last CQC inspection.</p> <p>People told us they were not always informed when staff were going to be late.</p> <p>The provider acted on feedback and there were systems in place to help continually improve the service.</p> <p>People gave positive feedback about the care staff provided. Staff told us they felt supported by management.</p>	<p>Requires Improvement ●</p>

Springfield Healthcare (North Yorkshire & York)

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. The inspection was planned to check whether the provider was 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 activity started on 3 September and ended on 10 September 2018. The provider was given two days' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure someone would be in the location office when we visited.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. They specialised in care for older people and supported the inspection by speaking with people who used the service and their relatives or carers to gather their feedback.

Before the inspection we reviewed information we held about the service, which included notifications the provider had sent us about events or incidents that occurred which affected their service or the people who used it. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

We used information the provider sent us in the 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.

During the inspection we spoke with 19 people who used the service, their relatives or carers. We spoke with the registered manager, operations manager, care manager, team leader and six other members of staff

including supervisors and care workers. We also received feedback from five health and social care professionals. We reviewed five people's care plans, risk assessments and medication administration records; four staff recruitment, induction and training records, as well as meeting minutes, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe with the support that staff provided. One person commented, "I do feel safe as you get to know the staff well." A professional said, "I have found that if the carers are concerned about any issues regarding people's well-being or risk from abuse, the managers get in touch and report it."

The provider had a safeguarding policy and staff were trained to safeguard adults who may be vulnerable. Records showed safeguarding concerns were reported and investigated with the local authority's safeguarding team. A professional told us, "When safeguarding referrals have been raised, they respond well and work with us in a positive way, providing extra training for staff when required."

People had care plans and risk assessments outlining the support they needed and any risks to their safety. These records contained information and detail about the measures in place and support required to meet people's needs and keep them safe.

Staff recorded accidents and incidents that occurred and the registered manager showed us reports they used to monitor these and identify any patterns or trends.

People gave positive feedback about the support provided with medicines. One person said, "They always give me my tablets on a morning, then they have a book and write everything down." The provider had an up-to-date medication policy and staff received training and completed competency assessments to make sure they provided safe support.

Staff completed medicine administration records to document medicines administered. These were returned to the office and audited to identify and address any shortfalls in practice. Protocols were in place to guide staff on when to administer medicines prescribed for use 'as required'.

The provider had a safe recruitment process. Disclosure and Barring Service checks had been completed to make sure new staff were not barred from working with adults who may be vulnerable.

People told us they were happy overall with the support provided, but explained staff did not always arrive when they were expecting or inform them if they were running late. Comments included, "Sometimes they come late and I have to phone the office", "They have to go from one client to another, and if there is a problem, then obviously they are going to be late" and "Some carers ring if they are going to be late. Other carers just turn up whenever they can."

The registered manager showed us how rotas were organised and the systems in place to continually monitor staff's reliability and punctuality. They explained the work they were doing to make sure staff informed people in an emergency when they were running late. We have addressed this in more detail in the well-led domain.

Staff completed infection control training and were given personal protective equipment (PPE), such as

gloves and aprons, to minimise the risk of spreading infections. People who used the service confirmed staff wore these. The registered manager used regular spot checks and observations to make sure staff were using PPE and following good infection prevention and control practices.

Is the service effective?

Our findings

People who used the service described staff as "efficient" and "competent" in the way they supported them. One person said, "Staff come and do the job and look after me properly. I have no qualms with them as they are doing a decent job."

Staff assessed people's needs before they started using the service. They gathered information from the person, their relatives and, if needed, from health or social care professionals involved in supporting them. They used this information to plan people's package of care and to make sure staff knew what was required to meet their needs.

New staff completed up to six days training to equip them with the knowledge and skills to work in care. They shadowed more experienced staff and had regular opportunities to speak with management to check how they were getting on and discuss their progress.

Staff gave positive feedback about the induction and training. Comments included, "I am learning a lot of new skills here. The six days of induction training was very intense, but really good. It goes through everything you need and is specific to their documentation and policies" and "We have regular training. The trainer is very good and the courses are quite enjoyable and easy to follow. They also ask us if there is anything we want further training on."

The registered manager made sure staff had regular observations and 'spot checks' of their practice as well as supervision meetings and an annual appraisal. These provided opportunities to monitor performance, discuss wellbeing and showed staff were supported to continually develop and improve their practice.

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 MCA 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.

We checked whether the service was working within the principles of the MCA. People had signed consent to the support provided. They told us staff listened to them and followed their instructions. Care plans explored issues with people's mental capacity and the decisions they could make. The provider explained they were developing paperwork to more clearly document mental capacity assessments and best interests decisions.

People's care plans included information about any support they needed with meals and drinks as well as details about likes, dislikes and any allergies they had. Staff recorded information about what people ate and drank to help monitor and make sure their needs were met.

Staff worked with professionals to make sure people received medical attention when needed.

Professionals gave generally positive feedback about the working relationships they shared with staff. One professional said, "I have found the agency do respond to changes and will ring us up to let us know if the client is unwell and either needs more time or an extra visit to ensure they are safe and well cared for."

Is the service caring?

Our findings

People who used the service told us staff were caring. Comments included, "I always joke about with the staff. They are very pleasant, helpful, kind and respectful" and "I am quite happy with the support and how they look after me. I get on well with them and they do their job." Relatives of people who used the service said, "The staff are polite, kind and they're honest" and "The carers look after [name] very well."

Professionals told us, "I am reassured by the clients through reviews that the staff are kind and they feel they do a good job", "Most of our clients seem happy with the care and support that is provided" and "They show them respect and treat them with dignity."

Staff had training on equality and diversity, communication and privacy and dignity. People who used the service confirmed staff treated them with respect and told us they did not feel discriminated against by staff. Staff understood people's right to express their views and be treated with respect and dignity.

People who used the service told us staff asked what help they needed, listened to them and followed their instructions. One person who used the service said, "They explain everything to me before they do anything." They told us how this helped them to feel in control of the support they received.

Staff supported people to maintain their privacy and dignity. One person said, "They protect my dignity, they always hold a towel up when I have a shower and ask for permission before they do anything." Other people described staff as friendly, lovely and respectful. People said their preference for a male or female carer was respected and this helped to maintain their dignity. One person told us, "A male carer doesn't come on the days I have a shower."

Staff had developed caring relationships with some of the staff who supported them. Staff were split into teams working in certain local areas. This helped to reduce the number of staff who might visit a person so they would be more familiar with the staff supporting them. People spoke about having 'regulars' who visited them often, but understood there had to be changes when people went on holiday.

People valued the friendship and company of the staff who visited them. They told us staff talked to them and showed an interest in how they were. Feedback included, "I try to talk to them and ask them about their family, and they ask about me, it works both ways. I get on well with all of them" and "Staff talk to you and take interest in you."

The registered manager understood the role of advocacy services and explained how they would support people to access this support if needed. An advocate is someone who supports people to make sure their wishes and views are heard on matters that are important to them, for example decisions about their care.

Is the service responsive?

Our findings

People gave positive feedback about the person-centred care staff provided. They told us staff listened to them and were responsive to their needs. Feedback included, "I think they are good; they always say, 'is there anything you'd like me to do?' before they go" and "I tell them what I want and they do it accordingly."

A professional said, "I have found them to be very accommodating at short notice to any changes and think their service appears to be of a high standard."

Staff completed 'initial assessments' to identify what support people needed and how their needs should be met. They used this information to create person-centred care plans and specific risk assessments. These included a description of what staff should do at each visit, taking into account people's individual personal preferences.

Staff explained how information was shared so they knew what support people needed. One member of staff said, "We get to know about new clients through memos we receive with our rotas or through regular staff meetings. We then go to visit them and we read the care plan and have a chat with the client to see what they want us to do."

Staff used daily notes to record the support provided at each visit and to share information from one member of staff to the next. A relative said, "They always record in a folder so the next one who comes can read it and knows what has happened before they start."

Staff completed regular reviews and customer 'spot checks' to make sure the support continued to meet people's needs. Records showed people who used the service were involved in this process and their records were updated when their needs changed.

The provider had systems in place to make sure people would receive the support they needed at the end of their life. Information was recorded in people's care plans about whether they had decided to refuse resuscitation if the need arose. The provider had specific paperwork to support staff to assess and plan how to meet people's needs and offered training to staff on end of life care.

The provider had a complaints procedure. People who used the service told us they felt able to raise concerns if the need arose. They said, "I've got the office number, and would feel happy speaking with them if I had any problems" and "I have got the 'out of hours' and daytime office number if there are any problems." A relative told us, "I can communicate with the office if I have any problems."

The registered manager kept a record of any complaints, how these were investigated and the concerns addressed. This showed us they responded to complaints to improve the service.

Staff had received several compliments praising the support they provided. Comments from these included, "Thank you to all the team for your care and support...we will always be so grateful" and "A very warm thank

you to everyone, especially the carers who turned out in every kind of weather and gave us so much of themselves."

Is the service well-led?

Our findings

The service had a registered manager. They had been registered manager since May 2013 and were supported by an operations manager, care manager, team leader, care coordinators and supervisors in the management of the service.

At our last inspection in August 2016, the service required improvements to be well-led. This was because they had not adequately monitored call times as part of their quality assurance process. There was no overview of accidents or incidents that had occurred.

At this inspection some improvements had been made, but further improvements were needed.

On the first day of our inspection the provider had not made sure the rating awarded to the service following the last inspection was correctly displayed in the location offices or on their public website. This is a legal requirement. Notifications had been written, but due to a technical issue with the provider's systems had not been successfully sent to CQC. Notifications include information about events or incidents that occur and which affect a service or the people who use it. It is important notifications are submitted correctly to enable CQC to monitor the quality and safety of the service.

The registered manager and provider acted in response to our feedback to resend notifications and to make sure the rating was correctly displayed.

People told us rotas needed to be better managed so staff arrived more consistently at the planned times. They told us communication needed to improve so they were more reliably informed if staff were running late. A person who used the service said, "They never seem to notify you that something has happened and they are going to be late." A professional said, "The only issue I have is with the timings of the visit which can be varied from day to day. The clients are left at times not knowing when the carers are going to arrive."

The registered manager had identified these issues in a recent satisfaction survey and explained the work they had been doing to address this. This included addressing it in team meetings and sending memos to staff about the importance of ringing people if they were running late.

Accidents and incidents were documented electronically in people's notes, but we spoke with the registered manager about recording more detailed information about what had happened and how staff had responded to improve accountability and oversight. The provider had a policy and procedure in place regarding the recording of accidents and incidents, but this had not been consistently followed in the way information was recorded.

We recommend the provider takes action to ensure their policy and procedure in relation to the management of accidents and incidents is followed consistently.

Although there were limitations with how accidents and incidents had been recorded, the system enabled

the registered manager to run reports, which provided an overview of the accidents and incidents that had occurred to support them to identify any patterns or trends. The provider reviewed these at quarterly meetings to make sure appropriate action had been taken and to share learning across the organisation.

The provider had introduced a new system of governance since our last inspection. This provided an effective system for gathering and storing information. We found records and information were generally well organised and easily accessible. Although this system provided a robust framework for organising information and managing the service, it had not been used to identify and address some of the issues found during the course of our inspection. For example, checks of the office environment had not made sure the rating was correctly displayed. The system had not been effective in making sure accident and incidents were recorded in line with the provider's own policy and procedure.

The registered manager and provider used a range of audits to continually monitor the service. Audits included a review of people's care plans and risk assessments. People's daily notes and MARs were returned to the office and audited each month. When issues had been identified action had been taken to address this to support improvements.

The registered manager used spot checks and observations to monitor staff practice and provide feedback about what they did well or any improvements that could be made. Customer reviews, spot checks and surveys helped the registered manager monitor people's satisfaction with the service and to identify where changes may be needed.

The provider completed internal quality audits and the service had also been audited by the local authorities who commissioned care and support from Springfield Healthcare (North Yorkshire & York). Records showed action had been taken in response to any feedback to continually improve the service.

People who used the service told us they were happy with the care and support provided. Professionals said, "Springfield care are one of the better care agencies that we work with. The service seems well-led and is responsive to clients' needs" and "My experience of them is that they seem to be very caring...I do not have any concerns regarding their service to [person using the service] at all, in fact I often find they go out of their way to meet their needs."

Staff gave positive feedback about the management. They told us management were approachable and supportive. Comments included, "Everybody is really supportive, I can ask anyone and they will help me" and "Everybody works together as a team, the office staff always back you and you've got someone to help at the end of the phone if you need it."

The registered manager used 'memos', and held 'daily huddles', team meetings and attended monthly management team meetings to share information and to discuss and coordinate the running of the service. A recent management team meeting had included a review of locally published CQC reports to identify common issues or concerns and the features of Good and Outstanding services.

The registered manager documented 'random acts of care'. These were examples where staff had gone beyond what was expected. They also nominated staff for 'You're a Star Awards' to recognise, reward and promote good practice. Random acts of care included a member of staff who took a person who used the service to a birthday party as it was important to them.

The provider explained the work they were doing to consult with staff on changes which could be made to improve retention and discussed the importance of this on continuity of care for people who used the

service. This showed a positive approach to improving and developing the service.