

Springwood Healthcare Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Springwood Healthcare Services Ltd is a homecare agency based in Barnet. At the time of this announced inspection, they were providing care and support to one person living in their own home. They were not providing any nursing care. The service's stated specialisms include providing care to people with a learning or physical disability or those with a mental health condition.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

At the last inspection in December 2013, we found that the service met the regulations we inspected against. At this comprehensive inspection the provider was in breach of two regulations.

Recruitment procedures, for example around appropriate written references and timely criminal record disclosures, were not ensuring that staff were safe to work with people using the service before they started providing care.

We also found that some records about people using the service and the management of the service were not accurate or complete, for example, keeping care plans up-to-date and that staff supervision was properly documented. .

We additionally made two recommendations, on implementing guidance relating to The Mental Capacity Act 2005, and on supporting people with developing independent living skills. Whilst we were assured that the service tried to help the development of independent living skills, the process was not well documented or kept under proper review.

The service was responsive and customer-focussed. The views of people and their family members were taken into account, and action was taken where dissatisfaction was expressed.

The service promoted people's privacy and dignity. People received consistent staffing, which helped positive and caring relationships to develop.

The service provided support for people's health and nutritional needs. There were effective safeguarding and risk management procedures in place that staff understood.

The registered manager was appropriately qualified for her role, and she had recently attended training in support of rebranding and expanding the business. The provider audited the quality of the service and there were good management systems in place.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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 not consistently safe. Recruitment procedures were not ensuring that staff were safe to work with people using the service before they started providing care.

There were effective safeguarding and risk management procedures in place that staff understood. The service had appropriate medicines systems in place.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. Staff training did not ensure that staff had the knowledge and skills needed for their role. The provider was not ensuring that all relevant aspects of The Mental Capacity Act 2005 were being implemented.

The service provided support for people's health and nutritional needs.

Requires Improvement ●

Is the service caring?

The service was caring. People's opinions and preferences were sought and acted upon, and their privacy and dignity were respected and promoted by staff.

People received consistent staffing, which helped positive and caring relationships to develop.

Good ●

Is the service responsive?

The service was responsive. The views of people and their family members were taken into account, and action was taken where dissatisfaction was expressed.

People's support needs were assessed and agreed with them and their family members, and were kept under review.

Good ●

Is the service well-led?

The service was not consistently well-led. Whilst the registered manager had appropriate qualifications for her role, we found that some records about people using the service and the management of the service were not accurate or complete.

Requires Improvement ●

The provider audited the quality of aspects of the service and had appropriate management systems in place.

Springwood Healthcare Services Ltd

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 was an announced inspection and took place on 30 June 2016. 48 hours' notice of the inspection was given because the service is a small domiciliary care agency and we wanted to ensure the registered manager would be present.

Before the inspection, we checked any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and information we held on our database about the service and provider.

The inspection was carried out by one inspector. There was one person using the service for personal care support, and one involved staff member, at the time of our inspection. During the inspection process, we spoke with a relative of the person using the service, the staff member, and the registered manager.

During our visit to the office premises we looked at various management records along with the care file of the person using the service and the personnel file of the involved staff member.

Is the service safe?

Our findings

The registered manager told us that the service had one employee providing care at the time of our visit. We checked their recruitment records. These showed that checks had been made of the staff member's identity, employment history, qualifications, criminal record (known as a 'DBS disclosure') and from two referees. It was positive to see that the registered manager had recorded phone calls to the two referees once the written references were received, to validate the authenticity of the referees. However, the references were not from any of the staff member's last three care employers, so did not consider their conduct in similar circumstances to their proposed care role. The registered manager had made no record of exploring the reasons why the staff member had left two of these employments when the staff member had not recorded a declaration of these themselves, or of exploring gaps in the staff member's employment history. The DBS disclosure pre-dated the staff member's employment by over a year, when the DBS guidance states a three-month maximum length of portability. A further DBS disclosure had since been obtained, but not in a timely manner. These recruitment checks demonstrate that reasonable precautions were not taken to ensure that the staff member was safe to work with people using the service before they started providing care to people.

The evidence above demonstrates a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us they had no safety concerns when their family member received a service. We saw that there were specific risk assessments of the service being provided at the home of the person using the service. These included appropriate consideration of potential hazards relating to the care environment, the person's abilities, and specific areas where needed such as for medicines management.

When we spoke with the staff member, they told us of when they had been unable to gain access to the home of someone who used the service in the past. They described the actions they took to ensure that the person was safe in the circumstances. They also told us of how the situation was reviewed with the registered manager so as to avoid a similar scenario. We noted that there were care file records advising staff on what to do in such circumstances.

The provider had an extensive safeguarding policy in place. There was documented evidence of staff training on safeguarding processes, and reference to these procedures within the staff handbook. The involved staff member could provide examples of signs of abuse, and knew how to raise safeguarding concerns. The registered manager knew to raise safeguarding alerts with relevant local authorities and had contact details for these in place.

The registered manager told us that for the one person using the service at the time of our inspection, one staff member was providing all the care required, but that she could provide cover where needed. She stated that there was ongoing recruitment of a pool of staff to provide services in line with the provider's wish to expand the business. The provider's website included an online application process.

The registered manager told us that nobody needed support with medicines. We saw that risk and needs assessments had detailed templates to assist with establishing care plans for medicines support. The provider showed us an appropriate medicines policy that was ready for use if anyone needed support to take their medicines.

Is the service effective?

Our findings

The service provided adequate support for people's health and nutritional needs. We saw that care assessment records considered people's specific health and nutritional needs, including for continence, skin integrity, sensory impairments, dietary restrictions and what specific equipment was being used. Elements of this were incorporated into the care plan of the person using the service, and there was reference to such needs within the care delivery records. The involved staff member knew the person's preferred meals and relevant health issues. The registered manager showed awareness of how nutrition can support or aggravate health issues.

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. We found the service to be working within the principles of the MCA but that further work was required to fully embed it. The provider had a policy on the MCA that followed the relevant principles; however, it was not explicit in what actions the provider would be taking with ensuring that the MCA was implemented within its services. The needs assessment form identified that the person using the service may not be able to make some decisions for themselves. It then stated that a mental capacity assessment should take place in line with the provider's policy. However, the registered manager confirmed that there were no mental capacity assessment records available for the person. We noted that neither the registered manager or the staff member had a record of attending training on how the MCA should be used in their work within the service.

We recommend that the provider review and implement best practice guidelines relating to The Mental Capacity Act (2005).

When we checked the staff member's training records, there were certificates relating to a number of care and safety courses they attended during employment with the provider, for example, infection control and food hygiene. It included some practical components such as basic life support. We also noted that they were a qualified nurse and had a national care qualification.

We noted that the staff member's records stated they received a one-day induction before starting work in people's home. Whilst it covered some relevant matters such as health and safety, the gifts policy, dignity and human rights, it was adapted from a care home induction pack and was not added to, to reflect the specific needs of working in people's own homes. It did not make reference to meeting the standards of the new national Care Certificate or previous national training organisations. The one day's worth of training courses attended by the staff member subsequently took place almost three months after they started working in people's homes, and so was not sufficiently prompt as this should have been completed when

they started providing care to people. However, we saw that the training policy had been updated this year to reflect more comprehensive training that would be tailored to the job role of the staff member. .

The provider had a supervision and appraisal system in place that was backed by a policy. Records for the staff member showed they had had two supervision meetings in their nine months of work. There was no record of what had been discussed at these meetings; however, the staff member and the registered manager were able to describe examples of what was discussed. The staff member told us they felt supported to provide the care required.

Is the service caring?

Our findings

The relative of the person using the service told us the service was caring, that staff listened to them and were respectful to their family member. "She's a good lady," they told us. The staff member we spoke with knew the person using the service well and spoke in a caring manner about them. They told us of how they encouraged the person to develop independent living skills, and showed concern for when the person was recently upset about something. They also described how they enhanced the person's dignity, such as closing the door during personal care and trying to encourage the person to lock their door in such scenarios.

The registered manager and the staff member showed good awareness of the needs and abilities of the person using the service. They could, for example, tell us how the person communicated and what their support preferences were. Their feedback showed that the person's skills were prompted and encouraged, but that the service ensured that enough support was provided to attend fully to personal care needs.

The relative told us that the same staff member usually worked with the person using the service, and that the registered manager provided cover where needed. They told us that this consistency was important for their relative as it helped with communication. We noted that the registered manager had checked on how the staff member was working with the person, including assessing their capability at communicating with the person and with how respectful they were. We also saw that the recruitment interview record included questions on placing the prospective staff member in the shoes of people using the service, to check how empathic they were.

We saw ways in which the service supported people to express their views and be actively involved in making care decisions. The needs assessment for the person using the service clearly documented their relatives' involvement in clarifying preferences and needs. It included a section on the person's life history, which also helped to enable good communication between the person and staff. The registered manager and the staff member said that they kept the person's relatives informed of relevant matters such as if the person had a mark on their skin. The registered manager had recently met with the relatives to clarify how their particular service could be improved.

Is the service responsive?

Our findings

The service had systems of ensuring that people received care that was responsive to their individual needs and preferences. There was a comprehensive assessment of needs recorded for the person using the service. The contracted staff member who assessed the person's needs had a relevant nursing qualification. There was a care plan in place that reflected a number of the person's needs and what support staff were to provide. The plan detailed personal care needs and that the person's independence and skills development were to be encouraged. We found that the plan had not been updated to reflect changes requested by the person's relatives in respect of some parts of the care delivery, including for specific weekly foot-care support. However, we found that the involved staff member and the registered manager were aware of this change. It was also encouraging that the registered manager had met with the person's relatives to establish what changes were needed, in response to some feedback about their views on the service. The record of this meeting included an action plan which the registered manager told us had been conveyed to the involved staff member.

A relative told us that, while the service provided to their family member was consistent and addressed care needs, more could be done to help develop independent living skills. When we spoke with the staff member, they demonstrated various ways in which they were trying to help the person to develop these skills. We noted that there was no record of measuring progress with each skill that the service was supporting the person with, despite a monthly care review record that incorporated the views of the person's relatives. We discussed with the registered manager about broadening the use of this beneficial review process to measure progress with agreed objectives for the person.

We recommend that the provider review and implement national guidance around supporting people with a learning disability to develop independent living skills.

The service was customer-focussed and action was taken in response to dissatisfaction being expressed. We saw that the service user guide given to people using the service contained a complaint form as well as guidance on how to make a complaint or raise a concern. A relative told us that the registered manager was always contactable and responsive. The registered manager told us that she had set up a comment log in the file kept in the home of the person using the service, so that the relatives of the person could communicate their views in addition to phone calls and texts to the registered manager. The registered manager told us there had been no complaints about the service.

We saw recent surveys filled in by relatives of the person using the service and by a staff member. These asked questions about the standards of services provided and the effectiveness of staff support. There was written evidence of the registered manager taking action to address concerns that this process highlighted. The registered manager told us that she had phoned the relatives to see how effective the actions were. She agreed to ensure that a record would now be kept of phone calls such as these, to help demonstrate an audit trail of addressing the agreed actions.

Is the service well-led?

Our findings

The registered manager had been registered since the service began operating over four years ago. We saw that they had relevant nursing and management qualifications, and that they had recently attended a refresher training course on relevant topics such as service governance and health and safety.

The registered manager used some audit tools to ensure that appropriate standards were maintained. We saw a record known as a 'spot-check' where the registered manager checked on various aspects of the staff member's performance when visiting the person using the service. The person's relative and the staff member confirmed that this occurred from time to time. The care file in the office for the person using the service had a checklist that all appropriate procedures had been followed, such as providing a copy of the service user guide and that a care plan was in place. However, we noted that the guide included out of date contact details for CQC which undermined the ability of people to contact us about the service if they wanted to. The guide also quoted regulations that had been out of date since 2010. The registered manager corrected this and sent us an updated version; however, the revised legislation that was quoted remained incorrect.

We noted that some other records about people using the service and the management of the service were not accurate or complete. Whilst there was a record to reflect changes requested by relatives of the person using the service, these agreed actions had not been specifically added to the person's care plan to clearly document what had been agreed and to guide staff on the support required. One action around foot care was identified as part of a recent needs assessment but had not been included in the care plan in respect of staff applying a cream. The registered manager could not provide us on request with the care assessment and plan for someone who had used the service for a few weeks within the last year. A few documents lacked a date, including a care review and a staff supervision meeting. There was no supervision record available in one instance, making it difficult to establish that appropriate support had been provided to the staff member in respect of their care duties. Another supervision record failed to record what was discussed between the staff member and the registered manager. We found care delivery records by the service from four months before the recorded start date of when services began for the current person. Care delivery records tended to be brief and so did not show, for example, what skills development support had been provided and how successful it was.

The evidence above demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that she had recently attended marketing training. We saw evidence of how the service had been rebranded as a result of this. The service's website had been recently reviewed and updated. We saw that it gave a range of information on the service. The registered manager demonstrated how the service was being advertised more widely. She informed us of ongoing staff recruitment so as to meet anticipated demand, and that she was aiming to take courses that would enable her to train new staff. We saw some evidence of how training resources had been updated such as with a "placement handbook" for new staff to use when starting work, but noted that further work was needed to bring this in line with the

new national Care Certificate.

The registered manager informed us that calls to the service's phone number were diverted to her phone when she was not in the office, and so people using the service and staff had direct access whenever needed. This helped to ensure an open and inclusive service culture. A relative confirmed that they could access the registered manager straightforwardly. They told us that there were no "hiccups" in their experience of how the service was managed. The staff member told us the registered manager was approachable.

A detailed contract of service was in place for the person receiving care, for example, on rights and responsibilities of both parties. It clarified what services were provided. We saw appropriate insurance arrangements in place and registration with the Information Commissioner in respect of data protection. We saw that records and personal information was held sufficiently securely in the service's office. This helped to demonstrate appropriate management of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not effectively operated to ensure compliance with the Fundamental Standards. This included failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user and in relation to management of the service and staff.</p> <p>Regulation 17(1)(2)(c)(d)(i)(ii)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure that the following were available before employing anyone to provide care:</p> <ul style="list-style-type: none">• <input type="checkbox"/> An appropriate criminal record certificate• <input type="checkbox"/> Satisfactory evidence of conduct in previous care employment• <input type="checkbox"/> Satisfactory verification of why employment ended in any such circumstances• <input type="checkbox"/> A full employment history, together with a satisfactory written explanation of any gaps in employment. <p>Regulation 19(3)(a) S3 parts 3, 4, 5, 7.</p>