

Springs Of Joy Care Solution (SOJ) C.I.C

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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 was our second comprehensive inspection of Springs of Joy Care Solution (SOJ) C.I.C. The visit was announced and was carried out on 22 May 2018. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in and around Nottingham. At the time of our inspection there were 25 people using the service.

Not everyone using Springs of Joy Care Solution (SOJ) C.I.C received the regulated activity; personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they did we also took into account any wider social care provided.

At the last inspection in January 2016 the service was rated overall 'Good' with a Requires Improvement rating in the Safe domain. At this inspection, we found improvements had been made in the Safe domain and the service was rated overall 'Good'. Evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going 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. 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.

People told us they felt safe using Springs of Joy Care Solution (SOJ) C.I.C and felt safe with the staff team who provided their care and support. Support workers had received training in the safeguarding of adults and were aware of what to look out for and what to do if they were concerned for anyone.

The needs of the people using the service had been assessed. Risks associated with people's care and support had been identified and managed and lessons were learned when things went wrong to continually improve the service.

Appropriate checks had been carried out for staff wishing to join the service. Once employed, support workers had been provided with an induction into the service and relevant training had been completed to enable them to appropriately support the people using the service.

People felt there were enough support workers suitably deployed to meet their current care and support needs. Staffing rotas reflected appropriate numbers of support workers were available.

Support workers had received training in the safe management of medicines and where people required support with their medicines, this was provided as directed by their GP and in a safe way.

People were protected by the prevention and control of infection. Appropriate training had been provided and protective equipment such as disposable gloves and aprons were used.

Plans of care had been developed for the people using the service and these included their likes and dislikes and personal preferences. The staff team knew the needs of the people they were supporting well.

People were supported to maintain good health. They were supported to access relevant healthcare services and they received on-going healthcare support. People who required support at mealtimes were supported to have enough to eat and drink to keep them well.

There was an end of life policy in place and this showed the staff team how to provide quality care for people as they approached the end of their life.

The staff team had received training on the Mental Capacity Act 2005 (MCA) and always obtained people's consent before they provided their care and support. The management team and the support workers we spoke with understood the principles of the MCA.

People told us the staff team were kind and caring. They told us support workers treated them with respect and their dignity was maintained when receiving their care and support.

The staff team felt supported by the provider/registered manager and the management team. They explained they were given the opportunity to meet with them regularly and there was always someone available to talk to if they had any concerns or suggestions of any kind.

People using the service and their relatives and friends had the opportunity to share their views on the service they received. This was through visits to people's homes and through the use of surveys. The staff team also had an opportunity to share their thoughts of the service. This was through attendance at team meetings and individual supervision meetings with a member of the management team.

The provider/registered manager and the management team monitored the service being provided to make sure people received the safe care and support they required. A business continuity plan was in place for emergencies or untoward events.

The provider/registered manager was aware of their registration responsibilities including notifying CQC of significant incidents that occurred at 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.

Is the service safe?

Good ●

The service was safe.

People were kept safe from abuse and avoidable harm and the risks associated with their care and support were assessed and managed.

Suitable numbers of staff were deployed to meet people's needs and appropriate recruitment processes were followed when new members of staff were employed.

People were supported with their medicines safely.

Lessons were learned and improvements were made to the service when things went wrong.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Springs Of Joy Care Solution (SOJ) C.I.C

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 22 May and 4 June 2018. Our visit, carried out on the first day was announced. Telephone calls to the people using the service were carried out on the first day of our inspection and telephone calls to staff members were carried out on the second day. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people with dementia.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care from Springs of Joy Care Solution (SOJ) C.I.C to obtain their views of the care provided. We also contacted Healthwatch Nottinghamshire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were 25 people using the service. We were able to speak with eight people on the telephone and visited two people in their own homes to gather their views of the service.

During our visit to the office we spoke with the provider who was also the registered manager and the care coordinator. One support worker was spoken with during a visit to a person's home and four support workers were contacted by telephone following our visit to enable us to gather their views of the service.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for three support workers and the quality assurance audits the management team had completed.

Is the service safe?

Our findings

At our last visit in January 2016 we found risks to people's health and well-being had not always been assessed in a timely manner and the registered manager/provider had not always followed their own recruitment processes by completing the appropriate checks prior to new staff members starting work.

At this visit we found risk assessments had been completed when people's care and support packages had commenced. These enabled the management team to identify any risks presented to either the person using the service or the support workers during the delivery of the person's care. Risk assessments had been completed on people's home environment where their care and support was to be provided and a moving and handling risk assessment and a health assessment had also been completed. Risk assessments had been monitored and reviewed on a regular basis.

The provider's recruitment process had been followed when new members of staff had been employed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.) During the interview process, standard interview questions were asked to ensure all prospective staff members were treated fairly and equally. The people using the service were protected by the pre-employment checks that were in place

Staffing rotas showed there were sufficient numbers of staff to provide people with a consistent service. People received their care and support from support workers who attended on a regular basis. People told us the support workers always turned up and never missed a visit. The provider/registered manager explained if for any reason a support worker was unable to complete a person's visit, a member of the management team would be dispatched to carry it out. One of the people using the service explained, "I have double carer visits where I need to be hoisted out or in my wheelchair, two carers have always turned up for these." Another told us, "I am happy with the timekeeping, I usually know who is coming and when, and I've had no missed calls."

People told us they felt safe with the support workers who provided their care and support. One person told us, "Yes I do [feel safe]. They're a great service." Another added, "Yes I feel safe. They look after me very well."

The support workers had received training in the safeguarding of adults and they knew what to do if they felt someone was at risk of harm or abuse. One support worker told us, "I would report anything to my manager, they would deal with it." Another explained, "I would notify the manager. We are trained to look out for the signs of abuse. There are many including, physical, emotional and psychological. You get to know them [people using the service] and know their behaviours and we would know if something was wrong." The management team were aware of their responsibilities for keeping people safe from abuse and avoidable harm. They told us that any allegation of abuse would be referred to the local safeguarding authority and CQC.

For people who needed support to take their medicines, information had been included in their plan of care.

One person told us, "They give me a glass of water and my two tablets to take." Support workers had received training in the safe handling of medicines and were aware of their responsibilities. One explained, "I don't give medicines but I monitor them [people using the service] and remind them to take their medicines." Audits had been carried out on a monthly basis to make sure medicine records were accurate and up to date and people had been provided with the appropriate support.

People were protected from risks to their health and well-being by the prevention and control of infection. Support workers had received training in hand hygiene and protective personal equipment (PPE), including disposable gloves and aprons were readily available. During a visit to the home of one of the people using the service the use of PPE was observed. People told us they were happy with the hygiene standards of the support workers who visited them.

Support workers understood their responsibilities for raising concerns around safety and reporting any issues to the management team. One support worker explained, "Risks are assessed but if we see anything that worries us, we go to the manager and they will go straight out and check it."

Evidence was seen of lessons being learned when things went wrong. For example, following the discharge of one of the people using the service from hospital, improvements had been made with regard to communicating with the hospital and families to ensure a proper handover of the person's needs was carried out.

Is the service effective?

Our findings

People's individual and diverse needs had been assessed. The provider/registered manager explained whenever possible an assessment of need would always be completed prior to a person's care and support package commencing. The exception to this was if it was an emergency package. In these instances the assessment would be carried out on the day the care package started. Assessments were carried out to make sure a person's needs could be met by the staff team and were included in the records checked. People spoken with confirmed assessments had been completed prior to their support commencing.

People felt the support workers were appropriately trained and had the relevant knowledge and skills to meet their care and support needs. One person told us, "Yes they are [well trained] and the help they provide is backed up by a lot of experience." Before new support workers were allowed to support the people using the service, they were required to attend training on moving and handling, safeguarding and the safe management of medicines. They were then enrolled onto the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. The opportunity to shadow a senior member of staff had also been provided to enable new support workers to observe the care and support people required and understand what was required of them. One support worker told us, "I have done a lot of training, moving and handling, safeguarding food hygiene and first aid." Another explained, "I have had my mandatory training and I shadowed before I went out on my own, four shadow shifts with the manager and one with the senior carer, I felt confident after that."

People who required assistance at mealtimes told us they were supported in a way they preferred. The assistance people required was identified during the assessment process and details of people's likes and dislikes and personal preferences were included in their plan of care. For example, one person's plan of care showed they liked to have 'cereals or porridge and a slice of toast with jam for their breakfast'. A support worker told us, "We always give people choices, when they have decided what they want, we will prepare it for them."

Support workers monitored people's health and wellbeing on a daily basis and any concerns regarding people's welfare had been reported to the management team. When issues had been raised, the management team had acted by visiting the person in question and taking the necessary action. Support workers supported people to attend appointments and hospital visits. One person told us, "They are very good. For example, if I have an appointment the carer will come with me."

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must

be made to the Court of Protection. The management team understood their responsibility around the MCA. They told us if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Training in MCA had been provided and the support workers we spoke with understood its principles. One explained, "Before people are taken on, a pre-assessment is carried out and they [management team] find out if a person is able to make decisions or if they have an advocate. We always respect people's decisions."

People's consent was always obtained prior to their care and support package commencing and support workers made sure they received people's consent before they supported them. One person told us, "Yes they do [support workers]. They always ask me what I would like them to do." Another person explained, "They always ask me first."

Is the service caring?

Our findings

People told us the support workers and the management team were kind and caring and treated them with respect. One person told us, "Yes they are very caring. They treat me very well." Another explained, "They begin with a hello, how are you today and it goes from there." A third stated, "They look after me very well, very well and I am treated with respect."

Support workers had been provided with training on how to promote people's privacy and dignity during their induction into the service and those spoken with gave examples of how they ensured this was promoted. One explained, "I always knock on the door and wait to be allowed in. When they go to the bathroom I ask them if they want me to join them and I always close the door and curtains." Another told us, "We give them the right of choice, make sure they are happy and make them feel valued."

The provider/registered manager was a dignity champion. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. They worked on a daily basis with the support workers to make sure the people using the service received the dignity and respect they deserved.

Support workers had the information they needed to provide individualised care and support. People's preferred routines, the people who were important to them, their likes and dislikes and personal preferences were included in the documentation kept in people's homes. One support worker told us, "There is always a care plan and that includes what people like and we talk to them because their needs and wishes can change day by day."

We observed one of the support workers when we visited a person's home. It was evident they had built up a positive relationship with the person. The support worker had a good understanding of their needs and support was provided in a relaxed and good-humoured way.

Support workers were given the time they needed to properly support the people using the service. People told us they were not rushed whilst being supported and when two support workers were needed, the first to arrive always waited until the second support worker turned up before starting the person's care. One person told us, "They are very good, they don't rush me, and they always wait for the other person, they never rush to do it on their own."

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. Computers which stored personal information were password protected and people's care records were kept secure. People's personal information was safely stored and held in line with the provider's confidentiality policy.

Is the service responsive?

Our findings

People's diverse and individual care needs had been fully considered. Following an initial assessment of people's care needs, the management team had developed a plan of care which provided guidance to support workers regarding people's care preferences.

People's plans of care which had been regularly reviewed, included their care and support needs and how they wanted those needs to be met. They included people's personal preferences with regard to how they wanted to be supported. For example, one person's plan of care showed what food they preferred at mealtimes and another, what music they liked to listen too. Plans of care for people's specific healthcare needs, such as stoma care and catheter care, were also included. People told us the support workers read their plan of care and knew what support they needed. One person told us, "Yes. They really know what they are doing and how to help me and how I like it." Another stated, "Yes they are all very good and look after me very well."

Plans of care also included information about people's life history, their spiritual needs and the hobbies and interests they enjoyed. For example one person was supported to attend church every Sunday, This ensured staff had an understanding of people's life history and what was most important to them. Because of this information, the staff team were able to support and interact with people in a meaningful way.

The provider/registered manager was in the process of implementing a key worker system to further improve the service people received. A key worker is a support worker who a person using the service can relate to in a special way. The support worker is assigned a small number of people so they can pay close attention to their health and wellbeing and be a contact for that person.

The provider/registered manager had recently acquired a company car. This enabled members of the management team to get to people using the service quickly when on call. People were provided with a service that was responsive to their needs.

There was a formal complaints process in place and people knew who to contact if they were unhappy or unsure about anything. One person told us, "Whilst I've never had to make a complaint, whenever I've contacted them [management team] they've sorted things out straight away and I'm very happy with how things have been dealt with."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. Support workers knew people well and knew how each person communicated.

The provider/registered manager had a policy in place for the staff team to follow as people approached the

end of their life enabling them to support people in a way they preferred and with dignity and respect. Training on end of life care was being sourced at the time of our inspection.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

People told us the service was well managed and the provider/registered manager and the management team were open and approachable. One person told us, "I couldn't wish for a better service. They are excellent." Another explained, "Contact is very good. Whenever there have been any little 'niggles' they've been sorted out straight away and they go over and beyond what you would expect them to do. I would recommend them without hesitation."

The registered manager and management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their assessed needs. A health professional told us, "I have found them absolutely brilliant. From the carers up to the management, amazingly professional. I have found them especially excellent with dementia. When I have reviewed a package and a person has deteriorated and their needs have changed or increased, every time I make suggestions to meet a person's needs more efficiently or enhance their care, I found the management acted on my suggestions straight away and fed back over a period of time, updating me at every change and kept me abreast of the progress with the people. I cannot put into words how refreshing it is to work with such caring, professional people."

Staff members felt supported and valued by the management team. They told us there was always someone available they could talk to if needed. One explained, "They [management team] are very, very good, I am happy. If I have an issue, they are there." Another told us, "I am very much supported. If we have any concerns there is always open communication, there is always someone to talk to."

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. Staff meetings had taken place with the last one being held on 18 March 2018. At this meeting, topics of discussion included appropriate completion of paper work, working as a team and support systems such as staff supervision and appraisal.

People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through visits to people's homes and the use of surveys. One of the people using the service told us, "They seek our views in regard to whether we are satisfied with the service in the form of questionnaires and/or reviews." Surveys were sent out every three months to gather people's views of the service they received. In January 2018 six surveys had been sent out. All had been returned and ticked to state they were very happy with the service. A comment included in one of the surveys returned stated, "I am satisfied with the service I get and [support worker] is fantastic." Another person recorded, "This company is trying its best to provide the best services, the staff are very friendly and keep us happy."

The provider/registered manager explained they regularly monitored the quality of the service provided. Monthly summary reports had been created for each of the people using the service to monitor the care and support they received. These looked at the person's health and wellbeing, consistency of visits, any accidents or incidents, contact with relevant people and any support with social activities. Any changes identified were included in the documentation held in people's homes and their plans of care were updated.

Care records including daily records and medicine records were returned to the office on a two weekly basis and checked to make sure they were completed accurately and people received the care and support they required. Staff time sheets were also checked against the electronic logging in system to ensure people were receiving the calls they had agreed too and at the time they preferred.

A business continuity plan was in place. This provided the management team with relevant information in the event of an untoward incident occurring and enabled them to continue to provide a consistent service.

The provider/registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

The provider/registered manager was aware of their responsibility to have on display the rating from their last inspection. We saw the previous rating was displayed at the provider's office. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.