LifeSprings Care Services Ltd

LifeSprings Care Services Ltd (Leicester)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place on the 9, 10 and 11 January 2018. This was our first inspection of this service since it registered on 11 April 2016. People started using the service from August 2017.

LifeSprings Care Services Ltd is a domiciliary care agency which provides personal care to older people who live in their own homes in Northamptonshire. At the time of our inspection there were five people using the service.

Lifesprings Care Services Ltd 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 2008 and associated Regulations about how the service is run.

People told us they felt safe when they were supported by staff and trusted them. All staff had undertaken training in safeguarding to enable them to recognise signs and symptoms of abuse and knew how to report them. Arrangements were in place at the service to make sure that action was taken and lessons learnt when things went wrong to improve safety across the service. Potential risks to people were assessed, however we found the form used to assess potential risks in people's homes to be limited, and did not reflect all potential risks.

The provider's recruitment procedures ensured pre-employment checks were carried out on people to ascertain their suitability to work with people. We found there were sufficient staff employed to meet people's needs. People received the support they required, which included having their medicines. Staff followed safe practices to protect people from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice. People's rights were upheld and decisions about their care were sought as part of the assessment process to identify their needs. We found the form used to of assess potential risks in people's homes to be limited. The registered manager agreed to make changes to ensure any risks were assessed and mitigated. People's assessed needs were then used to develop their care. We found that forms used to assess people's needs and develop care plans did not reflect good practice guidance and is an area for improvement.

People received care from staff that knew them well; who they had positive relationships. Staff had received training and had been introduced to people before they started to provide their care. Staff were supervised by the registered manager, however the supervision of staff did not focus on the development of staff and their training. People received their care at the planned times and staff were able to adapt to people's changing needs. The registered manager liaised with health care professionals when required to promote people's health and well-being. People received support with their meals and drinks as planned.

People and family members spoke positively about the staff and the care they received. People had developed positive relationships with staff, who were kind and caring and treated people, their homes and their family members with respect. People were provided with information as to how information held about them was stored and how confidentiality was maintained.

People and their family members were involved in planning all aspects of their care and support and were able to make changes to how their care was provided. Records were regularly reviewed to ensure the care provided met people's current needs. Staff understood people's individual needs and preferences, however these were not always recorded within people's care plans.

Staff understood people's preferred means of communicating and this supported people to receive and share information about their care. We found people's communication needs whilst assessed had not been included within their care plan and is an area for improvement.

People told us they had no complaints about the service and that they were very happy. People said they knew how to raise concerns and make a complaint and were confident to do. The complaints policy and procedure did not contain information for people as to what they could do if they were unsatisfied with a complaint investigation, such as external agencies they could contact. This is an area for improvement.

The registered manager and the staff were knowledgeable about people's needs. The registered manager worked alongside staff in the delivery of care which enabled them to monitor the quality of care people received. Other aspects of quality assurance and governance were limited. The registered manager audited records completed by staff in relation to people's daily needs and medicine. The registered manager had identified areas for development and improvement within the PIR and was receptive to the initial feedback during the inspection and the areas for improvement. The registered manager said they would be relocating their office in the very near future, which should provide additional time for them to focus on the management of the service and its development.

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.

Systems were in place and knowledgeable staff knew how protect people from risk and abuse. Risks were assessed, however improvements could be made. Staff provided care and support to protect people's rights. People received their medicines safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's needs were assessed and met by staff who had received training. Staff were supervised, however improvements could be made to further develop and support staff. People were supported to maintain, their health and well-being. The registered manager understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

The service was caring.

People consistently told us that staff were kind and caring. Staff understood people's needs and worked with them to involve them in decisions about their care and support. Care was provided in a way which respected people's privacy and upheld their dignity. People were provided with information as to how records were stored and measures to ensure confidentiality.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People consistently told us that staff were kind and caring. Staff understood people's needs and worked with them to involve them in decisions about their care and support. Care was provided in a way which respected people's privacy and upheld their dignity. People were provided with information as to how records were stored and measures to ensure confidentiality.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People and staff expressed confidence in the management of the service. Due to the small number of people using the service, both the registered provider and registered manager had regular contact with people using the service and worked alongside staff in the delivery of personal care. The monitoring as to the quality of the service was limited. This meant the provider was not using up to date good practice guidance and there were areas for improvement.

LifeSprings Care Services Ltd (Leicester)

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 checked 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.

The inspection took place over 3 days, starting on the 9 January 2018 and was carried out by one inspector. 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 the office to meet with us.

Before the inspection we asked the provider to complete 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 completed PIR.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We sought people's experiences and views by telephone on 10 January 2018. We spoke with three people who used the service, and the family members of two people.

We spoke with the registered manager in the office and spoke with three members of staff by telephone as part of the inspection process.

We looked at the care records of two people who used the service. These records included care plans, risk assessments and daily records. We also looked at recruitment and training records for two members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns and a range of policies

and procedures.

Good

Is the service safe?

Our findings

People who we spoke with told us they felt safe with the staff that supported them. One person said. "They [staff] make me feel safe and comfortable." A family member said. "[Relative] is safe in their [staff] hands." They went onto explain that this in part was due to a consistent group of staff who provided the care. Family members spoke positively about the care their relative received. They told us they felt their family members were safe and they trusted the care staff.

When safeguarding incidents had occurred, the registered manager discussed these with the appropriate local authorities and took action where necessary to keep people safe. For example, staff had not followed a person's care plan and stored their medicine safely, out of their reach. The person took an extra dose of their medicine. The registered manager spoke with staff to emphasise the importance of following care plans. Additional measures were introduced which required staff to write in their notes that the medicine was safely stored. This showed that the provider's systems and processes were effective in protecting people from the risk of abuse.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff were confident about how they would report any allegations or actual abuse. Information in people's care plans included guidance on how people could identify if they were at risk from or experiencing abuse and people/agencies they could contact for support. This showed people were provided with the information and support they needed to raise safeguarding concerns and helped to ensure people were treated fairly when raising concerns.

We found the risk assessment form for environmental risks not to be comprehensive. For example potential trip hazards, such as rugs, personal belongings or uneven surfaces were not recorded as being assessed. Other external risks such as household pets were not considered. We spoke with the registered manager who said they would take action to improve the assessment of environmental risks to further promote safety for those using the service and staff.

Each person's care plan had an assessment of risks the person may be exposed to. Risk assessments included areas relating to people's care, which included the use of equipment such as a hoist. Risk assessments identified how risk could be reduced, by the appropriate use of equipment.

People's human rights were considered in all aspects of their life and these needs were detailed in their care plans. For example, a person's diet was restricted due to a medical condition. In some instances the person chose to eat items which health care professionals had advised them against. The person had capacity to make an informed decision, which meant staff respected the person's wishes with regards to their dietary choices.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. Recruitment files we looked at contained evidence that the necessary employment checks had been completed before staff started to work at the service. These included application forms

with a full history of employment, identification documents and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions.

People were supported by staff that had the right skills and knowledge to meet their individual needs. Staff were committed to providing the best levels of care for people. Family members we spoke with told us their relatives were supported by a consistent team of staff. Comments included, "We always have two carers visit us at each call, we have a handful of staff, we know them all really well." And, "We were introduced to staff by the [registered manager] before they started providing the care." People we spoke with told us staff knew how to care for them, "They [staff] appear to know what they're doing, they care for me with confidence."

People were supported to manage their medicines safely. People who required support to take their medicines told us that staff prompted or supported them to take their medicines. People's care plans included an assessment of the support they needed to manage their medicines. Information included when and how medicines were dispensed and how and where medicines were stored in the person's home. The assessments had been signed by the person or their family member to provide consent to this support. We found the policy and procedure for medicine management was out of date, and referred to old legislation and guidance. The registered manager advised they would take action.

Staff told us they had a supply of protective equipment, such as gloves and aprons, and had access to supplies through the office which ensured they never ran out. People who used the service and family members confirmed staff always wore the protective equipment when providing personal care.

The registered manager understood their responsibilities to review concerns in relation to health and safety and near misses. Staff recorded all incidents and concerns, which were analysed and reviewed by the registered manager. For example, staff upon entering a person's home found the person on the floor. The registered manager liaised with staff, family members and health care professionals, to find out how this had occurred. As a result, staff were required to confirm in the person's records each day that the person's safety rails on their bed were in place, to promote the person's safety and well-being. Records we viewed confirmed this action had been implemented.

Requires Improvement

Is the service effective?

Our findings

People's needs were initially assessed by the funding local authority, who shared their assessment with the registered manager. The registered manager upon receipt of the assessment contacted the person or their family member to meet with them, so they could undertake their own assessment and find out what people's wished for from the service. The registered manager told us they met with people in their own home or in some instances in hospital before being discharged to their home.

The assessment process identified the support and care people required and wanted, however, the assessments and plans of care were not based on evidence based guidelines. We found people's communication needs were assessed, which included information as to the use of equipment such as hearing aids or glasses. We found there were areas for improvement. One person who had an impairment was found to be able to communicate more effectively if staff stood in front of them, so that the person could see their face. This information however, was not included within the person's care plan. This was brought to the attention of the registered manager who told us staff were aware of the person's needs, however they would ensure it was recorded within the person's records.

Staff were supported to complete an induction programme which included initial essential training, such as safeguarding, the moving and handling of people safely and medicines and a period of shadowing and competency checks. Records showed staff had completed appropriate training and attended courses that gave them the skills to meet people's needs. The registered manager informed us one staff member had completed the Care Certificate, and that they were looking to undertake training themselves to enable them to support other staff to attain the certificate. The Care Certificate is a set of nationally recognised standards which supports staff working in care and support to develop the skills, knowledge and behaviours needed in their roles.

Staff told us they felt supported in their roles. The registered manager worked alongside staff regularly and used the opportunity to observe staff. Staff received constructive feedback about the care they provided. The supervision of staff was not used to develop staff through a programme of additional learning, but restricted to observing the delivery of personal care.

Staff felt they had undertaken sufficient training to enable them to provide effective care. Comments from staff included, "I feel I have had enough training." "I attended all the training I was required to do, I believe it reflects what I need to provide to people in my role." When we asked staff about their induction, they told us they were introduced to people using the service, initially by the registered manager. They told us they worked alongside the registered manager, observing how people preferred their care to be provided. Staff said their competency was checked when providing personal care, and that as part of their induction they had undertaken the relevant training.

A majority of family members prepared meals for their relatives or left meals for staff to heat and serve. Information as to people's dietary needs and preferences were included within their care plans, for staff to follow. Care plans included guidance for staff to ensure people had drinks and snacks close to hand, which

they could access without support.

We asked people if they received support with health care professionals. A person told us. "If I'm unwell they [staff] will contact my doctor for me." A family member told us. "Staff liaise with health care professionals on behalf of my [relative]." People's care plans included guidance about people's health needs and this information helped staff to provide effective care. For example, supporting people to maintain a diet to manage their health condition. The registered manager and staff recorded within people's records the care they provided, and noted any changes to people's health and well-being. Where changes were noted the registered manager liaised with external health and social care providers. For example, they contacted a nurse who specialised in incontinence, changes were made to the products provided, which had a positive impact on the person's quality of life.

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. Whey 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People receiving a service were able to make informed decisions for themselves about all aspects of their care and support. The registered manager was aware of the MCA and was aware how to implement this should it be required. People we spoke with told us they made decisions about their care, which were respected by staff.

Good

Is the service caring?

Our findings

People spoke positively about the staff and the care they received. People when asked about the staff told us. "They're really caring. " "Caring, thoughtful and knowledgeable." And, "I think they're wonderful." Staff who worked for LifeSprings supported all those who used the service and knew people well. A person told us. "We receive support from a small group of staff."

People's care plans provided guidance for staff on the emotional needs of people, for example when they became upset or distressed, which included specific days or events in the year. A person told us, "When I'm upset, they sit and talk to me, it helps knowing someone is there to listen." Another person told us. "I think they're [staff] fantastic. They make me laugh and smile."

Staff understood the importance of home and family life. One person who had a pet told us. "They always take note of my dog." Then went onto say staff always said hello and stroked their pet when they arrived, they went onto say this meant a lot to them, to know staff took an interest in what was important to them. Another person's care plan referred to the role of staff in assisting the person to feed their pet, which was referred to by name within the person's care plan.

People were treated as individuals and supported to make decisions and choices about the way they wanted things to be done. For example, what they wanted to wear, which room of their home they spent their time, when people were dependent upon staff to move them from one room to another.

People using the service and family members told us they were always contacted if staff were running late. A person told us, "They always telephone and let us know that they're on their way." This showed that staff followed the registered provider's procedures which required them to inform people they would be later than scheduled.

Family members spoke to us of their involvement in the planning of care of their relative. Their comments included. "We regularly review the care plan with [registered manager]." People's views about the service were regularly sought, and the opportunity was used to ensure people were receiving the care and support they needed. People told us that the service was able to adapt the times when staff visited their home, for example to accommodate other commitments such as doctor's appointments.

A representative of a person using the service told us how staff used individual words that the person who was living with dementia understood. They told us this was important as the person was very nervous when staff used equipment to move them.

People told us that staff respected their privacy and dignity. Staff spoke to us about how they supported people so that people were not uncomfortable or embarrassed, for example using towels to cover people. A person told us. "They [staff] always consider my dignity, they cover me up as much as they can, when they give me a wash."

The registered manager worked alongside staff in the delivery of personal care on a regular basis. This meant they could assure themselves staff were putting the registered provider's values of supporting people with dignity into practice.

People could be assured that information about them was treated confidentially and respected by staff. Information about people was shared on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets. Information as to how information was stored was detailed within the services statement of purpose and service user guide, which people were given a copy of when they started using the service.

Requires Improvement

Is the service responsive?

Our findings

People received care that met their needs which had been agreed with them. A person told us, "The staff do everything I need them to do." A family member told us. "The staff are very good, providing all the care and support my [relative] needs. Anything they [staff] can do to help they will do."

People told us that staff responded to their varied needs. A person said, "I can't fault them, they are very accommodating." Another person told us, "When I needed changes my care plan was reviewed and equipment was used to make it easier."

We found examples of where people's care and support had been improved where the registered manager had liaised with external agencies, where people's needs had changed. For example, the involvement of a specialist nurse had meant a person who was cared for in bed, through the introduction of equipment was now accessing all parts of their home. Staff had worked with the person to build their confidence, in the use of the equipment. The person's representative told us, "The equipment has made a big difference to their lives; they're now able to sit in the lounge."

People's care plans provided information about their lives, which included their personal history, personal preferences and interests. The information was used to provide information for staff to assist them in the care of people. For example, people's preferences for how they wished their personal care to be provided, included information as to the colour of flannels they wished to be used on different areas of their person. At the time of the inspection a small group of staff provided care to the five people who used the service, which meant staff knew people well, this included their preferences.

Staff spoke to us about people's preferences. For example, one person told us how a person liked their blanket to be placed on their knees in a specific way, or where they wanted the remote for the bed to be placed. However this information was not recorded within people's care plans. We spoke with the registered manager as to how greater detail within people's care and support plans could be further developed, to ensure information known by staff was always recorded. They told us they would further develop people's care plans to ensure all relevant information was recorded.

A complaints policy and procedure was in place, and this was referred to in documents provided to people when they began to use the service. However we found that the procedure, including timescales for investigation of complaints was not included within the information. We found that the complaints policy and procedure did not inform people as to the options available to them, should they not be satisfied with the outcome of the complaint investigation. For example, details as to the Local Government Ombudsman and local authority contact details. The registered manager informed us they would review their policy and procedure.

People we spoke with told us they were confident about raising concerns or complaints; however everyone we spoke with said that this had not been necessary, as they were very satisfied with the service they received. One person said. "I can't find any problems; if I did I'd speak with them, to find a resolution."

The service had not especially considered 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 put in place from August 2016 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. People's assessments made reference to people's communication needs, however this information had not been included in people's care plans where a need had been identified. We spoke with the registered manager about the AIS and the necessity for it to be considered with regards to all documents.

Requires Improvement

Is the service well-led?

Our findings

People and family members were all positive about the management and leadership of the service. They told us. "I can't fault them at all; it's a small service, which is excellent." People told us the registered manager regularly met with them to seek their views about the service. They were asked if everything was going well and whether any changes were needed.

The registered person and registered manager have responsibility for the monitoring the quality of the service. Formal systems for the monitoring of the service were not in place. The registered manager assured themselves of the quality of the service by working alongside staff in the delivery of personal care. In addition they undertook audits of records, which recorded the support and care provided by staff, these included daily notes and medicine records. Where areas for improvement were identified, this was shared verbally with staff. Staff told us the registered manager contacted them regularly to update them on any changes to people's care, which included improvements to how information was recorded. This informal system of quality assurance was reflective of a small service.

Staff monitoring at the time of the inspection, focused on working alongside staff in the delivery of care. We spoke with the registered manager as to how they could develop quality assurance should the business expand. At the time of the inspection staff meetings were not held and staff supervision did not record how the registered manager assured themselves as to staffs knowledge and understanding. The registered manager acknowledged that systems would need to be developed to enable them to assure themselves as to the quality of the service, upon the services expansion. They told us they had looked at a number of support programmes and packages which were available to them, provided by external organisations and companies.

Staff spoke positively of the registered person and registered manager. They told us both were approachable and that they had regular contact with them. Staff's comments included. "I feel supported by [registered manager]." And, "[Registered person] is always available if we need to talk with him."

We found that two incidents had not been reported to the Care Quality Commission (CQC) in the form of a notification. A notification is information about important events which the service is required to send to us by law in a timely way. The registered manager submitted the notifications following the inspection, and assured us all notifications would in the future be submitted in a timely manner.

Staff were provided with a staff handbook, which contained information as to the key policies and procedures for LifeSprings Care Services. We found staff were knowledgeable as to key policies and procedures which included whistleblowing. Staff spoke to us of their responsibility to inform the registered person, registered manager or external organisation such as CQC or social services should they have any concerns about people's welfare.

The registered manager was involved in the day to day delivery of personal care. They told us this limited the time they had available to focus on the monitoring of the service. We brought to the attention of the

registered manager a number of areas for them to consider. For example, meeting the requirements of the Accessible Information Standard, staff monitoring and development , the development of assessments, risk assessments and care plans to provide greater detail as to how people's needs could be met and to reduce risk. The registered manager was receptive to our comments, and told us they valued the discussion and would look as to how changes could be planned for and made.

The registered manager had made changes to working practices as a result of incidents that had occurred. For example, documents had been updated to ensure staff recorded specific aspects of people's care.

The registered manager where appropriate had worked with partnership agencies, which had included commissioners of social care and health care professions, to assure people's needs were met and any changes shared to ensure people's support was accurately assessed and planned for.

The provider had a business contingency plan in place, which identified how the service would continue to operate. For example, in the event of adverse weather conditions. The provider had implemented this plan when heavy snow had impacted on staff's ability to travel to people's homes to provide their care and support. The registered manager had recorded the action they had taken, which had included contacting all those who used the service or their family members. People's support had been prioritised, by visiting people who lived by themselves and who did not have relatives living closed by. A record of telephone calls evidence the response and action which family members would undertake to ensure the welfare of their relative.

The PIR identified areas for improvement over the next 12 months, were to move away from on-line training and to access theoretical and practical training from a different source. The expansion of training was also identified to include the mental capacity act and dementia awareness. The registered manager acknowledged that a call monitoring systems was not in place. They said they would look to purchase a computerised package to monitor calls, should the business expand. This would help ensure people using the service could be confident that the timing of their calls was being monitored, and changes made where required. The registered manager had identified areas for personal development, which included accessing training. They identified their intention to become a member of the UKHCA (United Kingdom HomeCare Association), which they believed would be beneficial to the running of the service, which would include keeping up to date with best practice guidance. For example, we found the policy and procedure for medicine management was out of date, and referred to out of date legislation.

The registered manager informed us they were looking to relocate the office in the very near future, as the building where the office is located is closing. They said the relocation of the office should enable them to have more time to focus on the development of the service.