

Spring Cottages Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Spring Cottages Home Care Limited is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were 101 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and their relatives told us they felt very safe. The provider had effective safeguarding procedures and staff felt confident raising concerns. We found an issue with the application forms and this was actioned immediately by the registered manager during the inspection. People told us their medicines were being managed safely and comprehensive assessments of need and care plans were undertaken.

Staff were skilled and had appropriate training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People told us the staff were extremely caring. They told us they were treated with dignity and respect. Staff we observed were kind, caring and compassionate. We saw numerous thank you cards and compliments praising the staff team and many people described them as wonderful. People and families felt listened to and felt confident raising any issues. We saw that where concerns had been raised, these had been actioned effectively.

People were regularly consulted about their care and received care that was centred on them as an individual. People felt well supported by the management. It was clear they were passionate about the person-centred care they provided as a family run agency.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective

Details are in our Effective findings below

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was responsive

Details are in our Responsive findings below.

Good 

Spring Cottages Home Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for an older person that uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 June 2019 and ended on 5 June 2019. We visited the office location on 4 and 5 June to see the registered manager and to review care records and policies and procedures.

What we did before the inspection

We reviewed all the information we held about the service and completed our planning tool. This included notifications the provider had sent us. A notification is information about significant events which the provider is required to send to us. We also contacted the local authority who had no concerns about the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives. We spoke with the registered manager, a senior and two care coordinators and contacted eight staff members via email. We looked at three people's care records. We also looked at a range of records relating to the running of the service, including three recruitment files, training records, medicine administration monitoring, rotas, quality monitoring records, complaints, staff recruitment and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider took appropriate steps to identify and manage risks to people using the service. People and their families told us they felt safe. One person told us, "I am extremely happy with the care workers. I always feel safe and comfortable." Another person told us, "My relative always looks forward to the carer coming. This is a great sign of how safe and comfortable my relative feels."
- The provider had effective safeguarding systems in place. Staff we contacted had a good understanding of abuse. They were clear how they would identify signs and what action they would take if they had concerns about people's well-being. Training records showed that staff had received appropriate safeguarding training.

Assessing risk, safety monitoring and management

- The service managed risk effectively. Staff used risk assessments to help manage risk. We saw risk assessments around environmental risks as well as risks in relation to mobilisation, medicines and behaviour that may challenge.
- The provider had contingency plans in place to ensure people were supported in the event of emergencies. Staff received training in moving and handling.

Preventing and controlling infection

- Infection control was managed safely. Staff had received training and were aware of their responsibilities regarding infection control. People we spoke with had no concerns and told us staff wore appropriate gloves and aprons.

Staffing and recruitment

- We looked at recruitment and saw the service ensured appropriate recruitment checks and references were undertaken. However, we found an issue with the application forms. We raised this with the provider and they ensured the necessary changes were made immediately to the application forms, so all the required information could be captured.
- People who used the service and their families told us they were happy with the staffing levels. People told us, "They have never missed a visit- they always let us know if there has been an emergency." Another person said, "They have always turned up for my relative."
- Staff told us they were happy in their role and worked regular shift patterns which enabled them to have a better work/life balance.

Using medicines safely

- Medicines were managed safely. One person told us, "They always check if I have taken my medication."

- Records showed that staff had received appropriate training in medication and competency checks were being carried out.
- People were supported to take their medicines in a safe manner. We observed a lunchtime visit where staff administered medicines effectively, in line with current guidance.

Learning lessons when things go wrong

- The provider learned lessons when things went wrong. The service learned from concerns that people raised and shared this learning with staff in team meetings.
- Accidents and incidents were being recorded and analysed for trends and patterns, to reduce the risk of them happening again. We saw that these had been managed appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of need and care plans prior to people receiving a service. The senior was the first port of call for new clients and ensured that care plans were documented appropriately. We saw evidence of people's personal histories being recorded and it was evident that staff knew the people they cared for well.
- Staff regularly reviewed and evaluated care plans. The electronic care planning system allowed important information and changes in need be shared effectively. People and their families were able to log into the system and check up on the care being provided. This was reassuring to families, especially in relation to people with dementia.
- Staff were aware of good practice guidelines and used them to support the delivery of care. People confirmed that they were involved in the planning of their care. One person told us, "They always get me involved in my care planning- [Senior] is brilliant." Another person confirmed "We are very fortunate. The company always keep us involved in the care planning of our relative."

Staff support: induction, training, skills and experience

- Staff told us they received an appropriate induction and received training to confidently carry out their role. We looked at the training matrix and saw records of training were up to date.
- Staff told us they received a comprehensive induction. They told us they felt supported by the management and had the appropriate skills and experience to support people effectively. We saw evidence of spot checks taking place regularly to ensure that the care being delivered was of a consistently high standard.
- People felt the staff that cared for them were skilled. They told us, "My carers are very skilled and trained." Another person said, "They have the skills, knowledge and experience and I am very fortunate to have these care workers."

Supporting people to eat and drink enough to maintain a balanced diet

- We saw the service supported people's dietary needs. One person told us, "They provide my breakfast and lunch. I am happy with the support." One relative described how the staff supported their family member at mealtimes, "The care workers feed my relative. They are so caring and gentle with my relative when they support her."
- Staff made referrals to external agencies, such as speech and language therapists and the falls team for support and guidance as appropriate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff documented information about people's health and wellbeing. We saw information around people's health conditions was made available for staff. For example, information around chronic obstructive pulmonary disease.
- People had access to appropriate healthcare and staff worked with other agencies to make sure people's healthcare needs were met. People told us their health needs were well cared for. One person said, "Yes, if they see something is not right with me, they will contact my relatives or even the GP." One relative confirmed, "They always go the extra mile. They always keep us in the loop about my relative's health."
- People told us they had access to outside professionals should they need it. We saw evidence in care files to show professionals had been involved in people's care and referrals had been made to a range of health care professionals when support was required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. The service was complying with the principles of the Mental Capacity Act 2005.

- Staff had received training in the MCA and understood their responsibilities. We saw staff asking for consent from people.
- The service was following the principles of the MCA and records we saw confirmed this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has now remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff we observed were extremely caring. It was clear that they had developed an extremely good rapport. People told us, "They are brilliant. They are good, so polite and caring." People told us they were well treated and respected. One person said, "I look forward to seeing them. They are respectful, kind and so caring. Just wonderful." Another person told us, "They respect everything I need. They are brilliant, they fully respect me and are very caring and kind. I have no issues at all."
- People felt listened to. One person told us, "They listen to me and respect me." People told us they had good relationships with their carers. One person told us, "They are wonderful." and one relative told us, "They are always trying to make a conversation with my relative. They have banter, a good relationship. My relative looks forward to seeing them."
- Staff told us they enjoyed their jobs and liked the fact that they made a difference with people. One person told us, "I love my job and enjoy the fact that we can bring joy to another individuals life by simply doing things that are easy for us but would be a struggle to them."
- We saw numerous compliments praising the staff team, saying how they had gone the extra mile and how their positivity and encouragement had been a breath of fresh air. This informed us that staff were kind and caring.
- The provider had policies in place to guide staff around the of the importance of treating people equally and ensuring their rights were respected.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff respected their choices. One person said, "Absolutely. They are really encouraging and supportive towards me."
- Relatives felt their family members were well cared for and were involved in decisions. They told us, "They always give her an option. They respect her wishes, which means a lot to us."

Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring and treated people with dignity and respect. One person told us, Anything the carers do, they always preserve my respect and dignity at all times." Another person confirmed this and told us, "Dignity and respect is given to me, in everything they do for me."
- Staff promoted people's independence. One person told us, "They are good in allowing me to do what I want, where I can do it."
- All staff were aware of the need to maintain confidentiality and a confidentiality policy was in place.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff planned people's care to ensure their needs were met effectively. Records were very detailed, and person centred. People's care plans contained specific information about their individual needs and preferences.
- Staff treated people in a person-centred way. People told us their care plans were reviewed regularly. One person said, "They do it annually and also periodically throughout the year."
- Staff were aware of people's diverse needs and protected characteristics such as age, disability and gender.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- The service was aware of the AIS and how information could be improved, such as ensuring service user guides were available in bold print and large print. One person told us, "They are good with my relative, they work around him. They know he does not talk but have set up a system and mutual way to communicate with him. This is brilliant!"

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw that staff supported several people to access community facilities, go out for drives in the countryside and visit places of interest to them.
- Staff supported people to maintain relationships with families and friends as much as possible, particularly when they lived further away.

Improving care quality in response to complaints or concerns

- The service was responsive to concerns raised. The service had a complaints policy and procedure and people knew how to access this. We looked at complaints and could see that the management addressed these effectively. We saw evidence of quality assurance surveys taking place. Where issues had been raised, such as the consistency of tea-time visits for one person with diabetes, these were acted upon appropriately.
- People and relatives told us they could speak to the registered manager if they had any concerns. One person told us, "Management are good they listen to me." Another person told us, "The agency is very good. I feel I can pick the phone up anytime to speak to them. The carer's listen, the supervisors listen."

End of life care and support

- The service had a policy and procedure for end of life care and staff had received appropriate training. We saw that staff had documented people's preferences about care they wanted to receive at the end of their life.
- Staff supported people sensitively at end of their life and their wishes were respected. We saw evidence of professionals thanking the service for supporting one individual who was granted their wish to return to their home, with grace and dignity.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Person centred care was promoted and people were receiving a high-quality service. People were complimentary about the management and felt they were approachable. One person told us, "[senior] is wonderful. I can call anytime, and they always listen. They never fob me off." Another person said, "[Registered manager] and [senior] are wonderful. A real anchor for us." When people were asked what could be improved about the service, several people said, "Nothing at all, they have nothing to improve!"
- Staff told us they felt supported by the management. They told us there was an open-door policy and management was always available for support. People felt the registered manager and the provider were extremely supportive and staff felt valued. One staff told us, "The management is very supportive, and we can always text or contact on call."
- Management had a hands-on role and it was evident they had a good understanding of people's needs. It was clear everyone concerned was passionate about the care they provided as a family run agency. The management team were approachable and friendly, and it was clear that they worked effectively together as part of team. Their hands-on approach ensured that they knew the clients very well and could ensure good quality assurance of the service.
- The service understood the duty of candour and were aware of their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Managers were clear about their role and had a good understanding of quality performance.
- We saw evidence of staff supervisions and team meetings taking place, in addition to spot checks and appraisals. We saw evidence of audits taking place which meant that they could identify what they were doing well and what they may need to improve. The registered manager acted to address any shortfalls following audits to improve the quality of the service delivered to people.
- Policies and procedures covered all areas of the service and were available for staff to use as guidance in their day to day practice.
- The service was transparent and appropriate notifications to safeguarding and CQC were taking place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged and involved people and families and worked in partnership with other agencies.
- The provider carried out regular service user and relative satisfaction surveys to gain people's views of the support being provided. People's equality characteristics were fully considered.
- We also saw many compliments and thank you cards, expressing gratitude. One person told us, "It's a wonderful service. It is the best company we have come across." Another person told us, "It's a marvellous company. I am very proud of them and I am very grateful that the CQC actually rang us for our feedback."

Continuous learning and improving care; Working in partnership with others

- The provider used continuous learning to improve care. We saw learning shared within staff team meetings.
- We saw evidence of accidents and incidents that had been documented and actions taken. The registered manager analysed these and acted to reduce the risk of them happening again.
- The value base of the service was strong, and it was evident that everyone was passionate about the care they provided as a family run agency. People were keen to recommend the service, one person said, "We are very lucky, it's a great company."