

GN Wellsprings Care Services Ltd

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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: GN Wellsprings is registered to provide personal care to people living in their own homes, including older people and people living with dementia. At the time of our inspection visit, the service supported seven people.

People's experience of using this service:

- Relatives said family members always received visits from consistent staff, at the times arranged.
- Staff was knowledgeable about the risks associated with people's care, but risk management plans had not always been fully completed for those identified risks.
- Staff were recruited safely, and there were enough staff to provide the care and support people needed.
- Safe procedures to manage people's medicines and to prevent the spread of infection were understood and followed by staff.
- People and their relatives made decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.
- Staff were caring and respected people's right to privacy and dignity.
- Care plans were personalised, but needed more detail to support the person centred care relatives told us people received.
- Staff knew how to keep people protected from poor practice or abuse.
- Staff were keyworkers for people which helped them get to know people well, especially their individual routines and preferences.
- Staff encouraged people to remain as independent as possible by supporting people to do things they could do for themselves.
- The provider's governance systems were operated and managed effectively to ensure good care outcomes for people that continued to meet their needs.
- The provider had begun to utilise electronic call monitoring and call scheduling to ensure care calls continued to be completed on time. A recommendation for the registered manager was to consider steps to safeguard people's important information from being accessed unlawfully.

We found the service met the characteristics of a "Good" rating in five areas.

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

Rating at last inspection: Good. The last report for GN Wellsprings was published on (19 October 2016).

Why we inspected: This was a planned and announced inspection based on the rating at the last inspection. The previous 'good' service provided to people had remained consistent.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 remained safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service remained effective

Details are in our Effective section below

Good 

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service remained well led

Details are in our Well led findings below.

Good 

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team:

One inspector carried out this inspection.

Service and service type:

GN Wellsprings provides a domiciliary care service to people in their own homes. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. The registered manager, who was also the provider, was given 48 hours' notice because they provide care and support to people in their own homes. We needed to be sure that someone would be available at the office to speak with us.

Inspection site visit activity started on 18 April 2019 and was concluded on 25 April 2019. On 18 April 2019 we visited the office location to speak with the registered manager and to review care records and policies and procedures. On 24 and 25 April 2019 we spoke with relatives of those who received support with personal care and the care staff who provided that support.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential abuse, information from the public such as share your experience forms, whistle blowing concerns and information shared with us by local commissioners (who commission services of care). We had not asked the provider to complete a Provider Information Return. A PIR is information providers send us to give us key information about the service, what it does well and improvements they plan to make. We therefore gave the provider an opportunity to share with us the improvements they had made since the last inspection visit. We took this into account in making our judgements in this report.

During our inspection office visit we spoke with the registered manager and a business administrator. We reviewed a range of records including three people's care records, medication records and records relating to the management of the service. These included systems for managing any complaints and the provider's checks on the quality of care provided that assured them they delivered the best service they could. We also looked at systems to manage care calls and daily records to show staff arrived when needed and what support they provided.

Following our inspection office visit we contacted one person, four relatives and five care staff by telephone to get their experiences of what the service was like from their perspective. We were only able to speak with two relatives and two care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People's individual risks were assessed prior to starting the service and care plans described the actions staff should take to minimise the identified risks. Where staff supported new people, one staff member said, "I read the care plan and person's notes via email. This is good; it means I am well prepared if there are any issues or they are poorly." They said this information helped them provide safe care.
- However, some risks were not consistently identified. For example, risks around people's mobility were not always updated when changes had occurred. For one person who needed to be hoisted, there was no information about the type of equipment, the right slings and how to transfer safely or to reduce the person's anxieties. However, staff's knowledge showed they knew how to manage all these risks safely.
- Staff said their training and working with colleagues helped them to manage risks to people's health and wellbeing. This included, hoisting with two care staff to help people to transfer safely. The registered manager agreed to update those care records without delay to ensure consistent care continued to keep people safe.

Staffing and recruitment

- There was sufficient staff to ensure people received their care calls. Relatives said staff arrived on time and stayed for the right amount of time, or on occasions longer, to ensure people's needs were met.
- Staff work schedules were prepared one week in advance, and showed calls were scheduled routinely to the same staff at the same time. Where two staff were needed, the same staff were usually paired together to ensure consistency.
- The provider was trialling an electronic call planning system which monitored the time some staff arrived and left people's homes. The system alerted the office if staff had not 'logged in' so the office staff could find out why. This was not yet fully operational for all staff, but was due to be introduced throughout the service. The registered manager confirmed the trial had not identified any concerns or missed calls.
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff recruitment files showed Disclosure and Barring Service (DBS) checks and references had been obtained before staff started work.

Using medicines safely

- Where people were supported to take their medicines, this was recorded in their care plan.
- Staff had been trained to administer medicines and their competency to give medicines safely was regularly assessed.
- Relatives said staff made sure their relations took their medicines as prescribed.
- Staff signed a medicine administration record (MAR) to confirm medicines had been given and the registered manager checked records to ensure errors had not been made.

Preventing and controlling infection

- Staff told us they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection. Staff said they had their own supplies in their vehicles, and at people's homes. Staff completed training and understood their responsibilities in relation to infection control and hygiene.

Learning lessons when things go wrong

- The registered manager learned from accidents and incidents that had occurred within the service and sought ways to reduce the risk of reoccurrence. Accident and incident reports were reviewed monthly and if issues were identified, these were further investigated to consider what actions could be taken to minimise future risks. .

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from abuse. One staff member said, "I would tell you (CQC) and follow our whistle blowing policy." Staff remained confident to raise any concerns with the management team or the provider.
- The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

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

Good: People's outcomes were consistently good and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience

- People received effective support from a small and consistent team of trained staff who knew them well. One relative told us, "The staff are excellent and they know what to do."
- Staff felt supported in their role; they received an induction when they first started to work for the provider, which for staff new to care included the Care Certificate. The Care Certificate is the nationally recognised induction standard.
- Staff completed ongoing refresher training, and received one to one meetings and observational practice to support and guide them with their work. Training courses included specific training to meet people's individual needs, such as dementia.
- Staff spoke positively about the training they completed. One staff member told us about their moving and handling training and said, "I have had this before and I am due a refresher – it helps me to remain confident."

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

- Regular assessments took place to ensure people's care needs were reviewed, but when changes happened, records were not always updated quickly enough.
- However, staff told us they knew people well and got to know people's changing health needs through good communication, clear daily records and through providing support to the same people.
- Relatives were included in decisions about how people's care was provided.
- Consent was always sought by staff who recognised people's individual ways of expressing their choices. One staff member said, "We always give choices – what to wear, what to eat and how they want us to do something."

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

- 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. We checked whether the service was working within the principles of the MCA.
- The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- People using the service made daily decisions for themselves, or with the support from relatives and staff.
- Staff recognised seeking and respecting people's choices was vital to promoting people's independence

and ensuring their consent to the care provided. Staff said if people lacked capacity, decisions were made in the person's best interest and family members were involved. Staff's knowledge in when to make decisions and to consider restrictions was gained through training and clear communication.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff made sure people who required support with their nutritional needs had sufficient amounts to eat and drink.
- Staff understood people's individual dietary needs.
- Staff monitored people's wellbeing, such as their general health, and informed families or referred people to health care professionals if they identified any concerns.

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

Good: People were well-supported, cared for or treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

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

- The registered manager ensured people received care from the gender of care staff they preferred, which helped to reduce people's anxieties.
- Relatives spoke positively about the care provided and described staff as 'excellent'.
- Staff understood how to treat people well and this was reflected in their practice. For example, a relative told us, "(Relative) doesn't understand the present time – but staff are flexible to how (person) is." They said staff would often stay longer than needed, to ensure their relation was settled and care was not rushed.
- A relative said they felt supported by the service because staff took an interest in their family member and knew what they needed. They told us they were involved in any changes to the package of care and staff completed records which they read. This gave them 'confidence' staff cared.
- Staff were keyworkers for people which helped them get to know people well, especially their individual routines and preferences. Staff enjoyed their work. One staff member told us, "You have to like it. You can do it properly with enthusiasm, training and support from colleagues. Talking to you, I have a smile on my face knowing I will see people later."
- Staff told us they had time to sit and talk with people and it was not an issue to stay longer than needed, without it affecting other calls.

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

- Care records included people's individual preferences which helped to ensure care was delivered in a way that continued to meet people's needs. Records showed people's preferred care call times and these were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they respected people's privacy and dignity. For example, one staff member told us, "Even though it is their house, we close doors, curtains and blinds...we cover them as much as possible and include them in what we are doing. We ask them if they want to do something themselves – like wash their face or other parts of their body."
- Staff continued to promote people to be as independent as possible, by supporting them to make their own decisions and encouraging them to do as much for themselves as possible.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager told us how care was personalised and central to each person's needs. People's care and support was planned with them when they started using the service and developed into an individualised plan of care.
- Care plans provided staff with information about how to support people in a way that met their needs and preferences. A staff member told us, "There is a care plan – it tells me what I need to know. If it is a new client – then we shadow first so we know what to do."
- Staff's knowledge of people was consistent with their care plans, and in some cases, staff knowledge was even more detailed which meant they had taken time to get to know people and their needs well.
- Each person had a call rota that showed their calls were allocated to consistent staff at regular times, even double up calls. Relatives confirmed people received calls from a consistent group of staff. They said staff generally arrived at the times expected, but understood this could vary slightly, depending on the previous call or traffic hold ups.
- Where delays occurred, staff said they contacted the office staff who let people know.
- The registered manager told us they visited people to provide and discuss their care to ensure it remained responsive to their individual needs. Where changes had occurred, information had been shared with staff although one care record, had not yet been updated to reflect the changes. The registered manager agreed to do this.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to any complaints or concerns raised.
- Relatives knew how to raise complaints by speaking with the office staff and registered manager. Both relatives told us they had no cause to complain but were confident any issues they raised would be addressed.

End of life care and support

- At the time of our visit there was no one receiving end of life care.
- The service had systems in place ready to support people on end of life care such as training, end of life care plans and good support networks with other healthcare professionals.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care. Legal requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- The registered manager and staff team had a good understanding of their responsibilities.
- The registered manager showed an open and honest approach to care provision and working with people to support them when needed.
- Providing person centred care was rated as highly important by the registered manager. They worked together with the person, their families and other health professionals involved in the person's care to ensure good care was provided.
- The registered manager completed annual reviews and updates to care plans and risk assessments to ensure the service remained responsive to people's individual needs and preferences. They said, "We listen to people, what they say and I visit and care for them myself...this makes me more visible." They felt people and families had a good relationship with them, which relatives confirmed.
- The registered manager understood their regulatory responsibilities. A rating poster was displayed on their website and at the location. They sent to us statutory notifications when notifiable incidents needed to be reported to us.

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

- People's feedback about their care, the service and what they wanted was sought through day to day support from care staff, reviews and observational practice by the registered manager.
- Positive annual survey results showed people were pleased with the service provided.
- Staff said meetings took place and they shared any feedback and concerns. Staff were confident they would be listened to and managers would respond to any suggestions made.

Working in partnership with others

- External links with social workers, GPs, commissioners and the local authority ensured the service remained responsive to meet people's support needs.
- The registered manager welcomed external inspections from the local authority where action plans were created and followed. They also welcomed our inspection visit and assured us where improvements were needed, they would be made. They agreed to research our suggestions around technologies and their security, to make sure people's confidential information remained safe. They were also positive to our recommendation to further improve people's care records.

Continuous learning and improving care

- Quality assurance audits appropriate for the size of the service were completed, with provider oversight.
- The registered manager was responsible for the day to day management of the service, as well as providing care themselves. The registered manager spent time observing staff practice and where a need was identified; staff received extra monitoring or training to support them in their role.
- Regular checks on daily records, timings of care calls, medicines and people's feedback shaped how the service improved.