LifeSprings Care Services Ltd

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Inspection report

Moulton Park Business Centre
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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

LifeSprings Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults or adults and children with disabilities.

Not everyone using LifeSprings Care Services received the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, six people were receiving personal care.

This inspection took place on 25 January 2019 and 6 February 2019. This was the first comprehensive inspection for the service since it registered with the CQC in March 2018.

There was 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.

Staff received safeguarding training, they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. Recruitment practices ensured staff were suitable to work with people. Infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received induction training when they first started to work at the service. On-going refresher training ensured staff were able to provide care and support for people following current best practice guidance. Staff supervision systems ensured that regular one to one supervision and appraisal of their performance.

Staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. Records about people's health requirements were documented. Staff were able to support people to access health appointments if required.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People had their privacy, dignity and confidentiality maintained at all times. The provider had

a complaints procedure in place to manage and respond to complaints.

People had their diverse needs assessed, they had positive relationships with staff and received care in line with best practice meeting people's personal preferences. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered manager and the provider were visible role models in the service. People told us that they had confidence in the provider's ability to provide a consistent service.

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.

Staff were knowledgeable about protecting people from harm and abuse.

Staff had been safely recruited and there were enough trained staff to support people with their needs.

Staff were trained in infection control, and people were protected from the spread of infection.

Is the service effective?

Good

The service was effective.

Staff received training to keep their skills up to date and were supported in their role with regular supervision.

People received support with food and drink and their consent was gained before carrying out any personal care.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were supported to make decisions about their daily care and support they received.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good

The service was well led.

Systems in place to assess the quality of the service were effective.

People knew the provider, and were able to see them when required.

People were asked for, and gave feedback which was acted on.

The provider worked with other agencies to ensure effective care and support for people.

LifeSprings Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 25 January and on the 6 February 2019, we received feedback from staff who worked at the service. The inspection was announced. The provider was given 48 hours' notice, because we needed to ensure someone was available to facilitate the inspection.

One inspector undertook the inspection.

We used information the provider sent us in the Provider Information Return to help us in our judgements of the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included statutory notifications regarding important events which the provider must tell us about. We contacted commissioners who arrange placements for people and monitor the service; no information of concern was received about the provider.

During the inspection, we visited two people that received personal care from the service in their own homes. We spoke with one relative, two care staff, the registered manager and the provider. We viewed the care records of three people using the service and three staff recruitment files. We also viewed records relating to the management and quality monitoring of the service, such as quality assurance audits and feedback from people, their relatives and health and social care professionals.

Good

Is the service safe?

Our findings

People felt safe in their own homes with the staff that supported them. One person we spoke with told us, "I am safe with the girls [care staff], they are all lovely and make sure I am locked in and safe when they leave."

The provider had a clear safeguarding procedure and staff knew what steps to take if they had any concerns. The staff we spoke with told us that they had received training in safeguarding adults and knew how to report concerns. We saw that where any issues around safeguarding had been raised that the provider had taken the appropriate steps to address the concerns.

Individualised risk assessments had been created for each person, to manage any risks that may be present. They documented the level of risks, and the actions that should take place to minimise any risk. For example, a risk assessment on supporting a person to change position explained what procedures the staff were required to follow to ensure the person's safety. Staff we spoke with felt the risk assessments were clear and detailed, and helped them to support people safely.

People were supported to manage environmental risks within their own homes. Staff carried out regular fire and health and safety checks to ensure people remained safe. People had personal emergency evacuation plans [PEEPs] in place which ensured staff had access to people's support requirements in an emergency.

There was sufficient staff to meet people's needs. One relative told us, "All the staff are good, they never let us down, they know me and [person] really well, it feels like they are family." There was a team of dedicated staff, and there were no shortages in staffing. An 'on call' telephone service was in operation for 'out of hours' concerns or emergency situations. The provider told us the on-call service supported them to make sure unplanned absences and emergencies were covered, so people's safety was not compromised. Staff told us the provider was available at any time if they had any worries or concerns.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the service.

Staff followed infection control practices, for example, when providing personal care. The staff we spoke with told us they always had access to personal protective equipment such as gloves and aprons, to ensure that infection control was managed appropriately. When we visited people in their own homes, they could tell us where staff kept the personal protective equipment and told us that staff always wore gloves and aprons when supporting with personal care.

Medicines were safely managed. Staff had received training and their competencies were tested regularly. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines at the times they were prescribed.

Any incidents that occurred were discussed and action plans put in place to ensure similar incidents did not

happen again and lessons were learnt. For example, it was identified a person administering their own medicine was taking more than prescribed, the registered manager spoke with the person and completed a risk assessment and it was agreed that the person was no longer able to self-administer medicines without support. Medicines were moved to a safe place in the person's home and care plans were updated accordingly.

Good

Is the service effective?

Our findings

People received a full assessment of their needs before receiving any care. The provider told us they complete assessments with people and their family [when required], to make sure that the staff could provide the correct care and fully understand their needs. This process ensured that the service only supported people with needs they could meet. One person told us, "A lady [registered manager] came out to see me and [relative's name] and went through what care I needed and most importantly what I was still able to do for myself. I told them what I was getting stuck with and now they help with it."

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. The provider showed us the induction programme that new staff were undertaking, which included the provider's mandatory training sessions and an opportunity to shadow more experienced staff. The provider told us that they recognised that on-line training for staff was not ideal and they were hoping to provide more face to face training in the future. Staff received regular support and supervision which enabled them to receive guidance, support and feedback on their practice.

Staff were provided with the training they required to ensure they could provide safe care and treatment to people. This included safeguarding training, infection control, dignity and respect and moving and handling. All the staff who worked at Lifesprings Care Services either held a National Vocational Qualification (NVQ) or they completed the Care Certificate which is based on best practice guidance for new staff who do not have any formal qualifications in care work.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. One person said, "The staff heat my meal up for me or at tea time they make me sandwiches or whatever I fancy." Records showed that people's dietary needs were assessed and any allergies, food intolerances and likes and dislikes were recorded within their support plans. The staff were knowledgeable of the food and drink likes and dislikes, of the people they supported.

People were supported to live healthier lives and were supported to maintain good health. People, their relatives and staff confirmed there were close working relationships healthcare professionals. Staff knew the procedure to follow if they found a person needed urgent medical assistance. Staff told us they supported people with GP appointments and worked closely with other health professionals such as physiotherapists and district nurses. We saw that people's support plans contained information and guidance from healthcare professionals and this was followed by the staff.

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 make some 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.

We checked whether the service was working with the MCA principles. Assessments of people's needs took account of the person's capacity to consent to their care and treatment. The provider and staff team understood their responsibility around MCA, and at the time of our inspection everyone using the service had the capacity to make decisions in all areas of their lives. People using the service and relatives confirmed that staff sought people's consent, offered choices and respected their decisions.

Good

Is the service caring?

Our findings

People and their relatives were happy with the care and support they received. One person told us, "I have no complaints, I am happy with the staff that support me, and at weekends they feed my dog for me which I really appreciated." A relative told us, "The staff are like family, they look after [person] really well and I feel comfortable with them. I think that is important when they are in your own home."

People and staff we spoke with felt they could develop positive relationships with each other. One person told us, "I get on really well with all the girls [care staff], they know all about me and we joke that I can still be bossy because I was once a teacher." One staff member told us, "It is really important to make people feel comfortable and have a friendly chat, it puts them at ease."

The registered manager told us and staff confirmed that care staff always met the person using the service before they provided any care or support. One person told us, "Sometimes if there are new girls [staff] starting they come and work with the other girls [staff] who know me well first."

People and their relatives could express their views and be involved in their care. One relative told us, "We were fully involved from the beginning, they asked us lots of questions about the care [person] needs and it was all written down. The staff do exactly what we need them to do. I can't fault them." The provider told us they regularly review people's care to ensure they continued to meet people's needs, and to allow people to feedback and have control of the care they received.

Staff knew people well and encouraged people to express their views and to make their own choices. Care plans included people's preferences and choices about how they wanted their care and support to be given. Care plans were detailed, and the views of the person and their relatives [where appropriate] were included.

People's privacy and dignity was respected at all times. A relative we spoke with told us that staff were always respectful of their family members privacy and dignity and the staff always closed curtains and doors when undertaking personal care." All the staff we spoke with were aware of the need to make sure people's privacy was respected when personal care was being carried out. People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

People and relatives received information about the service. This information included the standards of care they should expect to receive. At the time of the inspection, no-one was using the services of an independent advocate. We spoke to the provider about what support was available should a person not be able to represent themselves or had no family to help them. The provider explained that if that situation did arise they would support the person to get an advocate. An advocate is an independent person who can help support people to express their views and understand their rights.

Good

Is the service responsive?

Our findings

People received care that was personalised to their needs. We saw that care plans outlined what people's communication preferences were, as well as likes, dislikes, and preferences. Care plans showed that time had been spent getting to know people and recording the things that were important to them. For example, one person liked to wear a particular clothes garment on specific days. People's life history was also documented in their care plans so care staff could have meaningful conversations with the person.

The service understood the requirement 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. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. At the time of our inspection, no-one using the service had any communication difficulties, however the provider was aware of their responsibilities to comply with the AIS if the situation changed.

People and their relatives told us they felt they had regular opportunities to feedback their views about the care they received. Records showed the provider carried out home visits and surveys to seek feedback from people using the service and their relatives. Feedback received included, "We are very happy with the care given."

A complaints policy and procedure was in place, and people and their relatives knew how to use it. We reviewed the complaints that had been received and we saw that the provider has responded promptly to the concerns raised. A visit to the person's home was undertaken to discuss their concerns and action was taken as a result of learning from the complaint. Staff said they felt any concerns or complaints would be dealt with appropriately by the registered manager and provider.

No end of life care was currently being delivered. However, as the service grew, the provider was aware that some people may wish to make plans for, or receive, this type of care. The provider told us that systems were in place to record people's wishes, and further training would be provided to staff to ensure they were aware of the best way to provide end of life care to those that may need it.

Good

Is the service well-led?

Our findings

There was a clear vision and culture that was shared by the provider, registered manager and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. A staff member told us, "The managers are good and they also work with us, striving to improve and making a difference." During our inspection, it was clear that the registered manager was confident about implementing positive changes in the service, and was taking responsibility to ensure the staff team felt good about their roles, and were able to provide positive support to people. Staff meetings were held where updates on the service were discussed, along with updates on the people being supported. The staff we spoke with felt this was a good opportunity to raise ideas and concerns if necessary.

The service was open and honest, and promoted a positive culture throughout. The staff we spoke with told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "The manager [provider] is very supportive, the team in general is very good." Another staff member said, "We are a small team and everything works flexibly and efficiently."

People, relatives and staff all confirmed they had confidence in the management of the service. The provider was aware of their responsibilities; they had a good insight into the needs of people using the service. People said the provider, and all staff were very approachable.

Staff told us they had the opportunity to feedback and discuss any concerns, and said they were listened to by management. Information about the development of the service and any changes to people's planned care was communicated effectively to the team of staff.

People had the opportunity to feedback on the quality of the service. This feedback was sought from surveys/questionnaires and from people and their relatives when the provider had undertaken unannounced spot checks on the staff. The feedback we viewed was positive.

Audits were completed, which were effective in identifying issues and ensured they were resolved. These included checks on infection control, care plans, medicines, call pendants and internal/external environmental checks. Checks were completed by the management team and the provider. We saw if any shortfalls in the service were found, action had been taken to address any issues. The provider also looked at themes and trends to see if changes in procedures or work patterns were required.

The provider was aware of the requirement to send notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. No notifiable incidents had occurred since the service had begun providing personal care.

The provider worked positively with outside agencies. For example, meetings had taken place with the local authority who commission some services and community health professionals. The provider had arrangements for keeping up to date with best practice and looking at ways to improve their services at a local and national level.