Spring Care PAs Battle Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
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

About the service
Spring Care is a domiciliary care agency. At the time of our inspection they provided personal care to 70 people living in their own homes. It provided a service to older adults and some younger adults with a physical or learning disability.

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's care documentation was not person-centred nor reflective of their current support needs. Where risks had been identified to people's health and wellbeing, assessments had not been completed to detail support needs or when to seek further professional advice. There was a lack of oversight on incidents, which meant the registered manager had not always reflected on themes and trends. We also found that the provider had not always reported incidents to us that they were legally required to do.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. For people that had fluctuating capacity, consent had not been explored with them or relevant others such as relatives or professionals. For one person the registered manager had not recognised that their freedom was being restricted nor was this explored with professionals. The registered manager had not checked that some relatives had the legal authority to make decisions on behalf of people.

People and their relatives told us there was not always enough staff and that care calls could be missed or late. Staff also reflected that they were not always given enough time to travel between care calls. There had been several missed care calls, particularly during school holidays where more staff requested annual leave. The registered manager was aware of this and had started implementing measures to ensure this improved. This included improved communication between care and office staff, planning routes more carefully and reviewing the holiday policy. Although this had been identified as an area for improvement, more time was needed to implement changes and review effectiveness with people.

No-one was receiving end of life care at the time of inspection. Staff were able to give examples of when they provided end of life care in a kind and person-centred way. However, we found that people's end of life wishes and preferences had not always been explored. It was also not clear whether they had resuscitation preferences in their care plans. The registered manager recognised this was an area for improvement.

People told us they felt safe. One person said, "I feel safe just having them here. I am alone most of the day and so it is nice and a comfort when they come in." Staff knew people and risks to their wellbeing. People told us they received their medicines when they needed them and in the way they chose. Staff had all

received training in safeguarding, could recognise signs of abuse and tell us actions they would take if they had concerns.

People and their relatives told us that staff were well trained and knowledgeable. Bespoke training had been organised, while engaging from other professionals in the community, to ensure individual needs had been met. Staff felt well supported in their roles with robust induction and regular supervisions.

People and their relatives told us that people's wellbeing was valued, and they had access to health and social care professionals whenever it was needed. People were supported to appointments by staff if required. For those that required support with eating and drinking, their nutritional and hydration needs were met.

People and their relatives told us that staff were kind, caring and attentive. One person said, "It is nice to have professional, well trained people coming to the house, they come as friends and seem to be part of the family." A relative said, "They will do anything for my mother, even offer to shop for her, she really loves them, and they love her." People's privacy, dignity and independence was promoted and encouraged by staff. Staff had a good understanding of equality and diversity and respecting people's differences and choices.

People and their relatives told us that their preferences and support needs were always met. Staff knew what they liked and constantly checked they were happy with the support provided. They knew people's communication needs well and several tools had been implemented to support people with sight impairments. People told us they knew how to complain, and any concerns were responded to straight away by office staff.

Although we found improvements were needed to people's care documentation, people, their relatives and staff thought the service was well led and spoke highly of the registered manager. One person said, "They are really caring" and a staff member told us, "As a team, we try our hardest to provide the best care." Feedback was sought to improve the service and actions fed back to keep people well informed of progress. The registered manager had built relationships within the community to improve outcomes for people. They had plans to further improve quality of life, which included a training centre for relatives and social events for people.

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 17 January 2017). The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. This was in relation to people's consent not always being explored when they were deemed as not having capacity. People's care plan documentation also lacked person centred information and were not up to date with current support needs.

There was also a breach of the Care Quality Commission (Registration) Regulations 2009 where the provider

had not consistently reported incidents to us.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Spring Care PAs Battle Ltd

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
Two assistant inspectors and an Expert by Experience made phone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Two inspectors attended the office and visited people in their homes.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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
We gave the service 48 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. We also needed time for people to consent to phone calls and visits from us.

Inspection activity started on 12 August 2019 and ended on 13 August 2019. We visited the office location on 13 August 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and visited a further two in their homes. We spoke with seven relatives about their experience of the care provided. We also spoke with nine members of staff including a director, the service manager, the assistant operations manager, the registered manager, a team leader and four care staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and incidents. We spoke with two health and social care professionals about their views of the service.

Requires Improvement

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 has deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment; Learning lessons when things go wrong

- Over the spring, due to leave, there had been some late and missed calls to some people. The registered manager had taken action to address this and reliability of calls had improved.
- We received feedback from people that carers had been late for calls and that support could feel rushed. Comments included, "They are often a bit late", "They don't have enough time. They sometimes rush or don't stay the full time. I know they are stretched" and "It's been hectic during holidays. One of my carers must come seven or eight miles from where they live to me and they give them fifteen minutes. It's not enough."
- Relatives also felt that timing of care calls could be improved. One relative said, "Carers should be given more time to travel between A and B. If they had extra staff it would make life easier for carers too." Another said, "Timing is a big issue. They are delayed quite frequently and 80% of the time we never get told that they are going to be late. In general, the time keeping is very lapse, there is no communication and sometimes we have to call them, and we should not have to. There is never enough time when they are late, quite often things get left."
- Some staff fed back that they did not always receive enough time to travel between care calls. This caused care staff to either run late or rush the call. One staff member said, "Sometimes need extra time to get to calls." Another staff member said, "I need more time to do my job. I feel rushed sometimes. We're not given enough time. We have a lot of anxious ladies. They don't like it when we're late or can't get everything done."
- We viewed the missed calls log for 2019. Since March 2019, there had been nine missed calls to people. Most of the missed care calls had minimal impact on people because they had relatives that lived with them or they required very little support.
- Five of these missed calls were in March, three in May and one in August 2019 so the number of missed calls was reducing. The registered manager told us they had reflected on this and felt it was because of lack of staffing due to holidays or sickness. This had meant lots of rota changes were required and this had led to miscommunication with staff.
- The registered manager and director told us they were aware that this was an area for improvement and they were reviewing holiday policies. They were also continually recruiting new staff.
- To address miscommunication between the office and care staff, the registered manager was reviewing the process for making last minute rota changes. They had reminded office staff that once care staff had been spoken with verbally, this should be followed up in writing.
- The registered manager told us they had also started looking more closely at locations of care calls and putting together 'cluster routes'. This meant that staff would support people in one area that lived close to

each other and this would therefore reduce the travel time between calls. Since the changes were made there had been no missed calls to people.
● Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
● Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

Systems and processes to safeguard people from the risk of abuse
● People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
● Staff had all received safeguarding training which was regularly reviewed. This gave them understanding of how to recognise different types of abuse and how to respond to concerns.
● One staff member said, "I would report to the office, get advice on what to do and call other professionals like a GP if I needed to." Another staff member said, "Everyone has a duty of care. I'd document my concerns and raise issues with the registered manager. They would pass this information onto the safeguarding team, CQC and police if needed."
● Staff told us that they had a whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral.

Assessing risk, safety monitoring and management
● People told us they felt safe with staff. One person said, "I think it's because they're so kind and understanding and they're so cheerful, I think they make you very happy and feel safe." Other people said, "I feel safe because I know and trust the people who come in each day" and, "They know exactly what they're doing and know I am at risk of falls. They make sure my slippers are available, so I don't slip and pick up any clothes or towels, so I don't trip."
● Relatives were also reassured that their loved ones were safe. Comments included, "They reassure him, and I feel he is in safe hands" and, "They take good care of my mother, she has a walker to keep her active and independent but, in the morning, she is very stiff, they sit with her until she is ready to stand safely."
● One relative told us how staff monitored people, raised concerns with them and acted to mitigate risks. "They talk to us about equipment such as the hoist and contacted the Occupational Therapist. They suggest things that will help, such as the slide sheet. It really has been useful."
● Staff knew people very well and could tell us what they would do if they appeared unwell or were at risk of falls. They told us about measures they took to protect people at risk of skin concerns. This included regular movement, applying creams and seeking involvement from district nurses.
● One person had a Percutaneous Endoscopic Gastronomy (PEG). This is a tube inserted into a person's stomach to support them with food or medicines when they are unable to swallow them. They had a detailed assessment of how to give food and medicines, how to make sure the PEG was fit for purpose and how to keep the person's skin clear. The registered manager agreed that other risk assessments would benefit from more detail. We will follow this up at the next inspection.

Using medicines safely
● People received their medicines from staff who were trained and competent to do so. One staff member said, "After the training we have regular spot checks where they look at how we interact with the person and how we give medicines. For example, are we doing this correctly, looking at records and double checking everything."

● When we asked people if they got their medicines on time and in the way they chose, they told us, "Oh yes, I think so, they're quite well up on all of that", "They're very efficient, I don't have to worry about that" and, "They ask how I'm feeling and if I want any pain killers."
● Staff knew people's preferences regarding medicines, for example how they liked to take them and any routines. One staff member said, "I support a person who likes to take their medicines before personal care. Other people might prefer to get ready first and then take them."
● We viewed some people's Medicine Administration Records (MAR). These informed staff the amount to give, reasons for taking and suitable gaps between dosages. Of the MAR's we looked at, we could see people were receiving their medicines as prescribed.
● There had been three incidents where medicines had been missed in 2019. This had been in March and April where there had been staff shortages due to annual leave or sickness. Following the inspection, the director gave information on what was missed, if there was impact on the person and if any further actions had been taken. This had included contacting pharmacists or a GP and re-training staff.
● Some people received 'As required' medicines such as pain killers when they were feeling unwell. Although medicine records stated the maximum dose to give and correct times between dosages, there was a lack of information about how people would communicate they were in pain or when to seek further medical advice. People did not have specific medicines assessments that informed staff where medicines were kept, preferences for people in how to take them and what support staff provided. The registered manager agreed to address this and we will follow this up at the next inspection.

Preventing and controlling infection
● People and their relatives told us that staff always wore Personal Protective Equipment (PPE) when they supported them. One person said, "Staff always wear disposable aprons and gloves, if it is wet they even have plastic slipovers for shoes."
● Staff told us they always had access to PPE and if more was required, the office staff supplied them straight away.
● Staff had all received infection control training and had a good understanding of preventing the spread of infection. This included for people that had specific health needs. For example, one person had a catheter. Staff were aware of specific infection control issues related to this, such as using a specific type of gloves and disposing of equipment correctly.

Requires Improvement

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 deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- For one person that had fluctuating capacity, restrictions to their liberty had been imposed without their agreement. The person had left their home without support and been at risk of becoming lost. The registered manager told us that their front door was locked to prevent them leaving the house. They had not considered that this was restricting the person. They had not sought advice from the local authority regarding whether the restrictions on the person amounted to a deprivation of liberty. A best interest decision had not been explored with the person, their relatives or professionals to review this or consider less restrictive practices.
- In some people's care plans, it had been written that their relatives had Power of Attorney. (POA) These are legal documents authorising others to make decisions on people's behalf. The registered manager had not seen legal documentation regarding POA's. They were not aware what POA's could give legal authorisation for. For example, if they could make decisions about financial affairs or the person's health and wellbeing.
- Relatives had signed consent forms on behalf of people when it was unclear whether they had the legal right to do so. This was for matters such as consenting to care.
- Where it had been identified that people lacked capacity, they had not had best interest decisions to

discuss least restrictive options. There were no records to detail the conversations held with people, their responses and how decisions about capacity had been reached. The views of people, their relatives and professionals had not been considered or documented.

The provider had not ensured that all care and treatment was provided with consent from the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Despite this, people that were able to give us feedback told us they were offered choices in day to day decisions about their care. One person said, "Oh yes, they are always checking I am happy." Another said, "I choose what support I have and what I would like to eat. Staff are good like that."
● Staff had a good understanding of mental capacity and how this related to people they support. One staff member said, "I ask is it ok if I help, rather than just doing it. I ask what they would like me to do." Another staff member said, "If someone says no, then no means no. I'll offer but everyone has the right to say no." They gave examples of how they supported people to make choices, such as using objects of reference and double-checking people's understanding.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Before people received care, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care. These needs were continually reviewed with people and changes made if required. For example, one person talked in their review about changing their call times to better suit their needs and this was actioned.
● Relatives told us that staff were very good at monitoring people and picking up on changes to their health. One relative said, "Staff understand my relative's needs. If they have a bad toe or something, staff will point it out and say, 'did you notice this', or if their urine is a bit dark 'you might want to get a doctor.' They advise which I find very helpful, but they would never do anything without telling me."
● We saw that people had access to health and social care professionals to improve their wellbeing. This included their G. P's, specialist nurses, opticians, dentists and the frailty team.
● People told us that staff had supported them to appointments when they felt unwell. Relatives agreed, comments included, "The Carers have taken my mother to the GP/dentist/optician and hospital appointments" and, "The Carer contacted the GP when my relatives' legs were swollen and informed me of the outcome."
● Staff told us that they provided whatever support people needed with their healthcare. This included extending care calls when people were unwell, so their needs could be met. One staff member said, "It takes as long as it takes. I would never leave someone who is unwell." Another staff member said, "One person has swollen feet. He mentioned it, so we have extended his calls and we have called his GP and chiropodist." Other staff told us how they had supported people to dental appointments or to cancer screenings. A staff member said, "This wasn't just about physical support but emotional support too."

Supporting people to eat and drink enough to maintain a balanced diet
● People and their relatives told us that where support was required, people's nutritional and hydration needs were met. One person said, "Staff tell me what's in the fridge and I tell them I'll have that and that." Another person said, "They are willing to prepare me what I want. I choose and they help."
● One person was at risk of being underweight due to not eating. They also had a specialised diet due to a risk of choking. Staff were aware of this risk and prepared meals that they enjoyed, to encouraging them to eat. As assessment from the Speech and Language Team (SaLT) had been completed and staff knew to

follow this guidance.
● Where people were at risk of being underweight, they were weighed by staff and this was continuously monitored.

Staff support: induction, training, skills and experience
● People and their relatives told us that staff had the skills and knowledge to meet people's needs. One person said, "This is where Spring Care is so good, because they are all experienced staff." Another person said, "Staff always seem to be off on training, the staff member I have in the morning, he's off on a half a day's training today and he's been there seven years."
● Staff had received training in safeguarding, mental capacity, health and safety, moving and handling and food hygiene. They had received more specialised training in end of life, dementia, catheter care, PEG management, diabetes and epilepsy to meet the specific needs of people.
● One person was registered blind. At the person's suggestion, the service had been accredited by the Guide Dogs for the Blind Society to train staff as community sighted guides. Staff told us that they had attended a practical training course in sight impairments where they had a simulated experience of what it felt like to be blind. One staff member said, "This was so interesting and really helped us understand how people feel."
● The registered manager told us about a person who had an acquired brain injury. To support staff in how to meet the person's needs, they contacted a local day service, which was run by a neuro psychiatrist. Staff then went to work there to gain experience of working with brain injuries. The registered manager said, "We much prefer a bespoke type of training where staff get to really experience what people go through and we do this whenever we can."
● The provider had explored ways they could assess staff knowledge and understanding. For example, following safeguarding training, staff were issued with a 'Safeguarding passport'. This asked staff questions about what they had learned, how they recognised signs of abuse and what actions to take. It also included contact details for other resources such as 'Skills for care', the Local Authority and CQC.
● The service had their own training manager and a training centre that was equipped with moving and handling equipment. This meant staff could get practical experience of using different equipment and direct feedback of any improvements.
● Staff were positive about their induction into the service. They told us it involved meeting people in their homes and shadowing more experienced staff to understand people's needs and routines. A staff member said, "When you shadow, staff go through everything with you, so you know what to do. They had a mock care plan for us to look through and get used to paperwork as well." One person told us, "They bring new staff along to show them the ropes." Another person said, "I met a new staff member today and they were wonderful. They can definitely come again."
● The provider had developed their own induction programme which incorporated the Care Certificate. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
● Following induction, staff were supported with regular supervision. One staff member said, "We talk about anything and everything - anything I'm not happy with or they're not happy with. They're always checking I'm happy with the rota." Another staff member said, "I've never had a negative supervision - it's very centred on our wellbeing so we can give the best care."

Good

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 remained the same.

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

- People were complimentary about care staff and their caring nature. Comments included, "They are very good indeed, I can't fault them. They are very kind, understanding and sympathetic", "They come in bright and cheerful, they are lovely people" and, "They are like friends coming in showing that they really care." One person said, "They talk to me. Which sounds simple but it's so important. I would hate it if they didn't talk to me."
- Relatives were also complimentary about care staff. One relative said, "The staff are really friendly. They are just very nice people and they do their very best. When they come at night my relative is always pleased to see them and gives them a big smile. I will say they give first class service and they are such nice people." Another relative said, "They're very caring and they help as much as they can. My relative is happy with the care they give, we are more than content with Spring Care, we have had other care services before, but Spring Care has been the best."
- Staff had all received equality and diversity training. They understand the importance of respecting people's individual preferences and ensuring no-one was treated differently.
- One person said it was important to them that staff were understanding of their relationship choices and respected their pet. The registered manager spoke with staff and made sure only staff who liked animals attended each care call.
- One person requested that they receive an early morning phone call to enable them to have enough time to go to church on Sundays. Staff told us how they had supported other people to go to church if they wished. The registered manager said, "We will always do what we can to meet people's preferences and staff are very flexible."
- Staff told us about another person, whose health condition meant they could become very anxious. A staff member said, "It is very important to the person that all their belongings remain in the right place. So, when we clean we are extra careful to put things back where we found them. This makes the person feel calmer."

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

- People told us they were always asked their opinions about their care and their views listened to. One person said, "They always ask me how I want things." Relatives agreed, one telling us, "I hear them when they put the water on. They say, 'that's not too hot is it' and my relative makes their view known. Although my relative can't really answer they still ask them."
- Staff told us that they supported people in the way they chose and constantly sought their views

throughout care calls. One staff member said, "I work to what people want. For example if they don't want to do things straight away, we go away and make a coffee then come back and try again."
● We saw that people and their relatives were involved with regular reviews of their care. Support was discussed and what was working or needed further improvements.

Respecting and promoting people's privacy, dignity and independence
● People's privacy, dignity and independence was continually promoted and encouraged.
● People always told us they felt respected and their dignity upheld . One person said, "Even when they support me with washing they are mindful of my privacy. They leave my pyjama pants until last, so they wash down below after they have washed my top half."
● Relatives were confident that their loved one's privacy and dignity was promoted. One relative said, "They help my mother into the shower and assist as required –they maintain her independence by giving her the flannel to help while maintaining her dignity with additional privacy and use of discretion." Another relative said, "They talk to my relative even though they can't talk back. I am very happy with the way they treat them. They treat them as an adult which is difficult for someone who can't speak."
● Staff gave us examples of how they maintained people's privacy and dignity. One staff member said, "It's about making sure people are comfortable and that they don't feel vulnerable. This means covering them up during personal care, making sure curtains are closed so other people can't see."
● People told us they were encouraged to do as much as possible on their own. One person said, "Staff support me to be as independent as possible. It can change each day and I tell them what support I need. Regardless, they are very understanding." Another person said, "Staff let me do what I am able to do myself."
● Staff told us that they promoted people's independence to ensure they retained skills and their self-worth. One staff member said, "One person needs help with washing. However, I always give them the flannel to wash the parts they can, such as their face. I think it's important people feel they can still do things themselves."
● Another staff member said, "One person needed lots of support when their package of care started. I gradually encouraged them to do more on their own and now they get dressed and make their own breakfast. They seem much happier now that they've taken some control back."
● Relatives were also complimentary and felt that staff encouraged people to be as independent as possible, regardless of their physical abilities. One relative said, "I noticed the other day that a staff member was encouraging my relative to hold their own tooth brush and brush their teeth. Some days they can do it and some days they can't, but staff always praise and encourage."

Requires Improvement

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 deteriorated to Requires Improvement.

This meant people's needs were not always met.

End of life care and support

- No-one was receiving end of life care at the time of inspection. Staff had all received end of life training and told us about times they had supported people in a kind, dignified and personalised way. One staff member said, "It is about finding out what is important to people and making sure they are comfortable. Anything they want or need. One person I supported did not want to take their medicines. All they wanted was their dog. I respected their choice and made sure their dog was on the bed with them."
- Another staff member told us about a person whose hair was long. "I supported them to go to the barbers and everyone said they were transformed. They were laughing and joking and seemed so much happier. It was definitely the right thing to do."
- Staff gave us examples of actions they had taken to ensure people were comfortable. One staff member said, "We had an ongoing end of life with a person. We turned them regularly, got special mattresses and increased their care calls. The district nurse also arranged a moving bed. It was very good."
- However, we found that people's choices for end of life care had not been explored with them and recorded fully. There was no information about their preferences, choices, cultural or spiritual wishes in care plans. The registered manager said it was difficult to explore this with people due to it being a sensitive subject. However, they had not reviewed alternative ways of seeking information. In one person's plan, it stated, "End of life not discussed." Another person's care plan said, "Discussed with GP", but did not contain any further information.
- It was not always clear when people had Do Not Attempt Resuscitation (DNAR's) forms and where these could be found. One person's care plan read, "Unsure where DNAR is, to discuss with relative", however no further action had been taken to address this.
- The registered manager acknowledged this was an area for improvement and advised they would research different ways they could explore and record end of life care choices with people. We will follow this up at the next inspection.

Improving care quality in response to complaints or concerns

- People told us that if they ever had any concerns, they could speak to the office staff and this would be investigated. One person said, "We can always complain or say if we don't like anybody and they say we can change it or stop them coming, they're very good about that."
- Another person explained they did not like one staff member and so they contacted the office. "They apologised and stopped the staff member coming to me straight away. They listened to me. It was absolutely marvellous the way Spring Care dealt with it. The manager rang me within an hour and she was so apologetic. She told me what actions she was going to take next."

● Relatives agreed that when they raised concerns, these were managed quickly. One relative told us, "I wasn't very happy about some aspects of my mother's care so I rang the senior manager and she came to my house and she spent 3 hours reviewing it with me."
● We reviewed a written complaint from a relative who was not satisfied with timing of care calls. They were immediately invited to a review, where concerns were discussed. It was documented how the relative felt at the end of the review.
● We saw that people had copies of the complaint's procedure in their home care plans. They were also reminded of the process during reviews and in newsletters.
● We viewed the complaints policy, which stated that following a meeting with the complainant, they should be responded to in writing. This should summarise the meeting, actions taken and what steps the complainant could take if they were unhappy with the response. The policy had not always been followed. For two relatives that had complained, they had met with the registered manager or director but not been responded to in writing. The registered manager agreed to address this and we will follow this up at the next inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People told us their needs and preferences for support were met. One person told us, "Oh yes, I think they're very good, and they know about what I like and don't like." Another said, "Everything I need they do and they really listen to my preferences."
● Pre-admissions assessments were completed with each person before they received support in their homes, which identified their support needs, preferences and wishes. Staff used this information to get to know people before they supported them. One person said, "I did their questionnaire and I told them what I needed, and I have a care plan here which has all the things I asked them to do and what they need to do."
● Staff were very aware of people's preferences and responded in ways that met their physical, social and emotional needs. For example, one staff member told us about a person who required emotional support with loss. "Bereavement counselling said that focusing on hobbies, such as gardening helps. So, I got them some hanging baskets for outside and help them grow and look after their flowers." They told us the person really seemed to enjoy this time together.
● Another staff member told us that a person could become anxious but wouldn't necessarily tell staff this, therefore, they had to learn to recognise signs and triggers and gave an example of how they did this.
● People told us that care was regularly reviewed and so was their satisfaction as to whether needs were being met. One person said, "Somebody in charge might say, 'Are you satisfied?' They come around, just a few times, somebody has asked, 'Is everything going alright?'"
● Relatives also felt involved with their loved one's care and were consulted about their views. One relative said, "I sit in on all of the updates and when my wife does not want me there for part of it, I just leave the room."

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 carers.
● Staff understood people and their communication needs well. This included facial expressions or body language if people were unable to communicate verbally. One staff member said, "It's all about getting to know them. Learning how they communicate certain things such as gestures or nodding." Another staff member said, "I might help clean their glasses or check their hearing aids are working so they can communicate fully."

● The director and registered manager told us that they used tools to support people with communication. For example, people with a sight impairment received documentation in large font. One person was registered blind. They had received care documentation, including a service user guide and complaints on a CD so that they could listen to information.

Requires Improvement

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 deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not always understand their responsibilities regarding reporting incidents.
- Providers are required to notify CQC of any incident of abuse or allegation of abuse in relation to a person, incidents reported to the police and other incidents and events. This enables CQC to monitor types and numbers of incidents at the location and take appropriate action as needed. The provider had not reported all notifiable incidents to CQC.
- Two incidents were not reported to CQC where police had been involved or alleged abuse had occurred. The registered manager did not fully understand their responsibility to notify us or that these incidents were reportable.
- However, the registered manager had followed all other steps such as raising a safeguarding alert with the local authority and having a professionals' meetings to discuss and review the incidents. Following the inspection, one of these incidents was notified to us by the director.

Failing to notify CQC of reportable events is a breach of Regulation 18 Notification of Other Incidents of the Care Quality Commission (Registration) Regulations 2009

- Some records lacked detail and needed updating. People's care plans lacked personalised information about how people liked to be supported, what they could do independently and where they needed support. They were not always reflective of people's current needs. There was also minimal information about people's histories, hobbies, family and other relationships.
- Staff knew people well and spoke to us with knowledge and awareness of people's needs and of the risks people faced. Staff knew how to manage and mitigate these risks, but records were not always detailed enough for new staff to have the information they needed.
- For two people, there was no guidance for staff on diabetes, how to recognise signs of high or low blood sugars and the actions staff should take if the person became unwell. For one person the guidance about their epilepsy could be more detailed. Information about catheter care, falls, going out alone, managing people's anxiety and how to maintain healthy skin required more detail so that any new staff had the guidance they needed.
- Some people required support with moving and handling and with communication. Although staff knew

how to move people safely and how to use alternative methods of communication there was limited information in their care plans about how staff supported and what equipment was used.
● There was a lack of oversight regarding incidents and accidents as there was no overarching record. We viewed a 'Missed care calls' log, however this did not reflect what time the call was missed, whether this had an impact on the person and what actions were taken. We did not receive this information until several days after the inspection as the registered manager had to look through individual records to find this out.
● This was similar of missed medicines. On the log, there was no information about what medicines were missed, the impact on people and actions taken to prevent this happening again. We received this information from the director after the inspection and there was minimal impact on people. Where there were concerns, medical advice had been sought.

The provider had not ensured good governance had been maintained and records were not up to date and accurate. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and their relatives spoke positively about the registered manager. Comments included, "Managers are very good, they do a lot of helping out", "The Office is very good and the manager very approachable. They will visit you at home" and, "The registered manager listens and takes action quickly." One person said, "I have been with Spring Care for four years. I don't think I would have stayed so long if they had not been good."
● Relatives told us that when things went wrong, they were contacted immediately with an explanation of what happened and actions that were taken. One relative said, "I am kept very well informed."
● Professionals told us they had received positive feedback about the management team. One professional said, "The office staff seem to have a good understanding of the clients they support and their needs and very few issues have been reported by clients about the carers or office staff at Spring Care. All have been happy with the service.
● Staff also spoke highly of the registered manager and felt well supported in their roles. One staff member said, "The registered manager is fantastic. It is a great company to work for. It's like a family atmosphere." Another said, "I think it's run well. I always feel supported. Anything I raise is acted on."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager and director understood the importance of seeking feedback and using this to improve the service. People, their relatives and staff were given regular surveys where their satisfaction of the service was reviewed.
● We viewed the latest surveys received from people, relatives and staff. These had been reviewed by the registered manager and patterns or trends identified. If any areas for improvement were identified, an action plan was devised and fed back to people, their relatives and staff.
● For example, some people had reflected that office staff were not consistent and sometimes hard to get hold of. They also said they were not always informed when carers were running late. The provider responded that they were recruiting new staff to improve this and reviewing their policies.
● In a previous staff survey, staff had fed back that they did not feel valued or appreciated by the company. The director said, "We were really disappointed to hear this and immediately sought to improve this." They introduced thank you letters and a, 'Staff member of the month' scheme.
In the most recent staff survey, feedback had significantly improved, and this was reflected on by the provider when reviewing questionnaires.

● Each month staff received a personalised newsletter with good news stories, useful articles and photos of events. This included information on employee of the month, survey results, specific training that had occurred, compliments and company policies.
● Staff told us that they did not have regular staff meetings, but this was due to not all staff being able to attend. One staff member said, "With regular supervisions, newsletters and constant feedback from the office, I always feel well informed. I don't think a staff meeting would add much more." Another staff member said, "If I had any other concerns that hadn't already been discussed in supervision, I would go into the office. I like reading the newsletters, they are very informative."

Continuous learning and improving care; Working in partnership with others
● The director and registered manager were passionate about providing the best care possible to people. They listened to our feedback after the inspection and reflected on how they would improve. Following the inspection, some changes had already been implemented, such as positive behaviour support plans, skin integrity assessments and improved oversight logs.
● A new system was in the process of being implemented, which meant all people's care plans would be online. Staff would be provided with their own phone which they could then access all the information they needed. The director said, "We are very excited about this system. Not only will staff be able to see and amend care plans, they can raise concerns at the touch of a button. It will give us much better oversight of incidents and complaints too."
● The director told us about plans they had for the future to improve the lives of people. This included a project to offer training to people and their families in safe moving and handling techniques and falls prevention amongst other subjects. This training would be provided free of charge and take place at the providers fully equipped training centre. The director said, "This will improve their knowledge and save on the cost of their care."
● When the service opened, they had held a 'Welcome day'. At this event, they had made connections with people in the community, some who still visited the office every day. The registered manager said they planned to do more events like this, including a Macmillan coffee morning to build relationships with the community.
● The registered manager had built relationships with a local care home to research shared opportunities for staff training and growth. Whilst they were there, they observed the care facilities and whether they might be able to help people. For example, one person did not have a bath at home but expressed a wish to have one. Staff supported them to access the care home and use their bath facilities. The registered manager said, "I think this kind of joint working can really enrich people's lives."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that all incidents they are legally required to report, had been notified to CQC 18 (2e) (2f)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that care and treatment was provided with the consent of the relevant person 11 (1) (2) (3) (4)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured good governance had been maintained. Appropriate systems and processes were not in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1) (2a) (2b) (2c)