Springvilla Care Limited

SPRINGVILLA CARE LIMITED

Inspection report

333 Edgware Road
London
NW9 6TD

Date of inspection visit:
13 December 2018

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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

Our inspection of Springvilla Care Limited took place on 13 December 2018. This is a new service that was registered with The Care Quality Commission on 20 December 2017. This was their first comprehensive inspection.

Springvilla Care Limited is a domiciliary care agency that provides a range of support to adults living in their own homes. The service is based in the London Borough of Brent. At the time of our inspection the service provided care and support to seven people.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service spoke positively about the care that was provided to them. Staff members also spoke positively about the people they supported.

People were protected from the risk of harm or abuse. The provider had taken reasonable steps to identify potential areas of concern and reduce risk to people. People had personalised risk assessments which included guidance on how to minimise and manage any potential risk. Staff members had received safeguarding adults training and demonstrated that they understood their responsibilities in reporting any suspicions or concerns.

Arrangements were in place to ensure that people who required support to take prescribed medicines were safe. Staff members had received training in safe administration of medicines.

Staff recruitment processes were in place to ensure that workers employed by the service were suitable for the work they were undertaking. The provider had checked staff references and criminal records prior to their appointment.

The service's staffing rotas met the current support needs of people. There was a system for ensuring that care calls were managed and monitored. Staff and people who used the service had access to management support outside of office hours.

Staff members received the support they required to carry out their roles effectively. Staff training met national standards for staff working in social care organisations. Staff members received regular supervision sessions with a manager.

The service was meeting the requirements of the Mental Capacity Act (MCA). Information about people's capacity to make decisions was included in their care plans. Staff members had received training on the

MCA. People were asked for their consent to any care or support that was provided.

People who used the service and staff members spoke positively about its management. They knew what to do if they had a concern or complaint about their care.

A range of processes were in place to monitor the quality of the service, such as audits and spot checks of care practice. Quality assurance and good practice issues were discussed with staff at regular team meetings.

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. People had personalised risk assessments which included guidance for staff on how to manage and minimise risk

Staff members had received training in safeguarding and demonstrated that they understood what to do if they suspected that a person was at risk of harm or abuse.

Medicines records were in good order and regularly audited. Staff members had received medicines training.

Is the service effective?

Good

The service was effective. Staff members had received training and regular supervision from a manager.

The service was meeting the requirements of the Mental Capacity Act (2005). Information about capacity to make decisions had been recorded and people had been asked for their consent to the care that was being provided.

The service liaised with other health and social care professionals to meet people's needs.

Is the service caring?

Good

The service was caring. People spoke positively about the staff members who supported them.

Staff members demonstrated that they understood people's care needs. They spoke positively about their approaches to dignity and privacy.

The service made efforts to match staff to people where they had similar religious or cultural needs.

Is the service responsive?

Good

The service was responsive. People had personalised care plans which included guidance for staff on how people preferred their needs to be met.

Staff members recorded the care that they provided to people.

The service had a complaints procedure and people told us that they knew what to do if they had a complaint or concern.

Is the service well-led?

Good

The service was well-led. People and staff members spoke positively about its management.

Regular quality assurance monitoring took place. Actions had been taken to improve the service as a result of this monitoring.

A range of policies and procedures were in place that reflected current legal requirements and good practice.

SPRINGVILLA CARE LIMITED

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.

We inspected Springvilla Care Limited on 13 December 2018. The inspection team consisted of a single inspector. We gave the service 48 hours' notice of our inspection as this is a small domiciliary care service and the registered manager may be out undertaking assessments or home visits. We wanted to be sure that they were there when we visited.

We reviewed records held by the service that included the care records for four people using the service and three staff records, along with records relating to management of the service. We spoke with the registered manager, the provider's nominated individual, the field care co-ordinator and office co-ordinator. Following our inspection, we spoke with two people who received care and support from the service, one family member, and two care staff.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt that the service was safe and that they were confident with the quality of care staff. A person said, "I never feel as if I am not safe. They look after me very well."

We looked at three staff files which showed that the provider had taken action to ensure that staff were suitable for the work they were undertaking prior to employment by the service. The recruitment records included copies of identification documents, evidence of eligibility to work in the UK and criminal record checks (DBS) undertaken by the provider.

Person centred risk assessments had been carried out for people who used the service. The risk assessments included information about specific risks to people, such as moving and handling, mobility, and behaviour. Associated risk management plans provided guidance for staff members on how to respond to minimise any potential risk. We saw that risk assessments had been reviewed regularly and the registered manager told us that they would be updated if there was any change to people's needs.

The service had a policy and procedure for administration of medicines. Staff members had received training in safe administration of medicines prior to working with people. Details of the medicines that people were prescribed were contained within their care files. This included information about what each medicine was prescribed for and any potential side effects to look out for. Risk assessments had been completed for people in relation to their prescribed medicines. We looked at completed medicines administration records (MARs) for a person whose medicines were administered by care staff. We saw that these were audited and signed off by the registered manager on a monthly basis. The registered manager told us that if there were any gaps in the MAR records that this would be addressed with the person's care workers.

The service had a safeguarding policy and procedure which identified the processes for reporting any suspicions or concerns about people's safety. Staff members had received safeguarding training prior to commencing work with people. The staff members that we spoke with were able to demonstrate that they understood the principles of safeguarding and the potential signs of abuse. They told us that they would immediately report any concerns to a manager.

There were sufficient staff members available to support the people who used the service. People and family members told us that they usually received support from the same regular care staff. They also told us that if there was a change or the care worker was running late they were informed of this. We saw from the service's rotas that sufficient time was provided for staff members to travel between care calls. Arrangements were in place to ensure that support was maintained if a staff member was off work. The field care co-ordinator covered shifts where there was unplanned absence such as sick leave.

Staff were required to send a text to the 'on call' phone when they arrived at and left a person's home. The co-ordinator told us that if a text had not been received they would call the staff member to check where they were. The registered manager told us that the service planned to invest in an electronic call monitoring

system in the future, but as they only supported seven people at present the current system was manageable.

All staff members had received training on infection control procedures They were provided with disposable gloves, aprons and anti-bacterial gel as well as information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office and the registered manager told us that staff collected supplies of these on a regular basis.

The service maintained an out of hours on-call service. People and staff members were aware of the telephone number to call if they had any concerns.

Good

Is the service effective?

Our findings

People who used the service told us that they felt that the staff worked effectively to meet their needs. We were told, "My care worker is very good. She does things exactly how I want them,"

Staff members received induction training prior to commencing work with any person who used the service. Core competency training included sessions on moving and handling, safeguarding, nutrition, infection control, medicines administration, equality and diversity and health and safety. Staff members had also undertaken training specific to the needs of the people they supported, such as autism awareness. The field care co-ordinator told us that training in record keeping had been introduced as a result of the service's monitoring of daily care records.

The registered manager showed us that all staff had achieved or were in the process of working towards completion of the Care Certificate which provides a set of competency standards for staff working in health and social care services. They told us that they planned to ensure that all training was refreshed annually for staff in the future.

Staff members had received regular supervision from their manager. The records of these meetings showed that these were used as opportunities to discuss their work with people who used the service as well as issues such as learning and development and safeguarding. Unannounced spot checks of care practice had also been undertaken in people's homes. A staff member we spoke with told us that they were happy with the support that they received and that they could speak with a manager at any time if they had a question or concern.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 care plans for people who used the service clearly showed whether they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. The service had an up to date policy on The Mental Capacity Act (2005) and staff members had received training in relation to this.

People had signed their care plans to show that that they had consented to the care that was being provided by the service. Where people were unable to sign, family members had been involved in the process.

Care plans contained information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had contacted professionals, such as

the person's GP or community nurse, this was recorded in their care notes.

Some care staff were involved in meal preparation for people. We saw that care plans for people who were being supported with eating and drinking provided information about food preferences and when people should be supported. One person's care plan included specific information about their preference for cultural foods and we saw from their care notes that their care workers had ensured they received meals which addressed their preferences. All staff members had received training in food safety as part of their induction.

Good

Is the service caring?

Our findings

People told us that they considered that the service was caring. One person said that, "I can't fault the carer I have now. I look forward to her coming." A family member said, "They are very good with [relative] and treats them with respect."

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. A staff member said, "It's our job to help our clients to have a good life."

People's care plans contained information about how staff members should support them to make choices about how their care was delivered. The care plans included information about people's religious, cultural, communication and other needs and preferences, and information was provided on how these should be supported by staff. Gender appropriate care was provided where this was required by the person. The registered manager told us, where possible, care staff were provided who could meet people's specific cultural and language needs.

Staff members told us how they supported people to maintain their dignity. One said, "I check with them all they time about what I am doing, and make sure they are covered up as much as possible when I am washing them."

We asked the registered manager about advocacy. They told us that people used family members to advocate on their behalf. However, should a person require an advocate, information about advocacy would be provided by the service.

We viewed information that was provided to people who used the service and saw that this was delivered in an easy to read format. The registered manager told us that the service would provide information in alternative languages and formats if they worked with anyone who required this. One person said, "They explained things to me at the start and they contact me regularly to check if everything is OK."

Good

Is the service responsive?

Our findings

People told us that they were pleased with the support provided. One person said, "They check if I am happy about the care and made a change for me when I asked them."

People's care documentation included detailed assessments of their needs. Assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about health needs and other key professionals providing services or support to the person.

People's care plans were clearly linked to their assessments. We saw that care plans provided information about each care task along with guidance for staff members on how to support the person. The guidance included information about people's communication needs and how they should be supported to make choices. The plans also identified the tasks that people could do for themselves and provided information on supporting people to maintain independence as much as possible.

The care plans were reviewed on a regular basis. Where there had been changes in people's needs we saw that they had been immediately updated to reflect any change to the care that was provided by staff members.

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for three people and we saw that these contained information about care delivered, along with details about the person's response to this. Staff members completing the care notes had also recorded how support had been offered, and the activities that they had supported people to participate in. The quality of care notes had been reviewed and training had been provided to staff members to ensure that these were completed appropriately and accurately.

The service had a complaints procedure that was available in an easy to read format and contained within the files maintained in people's homes. The people that we spoke with told us that they knew how to make a complaint. One person said, "They changed my care when I asked them so I have no real reason to make a complaint." The registered manager told us that, because they maintain regular contact with people, any issues or concerns had been addressed immediately. Although the service had not received any formal complaints, we saw that records were maintained of actions that had been taken to address people's requests.

Good

Is the service well-led?

Our findings

People spoke positively about the management of the service. One person said, "The manager and people from the office have been very helpful." A family member said, "They have been very good so far."

We asked the registered manager about the service's plans for future development. They told us that they had made the decision to develop the service slowly to ensure that they were able to build capacity to remain effective. As the service grew they would invest in systems to support this, such as electronic monitoring and quality assurance systems.

Telephone and on-site monitoring of care had taken place. We saw that satisfaction surveys of people's views had taken place on a quarterly basis. These showed high levels of satisfaction with the service. Where people had made comments or requests, actions put in place to respond to these had been recorded.

We looked at other quality assurance processes that the service had put in place. The service had systems in place for monitoring care calls, care and medicines administration records, staff training and supervision, spot checks of care, safeguarding and complaints. Audits of all records had taken place on a quarterly basis. Medicines records and daily care notes were audited on a monthly basis. Actions had been put in place where there were any issues arising from these, for example, training in record keeping had been provided to staff when it was noted that there were variations in the quality of people's daily care notes.

A range of policies and procedures were in place. These were up to date and reflected legal and regulatory requirements as well as good practice in social care.

Staff meetings had taken place on a regular basis. These were used to discuss a range of issues such as safeguarding and reporting concerns, quality assurance, care practice and infection control. A staff member said, "It's good to meet with other staff and discuss things which are important to our work."

Staff members spoke positively about the management of the service and told us that they felt supported in their roles. A staff member said, "The manager and the office staff are really good. I can contact them any time."