

Springwood Healthcare Services Ltd

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Inspection report

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27 February 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

- Springwood Healthcare Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes in the community, so that they can live as independently as possible.
- At the time of the inspection, the service was supporting 20 people with the regulated activity.

People's experience of using this service:

- People and their relatives told us that the service met their needs and was safe. Comments included, "I feel safe because my needs are being taken care of" and "I can leave my mum with them for her care."
- Risks were assessed and reviewed. Staff understood the risks to people's health and wellbeing.
- The registered manager and staff were clear on their responsibilities to safeguard people.
- Medicines were managed and administered safely.
- People and relatives commented on staff kindness and said they were respectful.
- People told us there were sufficient staff to meet their needs. Records showed enough staff were available to support people safely.
- Staff understood their roles and were supported to further develop their skills and knowledge.
- The provider had a process in place to enable them to respond to people's concerns, investigate them and take action to address the concerns.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- There were emergency backup systems in place to allow care to continue at all times.
- Audit systems were in place to improve quality.
- Further information is in the detailed findings below.

Rating at last inspection:

- Requires Improvement (Report published 13 February 2018). We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of governance processes because some audits were not effective at identifying incomplete care delivery records.

Why we inspected:

- This was a planned inspection based on the rating at the last inspection. At this inspection we found that improvements had been made to audit systems and governance processes.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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

Inspection team:

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

Service and service type:

- This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of the inspection there were 20 people using the service.

- 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
- Inspection site visit activity started on 26 February and ended on 27 February 2019. We visited the office location to see the manager and staff; and to review care records and policies and procedures. On 27

February 2019 we made telephone calls to people who used the service and their relatives.

What we did:

- Before the inspection took place, we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.
- The provider sent us their Provider Information Return. 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 requested for feedback from external professionals the service worked with. We did not receive a response to our requests.
- During our inspection we spoke with the registered manager, deputy manager, care co-ordinator and assistant administrator. The registered manager, deputy manager and care co-ordinator also supported people with their care.
- We spoke with three people who used the service and four relatives to gain their views on the support they received.
- We looked at a range of documents and written records including three people's care records, four staff recruitment records, training records and information relating to the auditing and monitoring of service provision.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us, "The regular staff I've got are absolutely brilliant; I feel very secure."
- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse.
- The registered manager understood their responsibilities to protect people from abuse including raising a safeguarding alert, investigating concerns and reporting to CQC.
- Staff understood how to recognise the signs of abuse and explained how they would report suspected abuse in line with the provider's policies.
- Staff received safeguarding training and safeguarding procedures were discussed at staff meetings so staff were up to date with what actions to take if they had concerns.
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Assessing risk, safety monitoring and management

- A relative said, "They make sure she moves safely with her frame. If she's having a shower, the carer is always with her."
- People had risk assessments in place which were reviewed regularly or whenever there were changes to people's needs.
- People's risk assessments gave guidance in how to mitigate risks in areas such as moving and handling, medication and other identified risks to people's well-being.
- Risk assessments included environmental checks to ensure these were safe for people and staff. For example, each person's home had been assessed to minimise risks.

Staffing and recruitment

- People and relatives told us they felt there were enough staff to meet people's needs. Some people told us that they had at times received late visits but were contacted when this happened. One person said, "There have been times when they've been late and I've asked them to inform me. The usual one will text me."
- People told us staffing was flexible and they could make changes to their care calls. One person said, "If I have an appointment or something, I'm able to change my visit time within reason."
- There were safe recruitment procedures and checks in place to ensure that staff employed were suitable to work at the service.
- The registered manager obtained applicants' full employment history including explanations for any period of unemployment. Satisfactory references, criminal record checks, proof of address, identity and the right to work in the UK were also checked.

Using medicines safely

- People told us they received their medicines on time. The support people needed with medicines was assessed and documented in their care plan.
- There was a medicine policy in place which gave guidance on safe management of medicines.
- Staff had received medicines training and their competency was assessed during spot checks carried out by the registered manager or senior staff.
- Medicines records were completed accurately.

Preventing and controlling infection

- The prevention and control of infection was managed appropriately to ensure people were not at risk from infection or poor food hygiene practices.
- Staff received guidance and training on infection control and prevention.
- People confirmed that staff hygiene practice was safe.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager and staff understood their responsibilities to record and investigate any accidents, incidents and near misses that may occur.
- Where incidents had occurred within the service, these were reviewed by the registered manager and actions were taken as necessary.
- Outcomes were shared with the staff team through team meetings and supervision to enable learning and to improve practice.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service.
- People confirmed that the registered manager discussed their care and support needs to ensure these could be met.
- Assessments included people's choices and preferences.
- Care plans contained information about how to support people's needs, these were reviewed every six months or when people's needs changed.

Staff support: induction, training, skills and experience

- People told us they felt confident staff were trained. One person said, "Whenever someone new has come, they've always come with the manager. Otherwise they are well-trained."
- Records showed staff had undertaken training in all areas considered essential for meeting the needs of people. This included statutory mandatory training, infection prevention and control, first aid and moving and handling.
- Staff told us they completed an induction when they joined the service which was relevant to their job role.
- The induction programme was in line with the Care Certificate. The Care Certificate sets out the learning competencies and standards of behaviour expected of care workers new to care.
- Staff were supported through regular one to one supervision and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's food preferences and choices were recorded in their care plan. For example, we saw care plans stated, 'I like Indian food, I am vegetarian (no egg or fish), I do not like cheese.'
- When we spoke with staff they demonstrated understanding of people's choices.
- People told us their preferences were respected and staff always asked if they had eaten. One person said, "They always enquire when they come, whether I've had my meal."
- Although healthcare appointments were generally made by people or their relatives, staff sought medical advice and assistance for people when necessary. For example, a relative told us, "The carer came in one day and they called an ambulance for my wife because her pain was so severe." Another relative said, "My Mum had a fall when they weren't here, but when the carer arrived she told me to phone the doctor."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked well with other professionals to ensure that people received appropriate care.
- Staff understood emergency procedures to follow if people were unwell and needed medical assistance.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and were able to demonstrate an understanding of how it applied to the people using the service.
- People told us that they were asked for consent before staff supported them. One person said, "We chat all the time."
- People had signed to give consent to their care plan whenever possible.
- Where people were unable to consent due to a lack of mental capacity, people's families and other representatives were consulted to ensure decisions were made in people's best interests.

Is the service caring?

Our findings

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

Good: People were 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 told us staff were kind and caring and spoke with them in a respectful manner. One person said, "[Staff] is the most caring person I've met in a long time. I feel a person with her and not just an object."
- One relative said, "They call [family member] respectfully; they're very polite. If she is eating when they arrive, they will wait for her to finish before doing her care."
- People's spiritual or cultural wishes were respected. People and their relatives told us, "[Staff] will remove her shoes and put the slippers on", "They cannot bring meat into the house. They take off their shoes and wear covers" and "My Mum has prayers in the morning and evening and they're very respectful of that."
- Staff understood the need to protect and respect people's human rights. Staff received training in equality and diversity.

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

- Staff asked for people's views about their care. The registered manager confirmed they completed telephone calls to gain people's feedback.
- They also carried out spot checks in people's homes. People were asked how they felt about their care and support.
- Annual surveys were completed, and these confirmed people were happy with their support.
- People and relatives told us they were involved with decisions about their care.
- We saw from people's care plans that they were involved in making decisions about their care.
- The registered manager and staff were aware of the need to support people to access advocacy services when required and advocacy information was available to people. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was promoted. One person said, "They always make sure the bathroom door is shut even if I'm only brushing my teeth."
- Staff told us they communicated what they were doing and always checked they had people's consent.
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive and people were comfortable with the care provided. A relative said, "Yes they do [respect her privacy and dignity]. As she's being bathed in bed they'll use towels to cover her and make sure the door is closed."
- People told us they were supported to be independent. People told us, "They assist my independence to live my own life in my own home" and "They try to encourage me to stand and walk."

Is the service responsive?

Our findings

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

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

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

- People received personalised care from a small but consistent staff group that knew people well.
- Care plans were developed with people and their relatives which ensured people received care in line with their preferences and diverse needs. One person said, "I've told them what I want and we've gone along with that."
- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. This included information about people's history, including their religion, disability, gender, sexuality and ethnicity.
- People told us they received care in line with their preferences. For example, people received their care at their preferred time and where they had stated a preference in a male or female member of staff this was taken into account.
- The registered manager was responsive to people's changing needs and staff were made aware when there were changes in people's care.
- Details of people's daily routines were recorded in relation to each individual visit they received. One person told us, "They are very aware of the vibes. For instance, this morning, my carer thought I was a bit wobbly and suggested I use my wheelchair instead of walking."

Improving care quality in response to complaints or concerns

- There was a complaints procedure which was made available to people and their relatives. One person told us, "When I read the leaflet they gave me, it told me who I could contact. It gives me the phone number and everything."
- The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.
- Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.
- There was no complaint made in the last 12 months.
- The service had received several compliments which were also recorded and shared with staff.

Comments from these included, 'Throughout the time that I have had support from the service, the staff have been a great help. They are considerate and willing to do whatever is asked of them' and '[Staff] is most kind and caring and seems to understand my situation. I feel very lucky to have her...'

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. The culture in the service promoted high-quality, person-centred care.

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

- At the last inspection improvements were needed, as audits were not always effective in identifying cases where records were inaccurate or incomplete. At this inspection improvements had been made.
- The registered manager had implemented a system to record their quality assurance checks.
- There were systems in place to monitor service delivery and mitigate risks to people. The registered manager checked care plans, daily records and MARs to ensure people received their care as planned.
- The registered manager and senior staff carried out spot checks to observe practice. They checked that staff were dressed appropriately and wearing personal protective equipment such as gloves and aprons.
- It was also an opportunity for the registered manager to talk with people and their relatives and gather their feedback on the service. These were recorded and feedback provided to the staff team.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and care staff were passionate about providing high quality care. They had a clear vision and set of values for the service.
- These were described in the statement of purpose, so that people understood what they could expect from the service.
- Policies and procedures in place were clear and up to date with current legislation around how to give the best care to people.
- Staff received training to ensure they delivered person centred care that met people's needs.
- People told us staff provided care that met their needs. One person said, "They come, they do the job and I am happy with it."
- The registered manager was familiar with their responsibilities of registration with CQC.
- They understood their obligation in relation to submitting notifications to the Commission. They discussed safeguarding issues with the local authority safeguarding team when required.

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

- Staff were supported through regular supervision and received appropriate training to meet the needs of

people they cared for.

- Staff told us they felt valued and were supported in their job roles. Staff also told us they felt listened to and involved in the development of the service.
- Team meetings were held which covered a range of subjects, including staff training, safeguarding, health and safety and feedback from people.
- Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided to people.
- Feedback from people and relatives had been sought via questionnaires and meetings.
- This helped the registered manager to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed.

Continuous learning and improving care

- The registered manager had oversight of accidents and incidents.
- They regularly reviewed information to see if further actions were required to be implemented due to peoples changing needs.

Working in partnership with others

- The registered manager continued to work closely with social workers, referral officers, district nurses and other health professionals.
- This ensured the right support and equipment were secured promptly and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance when this was necessary.