

Spring Cottages Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Spring Cottages Home Care Limited is a domiciliary care service providing personal care to older people, people living with a dementia or with a physical disability in their own homes. At the time of our inspection there were 53 people using the service.

People's experience of using this service and what we found

Systems were in place to safeguard people and investigate allegations of abuse. Risks were assessed, management confirmed all people's risk assessments would be checked to ensure they included detailed information about how to manage their needs. Staff were recruited safely, most staff confirmed they completed their choice of shift patterns. Staff told us there was sufficient staff in place.

Staff had undertaken training, supervisions and spot checks on staff performance was completed. People were happy with the skills of the staff team. Assessments of people's needs had been undertaken, and were ongoing. People were supported with their meals when this was part of their care plan. Records included details of professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Management confirmed they would take action to ensure all staff understood the Mental Capacity Act 2005.

All people, relatives and staff were complimentary about all of the management team. People's views were sought and team meetings were taking place. A new electronic governance system was in place and being embedded. Audits and monitoring was completed. A range of policies, procedures and guidance was available to support the development and delivery of care of the staff team. Evidence of partnership working was noted.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 July 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider ensured systems were in place to support the management of medicines and, to ensure checks on staff skills and supervisions were in place. At this inspection we found they had made improvements.

Why we inspected

At our last inspection we identified breaches of regulation in relation to good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Spring Cottages Home Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Spring Cottages Home Care Limited

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 Health and Social Care Act 2008.

Inspection team

An inspector and Expert by Experience undertook the inspection. 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 homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. 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. Inspection activity started on 3 January 2024 and ended on 4 January 2024. We visited the location's office on 4 January 2024.

What we did before the inspection

We checked the information we held about the service and sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 6 relatives about their experiences of using the service. We also spoke with 8 staff members. These included, 6 care staff, the director and registered manager. We also asked for feedback via email from all of the staff team. We received 1 response. We checked a number of records. This included 5 care files, medicines records and associated documentation, 3 staff files, training records and records relating to the operation and management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider considered nationally recognised guidance on ensuring systems were in place to support the management of medicines. The provider had made improvements.

- Medicines were managed safely. Policies and guidance was in place and up to date to support medicines management.
- People and relatives raised no concerns in relation to the management of their medicines. They told us, "Yes, I do know and have discussions with them about the medicines", "Yes, definitely. I do know what medicines I am taking" and, "I take the medicine myself, but they do prompt and remind me."
- Training records and spot checks confirmed staff were trained and monitored to ensure medicines were provided to people safely. Staff confirmed they had received medicines training and checks on their competency had taken place.
- Medicines records (MAR) had been completed electronically to document that people had received their medicines appropriately and as prescribed. The management team advised weekly medicines records audits were undertaken and actions required would be taken to address any shortfalls. We saw evidence of this system working effectively.
- Where 1 persons MAR had not been signed as administered, the daily records confirmed it had been given. The registered manager confirmed they would take action to ensure all staff understood the process for recording medicines administration.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Safe risk assessment and management systems were in place to protect people and support lessons learnt.
- Individual and environmental risk assessments had been developed. The service was in the process of transferring documentation in relation to people's risks on to the electronic system. The registered manager confirmed paper risk assessments were in some people's home whilst these were being transferred. One person's risk assessment was brief, the director confirmed they had taken action to ensure this record had been reviewed and was more detailed. They provided assurance that they would review all people's records to ensure they contained detailed information to manage people's individual risks.
- A system was in place to record accidents and incidents, including the action taken. This would support lessons learned and sharing with the staff team.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse.
- People told us they felt safe. Comments included, "I have nothing to worry about", and ""I have no problems with them. They do listen to me. The carer who comes in regularly is excellent and we can chat about all sort of things."
- Staff knew what to do if they suspected abuse. They told us, "I have no safeguarding concerns. If I thought someone was being abused I would report to [management]" and, "I have never had to deal with safeguarding. If I did I would find out information and speak with [registered manager]. The director is always available. I would report it to the Local Authority and CQC."
- Policies and guidance was in place and staff had undertaken safeguarding training. A system was in place to support investigations if abuse was suspected. There were no current safeguarding investigations. The registered manager confirmed they would review a previous concern to ensure people were protected from the risks of abuse.

Staffing and recruitment

- Staff were recruited safely. Staffing numbers were sufficient to meet people's care and support needs.
- Staff were recruited safely. Relevant checks had been undertaken. The management told us they would consider the timeliness of repeat DBS checks for the staff team.
- People and relatives were happy with the staffing numbers and the allocation of the staff for their visits. Comments included, "I get 2 or 3 different carers, but I don't know who's coming. I have a list of 10 names, and I am getting to know them. They are happy people and very caring. They cheer me up."
- Duty rotas were completed and shared with the staff team. The management team told us long shifts were agreed with the staff members. Staff told us there was sufficient staff to undertake the visit and most were happy with their shift patterns. They told us, "They are very flexible and will help out. I am able to change shifts if needed" and, "I do different shifts and pick up extra shifts. There is enough staff to do the job." One staff member told us more staff would be beneficial to cover sickness.

Preventing and controlling infection

- People were prevented from the risks of infection. Staff were provided with sufficient supplies of appropriate PPE where it was required, and training had been undertaken.
- Infection prevention and control (IPC) policies and guidance were available and risk assessments developed to support and manage infection risks. IPC audits had been undertaken and information on people's individual infection risks had been shared with the staff team.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider ensured checks on staff skills and supervisions were in place. The provider had made improvements.

- People were supported by a skilled staff team.
- People and relatives spoke positively about the skills of the staff team. They said, "They are kings and queens compared to the carers I had before", "I am happy with them and the care that they offer is very much part of a dialogue. The things they do to support me has simplified my life" and, "The care is excellent, and the girls are like family. I can't speak highly enough of them."
- Staff had undertaken relevant training and inductions on starting their roles. Staff told us, "I am up to date with my training. I have had supervisions and spot checks done" and, "I have done an induction. I met [registered manager] when I came in to discuss the training. I have undertaken online training and practical moving and handling and first aid training. I have an induction booklet to complete."
- Staff confirmed supervisions and spot checks were undertaken, this would support the monitoring of care delivery. Records had been completed to confirm spot checks and supervisions had been undertaken, these included the topics discussed and notes from these.

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

- Assessments of people's needs had been undertaken.
- Care records showed people's care was reviewed routinely. People and relatives told us they were involved in their assessments and reviews. They said, "We discuss the care file and if I suggest any changes, they will make the amendments", "I do feel involved, we make all the decisions together" and, "I feel confident to talk to them and the review of my [person's] care plan is done on a regular basis."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutritional needs where this was part of their plans of care. Care records included information about people's food and fluids and tasks to support them, where required.
- People told us they were supported with meals and tasks where this was part of their needs. One said, "They do shop for [person] and get her what [person] likes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were provided with support to ensure their individual health care needs were being met. People

were supported to access healthcare services, health care professionals and appropriate support.

- Relatives confirmed staff contacted them if concerns were raised about their family member. Staff told us they called family members if the person was unwell. One said, "We are kept informed of her condition and have regular discussions."

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 MCA 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.

- Consent was obtained and recorded in-line with guidance. People and relatives told us staff asked permission before providing care and support. One relative said, "The care plan is in place and up to date. We have discussions and they won't do anything different unless we agree to it."
- Staff had undertaken relevant training about protecting people from unlawful restrictions. Some staff required further guidance to ensure they understood how to protect people. The registered manager and director said they would take action to ensure all staff fully understood MCA requirements. Staff told us they asked permission before undertaking any care or activity. Comments included, "I always ask permission before doing anything. Give people choices and involve them in their care" and, "I give people choices of what they want to do."
- At the time of our inspection no-one had been identified by the provider as lacking capacity.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems were robust enough or developed to demonstrate good governance. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvements and was no longer in breach of Regulation 17

- Since the last inspection the provider had introduced a new comprehensive governance system which supported the monitoring and oversight of the service. Links to guidance and regulation were embedded in the system to support and guide staff. A range of audits were being undertaken. Where these had been completed in the previous system the findings were being transferred onto the new system to ensure actions were followed up.
- Guidance and policy was in place to ensure notifications were submitted to CQC in line with their responsibilities. No notifiable incidents had occurred since the last inspection.
- All of the management and staff team understood their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A person centred and open culture, which supported good outcomes for people, had been developed.
- All of the staff team and the management were very supportive of the inspection. Information was provided promptly.
- People and relatives were complimentary about the management team. Comments included, "I haven't met the manager personally, but I have spoken to her on numerous occasions. I am on first name terms with her. If she is out and about, I leave a message and she responds as soon as she can", "Brilliant management – from top to all the way down to the cleaners" and, "The care coordinator is particularly helpful. They are very very good. We work as a team and support each other."
- All of the staff team were very positive about the management and the support they provided. They told us, "It is a good company to work for, brilliant", "I am happy working for them" and, "I can't say other than brilliant, absolutely fantastic. They are very understanding towards people's needs. To be honest with you they are so hardworking. They go out of their way, they try the best with every staff member and they are

considerate towards the clients."

- Certificates of registration and the ratings from the last inspection were on display, as well as their employers liability insurance certificate and investors in people certificates.

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 provider acted appropriately when things went wrong.
- Policies and guidance was available to support and guide the management where complaints or concerns had been raised. We saw evidence of correspondence from the management team as a result of concerns and all actions taken.

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

- People and staff were engaged and involved in the running of the service. Comments from people and their relatives included, "Yes, they always send a survey, but I don't always complete it. They send results of the findings as well" and, "They ring me a lot, to find out if everything is ok."
- Systems were in place to gather people's views through a range of routes. For example, feedback was obtained about the service and staff performance as part of the staff spot checks. This enabled actions to be taken to ensure people received good quality care from a knowledgeable and informed staff team.
- A service user guide and statement of purpose had been developed with a range of information about the services available to people.
- Staff told us and records confirmed team meetings were taking place, notes from these were recorded. Staff were able to discuss their views and felt listened to.

Continuous learning and improving care

- Continuous learning and improving care was ongoing to support the delivery of care to people. A range of up to date policies was available to the staff team. The new governance system contained a range of up to date guidance for staff to access.
- Guidance, leaflets and posters were on display in the office which staff were able to access to support the delivery of care to people.

Working in partnership with others

- The provider had established partnership working arrangements. Records included information about professionals involved in people's care. The office documented where people had attended appointments such as hospital to ensure visits were completed around these.