

Living Spring Solutions (Care & Training) 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Living Spring Solutions (Care & Training) Limited is a domiciliary care agency. It provides care and support for people living in their own homes. Not everyone using Living Spring Solutions (Care & Training) Limited receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Three people were using the service at the time of the inspection.

People's experience of using this service

There were safeguarding policies and procedures in place. The registered manager and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections.

Assessments of people's care and support needs were carried out before they started using the service. They received support to maintain good health and were supported to maintain a balanced diet. 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 support this practice. Staff had received training and support relevant to people's needs.

People were treated in a caring and respectful manner and had been consulted about their care. People knew how to make a complaint if they were unhappy with the service. The service had procedures in place to make sure people had access to end of life care and support if it was required.

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. They sought feedback about the service from people and their relatives using satisfaction surveys. This feedback was used to improve the service. Staff said they received good support from the registered manager. The provider worked with health and social care providers to plan and deliver an effective service.

Rating at last inspection

The last rating for this service was Good (published 04/05/2017).

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

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 ●

Living Spring Solutions (Care & Training) 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. 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

A single inspector carried out this inspection.

Service and service type

Living Spring Solutions (Care & Training) Limited is a domiciliary care agency. It provides personal care to people with varying needs 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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be present and ensure people's consent was gained for us to speak with them for their feedback. The inspection site visit activity started and ended on 28 October 2019.

What we did

We reviewed information we had received about the service. We sought feedback from social care professionals. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We looked at two people's care records, staff recruitment and training records, and records relating to the management of the service such as quality assurance checks and policies and procedures. We spoke with the registered manager and a member of staff about how the service ran and what it was like to work there. We visited one person at their home and spoke on the telephone with a relative of another person to gain their views about the care and support they received.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were safeguarding adults procedures in place. A staff member told us they would report any concerns they had to the registered manager and to the local authority's safeguarding team and CQC if they needed to.
- The registered manager knew they had to report abuse to the local authority and CQC; however, there had not been any allegations of abuse since our last inspection of the service.
- Training records confirmed that all staff had received up to date training on safeguarding adults.

Staffing and recruitment

- There were enough staff to support people safely. The provider used a computer system to allocate staff to support people. This system was monitored daily by the registered manager to ensure people received their support on time.
- The system alerted the registered manager if there was a late or missed call. If a call was late the registered manager said they would contact the member of staff, enquire on their whereabouts and let the person know when the carer would arrive. One person told us, "I have never had a missed or late call; my carer is always on time."
- The registered manager showed us a rota and told us people were supported by staff that lived in the same areas as they did. A member of staff said, "I live nearby and it's easy for me to get to work on time."
- The provider followed robust recruitment procedures when recruiting staff. Staff recruitment records included completed application forms, the applicant's full employment history, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as self-neglect and eating and drinking. They included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Staff were aware of the details of people's risk assessments and how to support them safely. For example, where a person had been assessed as being at risk of self-neglect, we saw guidance had been provided to staff on how to support them.
- Risk assessments had been carried out in people's homes relating to health and safety and the environment.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had an infection control policy in place.

- Personal protective equipment (PPE) was always available for staff. Staff said the service provided gloves and aprons.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Using medicines safely

- The registered manager told us that none of the people they currently provided a care service to required support with medicines.
- People's care records confirmed that medicines had been discussed with them. A person using the service told us they did not take any medicines. A relative told us they supported their loved one with their medicines.
- Training records confirmed that staff had received training and competency assessments in administering medicines. The registered manager told us this was in case staff were required to support people with their medicines in future.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records showed that when the registered manager or staff had identified concerns or accidents they had taken appropriate action to address them when they had occurred.
- Where appropriate, accident and incident information was shared with local authorities and advice was sought from healthcare professionals to help reduce the risk of repeat occurrence.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The registered manager told us people they currently supported had capacity to make most decisions about their own care and treatment. Where people lacked capacity to make specific decisions we saw that the registered manager had worked with the person, their relatives and social care professionals to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.
- A member of staff told us they sought consent from people when supporting them and they respected their decisions.

Staff support: induction, training, skills and experience

- Staff were supported in their roles through training and supervision. A relative told us, "The staff are definitely well trained, they know what they are doing."
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- A member of staff told us, "I completed an induction when I started working here. I get plenty of training and I have regular supervision with the registered manager."
- Training records confirmed that staff had completed training relevant to people's needs. This training included safeguarding adults, health and safety, food hygiene, fluid and nutrition, basic life support, infection control, medicines administration, equality and diversity, awareness of dementia and mental health, and the Mental Capacity Act 2005 (MCA).
- Records also confirmed that staff received regular supervision and an annual appraisal, where appropriate from the registered manager.

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

- The registered manager carried out assessments of people's care needs to consider if the service could support them safely. These assessments were used to draw up care plans and risk assessments.
- People and, where appropriate, relatives and health and social care professionals had contributed to

these assessments to ensure their individual needs were considered and addressed.

- People's care plans and risk assessments were kept under regular review.

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

- People's support with eating and drinking was recorded in their care files. One person told us, "I go to the café every day with a member of staff. If I want something in the evening I can cook simple meals in the microwave." A relative said, "I cook for my loved one. Sometimes I leave something for staff to heat up when I go out."
- A member of staff told us, "I cook ready meals or make soup for the person I support. They can do other things for themselves if they want to."

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

- People received support to maintain good health. The registered manager told us they worked in partnership with health and social care professionals, for example social workers, GP's and psychologists to plan and deliver an effective service for the people they supported.
- During the inspection we heard the registered manager liaising with a person's GP and advising staff members with the information they had received.
- One person told us, "I sort out all of my own appointments with my GP, but I am sure the staff would help me with things if I needed them to."

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 treated kindly by staff. One person told us, "The carer I have is absolutely fantastic. They are caring and very respectful. I am very happy with the care I receive." A relative said, "The staff are very caring. They give my loved one time and they get on very well. My loved one loves it when the carers come."
- People's care files included information about their religious and cultural needs. Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.
- A member of staff told us the training on equality and diversity had helped them understand how to work with people from different backgrounds. They said, "I have also learned a lot of things from the people I support. I am happy to support anyone and to accept people just the way they are."

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

- People had been consulted about the care and support they received.
- One person told us, "The [registered manager] talked to me about what I needed when I started using them [the service]. So far so good, everything is going well."
- A relative said, "I am very involved with planning for my loved-one's care. The [registered manager] asked about my loved one's needs. They have a in care plan and they get the support from staff they need."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. One person told us, "My carer is always respectful. They keep things private." A relative said, "The staff respect my loved-one's privacy. They close the door when they are helping them to get ready and they wrap them in a towel to maintain their dignity."
- A member of staff told us, "I make sure people's privacy and dignity is respected when I support them with personal care. The person I support can do a lot of things for themselves. I always try to promote their independence."

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that met their needs and preferences. Care plans were agreed and signed by people and their family members to confirm their involvement.
- Care plans described people's healthcare and support needs and included guidelines for staff on how to best support them. For example, there was information for staff about supporting a person with a specific medical condition.
- Staff had a good understanding of people's care and support needs. A member of staff told us how a person they cared for liked to be supported with their personal care needs.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- One person told us, "If I had to complain I would tell the carer or the registered manager and I am sure they would deal with it." A relative said, "I would complain to the registered manager and she would sort things out for me."
- Records showed that when a complaint had been raised it was investigated by the registered manager and responded to appropriately. Discussions were held with the complainant to ensure they were satisfied with how their complaint was handled.

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.

- People's communication needs were met. The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in their care plans.
- The registered manager told us the people they currently supported were provided with information they could understand. For example, information one person was provided in words and pictures. Information could also be provided in different formats to meet people's needs, for example large print or different languages.

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care.

However, they would work with people, their family members and health professionals to make sure people were supported to have a dignified death. A care plan for end of life would be developed when it was required.

- The registered manager told us they were reviewing people's care plans to include people's wishes for their end of life care. The review would include cultural, religious and spiritual needs and any funeral preferences. We will check on this at our next inspection of the service.

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

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2008. They demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the office.
- A relative told us, "The registered manager is very good. The service is well run."
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery.
- A staff member told us management support was always available for them out of hours when they needed it. They also told us, "The registered manager is brilliant, she is very supportive. They make sure I get the training and supervision I need. I can call them anytime of the day or night and they are there to support me with anything I need."

Continuous learning and improving care: 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

- There were effective systems in place to regularly assess and monitor the quality of service that people received. The provider used a computer system for monitoring late or missed calls. These were monitored throughout the day by the registered manager.
- The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular care plan, staff file, accidents and incidents and complaints audits were being carried out at the service. Where a complaint had been raised we saw the registered manager had been open and honest with the person and their family members.
- Unannounced spot checks were also carried by the registered manager to make sure staff turned up on time and completed all the tasks recorded on people's care plans. A member of staff told us, "The registered manager has carried out three spot checks on me. They check I am wearing my personal protective equipment and that I am supporting the person the right way. Each time I have been totally unaware they were coming. The best thing about this is it keeps me on my toes."

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They said they had regular contact with health and social care professionals and they welcomed their views

on service delivery. We saw emails from social care professional's complimenting the registered manager and staff for their good work and professionalism.

- The registered manager told us they regularly attended provider forums run by the local authority. They learned about good practice and introduced some of what they had learned into the service. For example, following a presentation by registered manager from another service they had updated their team meeting agenda to include training identified as a requirement by staff members. The registered manager told us this way they could further enhance staff skills.

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

- The registered manager sought people's views about the service through regular three-monthly surveys and by asking them about the service during spot checks. They told us they used feedback from the surveys and spot checks to make improvements at the service.
- We saw examples of completed questionnaires from the three-monthly surveys carried out by the provider in 2019. The feedback had been very positive and none of the people that completed the survey had made any recommendations for improvement.
- The registered manager told us in one survey a person told them a member of staff was not wearing their identification badge. The registered manager reminded staff to wear their identification badges whenever they were supporting people. A member of staff told us, "The registered manager is very adamant about staff wearing their identification badges."