Springfield Home Care Services Limited

Positive Life Choices (Darlington)

Inspection report

Grange Road Baptist Church
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Date of inspection visit:
18 April 2018
19 April 2018

Date of publication:
29 May 2018

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

The inspection took place on 18, 19, April 2018 and was announced. This meant we gave the provider 24 hours' notice of our intended visit to ensure someone would be available in the office to meet us. This was the first inspection of the service since the registration changed in December 2016.

This service is a domiciliary care agency based in Darlington. It provides personal care and other additional support to people living in their own homes throughout the Darlington area. It provides a service to older adults, younger disabled adults and children with a wide range of health and social care needs including physical disabilities, learning disabilities, mental health needs and people living with dementia. At the time of our inspection there were 114 people receiving a service.

Not everyone using the service receives regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC 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. The registered manager had extensive experience of working in the social care sector.

We found during this inspection that some notifications of significant events were not always submitted as required to the CQC from the registered manager regarding missed calls.

Medicines administration was safe this was regularly audited and staff competencies monitored by senior staff however we found that some recording was unclear in one person's record we viewed. This was amended immediately by the registered manager.

People were supported to take risks safely and personalised risk assessments were in place to ensure people were protected against a range of risks.
Staff had received safeguarding training and were able to describe types of abuse and what they could do to report concerns and protect people.

Staff recruitment was carried out safely with robust safety checks in place for new staff.

New staff received induction training and were accompanied and supported by dedicated mentors called 'care coaches' to enhance their induction and extend if necessary.

People were supported to have choice and control over their own lives from being supported by person

centred care approaches. Person centred care is when the person is central to their support and their preferences are respected.

There were sufficient staff to meet people's needs safely, with travel time included and supervision checks undertaken to ensure staff completed care visits as agreed.
Staff were trained in safeguarding, first aid, moving and handling, Mental Capacity Act, infection control and food hygiene. Additional training was in place or planned in areas specific to people's individual needs.

Staff had a good knowledge of people's likes, dislikes, preferences, mobility and communicative needs. People we spoke with gave us positive feedback regarding staff and how their needs were met.

People were supported to maintain their independence by staff that understood and valued the importance of this.

Care plans were sufficiently detailed and person-centred, giving members of staff and external professionals relevant information when providing care to people who used the service. Care plans were reviewed regularly and with the involvement of people who used the service and their relatives.

The registered manager displayed a sound understanding of capacity and the need for consent on a decision-specific basis. Consent was documented in people's care files and people we spoke with confirmed staff asked for their consent on a day to day basis.

Health care professionals, including GP, dietitians or specialist consultants were Involved in people's care as and when this was needed and staff supported people with any appointments as necessary.

Staff, people who used the service, relatives and other professionals agreed that the registered manager led the service well and was approachable and accountable. We found they had a sound knowledge of the needs of people who used the service and clear expectations of staff. They had plans in place to make further improvements to service.

A programme of audits was carried out by the registered manager and these were effective.

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.

Infection control measures were in place for staff to protect people from the risk of infection through, training, cleanliness and protective clothing where required.

People and their relatives were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

People who used the service and their representatives were regularly asked for their views about the support through questionnaires and feedback forms.

We made a recommendation, in relation to notifying us (CQC) of missed calls.

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

Medicines were managed and administered safely

People had individualised risk assessments in place.

Staff were trained in safeguarding and were able to spot and report signs of abuse.

Infection control training and protective measures were in place.

Staff recruitment was carried out safely with robust checks on staff in place.

Is the service effective?

Good

The service was effective.

People were supported by trained staff.

Staff were supervised regularly.

New staff were supported by 'care coaches' to enhance their induction.

There was enough staff to meet people's needs.

Is the service caring?

Good

The service was caring

People were encouraged by staff to maintain their independence.

Peoples rights to dignity and privacy were respected by staff.

Staff had kind and caring attitudes and were patient.

Is the service responsive?

Good

The service was responsive.

Staff understood peoples individual needs and respected peoples preferences.

People and their relatives knew how to complain if they needed to and this was supported and well managed.

Peoples care was person centred and tailored to their needs.

Is the service well-led?

Good

This service was well led.

The registered manager did not always submit notifications to the CQC of serious events that require a notification. Following this we have made a recommendation.

Audits were in place and were effective.

Action plans were in place to continually improve the service.

People were confident to approach the manager to raise any concerns

Staff told us they felt supported by the management of the service.

Positive Life Choices (Darlington)

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 visited the service on 11 January 2018 and our inspection was announced. The members of the inspection team consisted of one adult social care inspector and one assistant inspector who carried out phone calls to people who used the service and their relatives to collect their views of the service.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined notifications received by the Care Quality Commission. We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

We used information the provider sent us in the 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.

During the inspection we spoke with the registered manager, the operations manager, a supervisor, and five care staff. We spoke with 9 people who used the service and seven relatives over the telephone.

We looked at six people's care plans, risk assessments, three staff files, policies and procedures, surveys, meeting minutes, the scheduling system and associated processes.

Good

Is the service safe?

Our findings

People who used the service we spoke with told us that they felt safe being supported at home by the service. They told us, "They [staff] help me in the hoist and shower chair safely." And another told us, "They help me by prompting me to take my medication. They even made a sign for my door to remind me to take my evening medication and they always write down in their forms when they visit."

People's medicines records contained safety and allergy information. Medicines administration records were completed when medicines were given to people and we found they had been completed correctly. We saw that staff administering medicines had received training and had their ability to administer medicines assessed regularly by the registered manager. However we found that one persons' medicine record was incomplete who required PRN (as and when required) medicines for pain relief. Their record did not contain a PRN protocol to give staff instructions on how to administer and record this medicine. This was brought to the registered managers attention who immediately rectified this and ensured the correct record was implemented and staff were made aware.

People who used the service told us they received their medicines on time and in a safe manner and one person told us, "I have a skin problem and they always help me and put on my cream."

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These were referred to as positive risks and the assessments included; taking medicines or falls. Staff were knowledgeable about the risks to people and what they should do to minimise the risks. When we spoke with staff they gave us examples for example, making sure peoples key safes were locked and trip hazards to avoid.

The provider tracked safeguarding events through their governance procedures. The registered manager investigated all safeguarding incidents we viewed. Actions taken included sharing lessons learned through staff meetings.

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us, "We look out for people becoming withdrawn or acting differently than normal as well as any physical signs."

We saw there was enough staff to support people in their home. Rotas confirmed there was a consistent staff team. However when we spoke with people and their relatives we received a mixed response. One person told us, "I like knowing who is coming and that the office sends a letter advising us of who is coming." And another told us, "We are not always informed of changes but do get rotas in advance." One relative told us, "There was regular carers but since they have took on more clients they have more staff and are sending lots of new people and we were not always informed of this." Another relative told us, "There was lots of changes but it has settled down now."

The provider had a continuous recruitment programme in place and this was to ensure that if sickness or holidays were to prevail, other staff could be called upon. We saw that when changes were made to peoples staff it was due to sickness.

We looked at three staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

The service had contingency plans in place, they were there to give staff guidance of what to do in emergency situations such as extreme weather conditions.

Accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. Where necessary people's individual risk assessments and care plans were updated following any incident This system helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible. This meant that accidents were monitored.

Staff were trained in infection control and had regular access to supplies personal protective equipment for carrying out personal care, medicines and preparing food. People told us that staff always wore relevant protective clothing one person told us "They always put gloves on as this helps reduce the risk of infection."

Good

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team. When we asked people who used the service and their relatives about the staff, one person told us, "I have now complaints about the staff." Another told us, "Ten out of ten." And a third told us, "If I have any problems they [staff] always help and offer a solution".

We saw how people were supported to access other healthcare services and attend appointments. People were also supported at home by other healthcare professionals such as the community nursing team. Staff gave us positive feedback about how they work together.

Staff were trained and we saw a list of the range of training opportunities taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included; Stoma care, Autism, Dementia and Learning disability. These were in addition to courses which the provider deemed mandatory such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding.

When we spoke with staff they were complimentary about the training they received and one member of staff told us; "I am doing my NVQ (National Vocational Qualification) in care at the moment." Another told us, "The training is good, we get loads. I've done some additional training to be a care coach. The training is a really big positive about working for the company."

Regular supervisions and appraisal took place with staff to enable them to review their practice. From looking in the supervision files, we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them. When we spoke with staff and the registered manger they were keen to tell us how they had improved the induction programme. The registered manger told us; "We have revamped our induction to five days of training and the sixth day is practical tasks that include; using equipment, catheter care and food preparation. Then we introduce our 'care coaches'."

New staff were matched with a 'care coach' an experienced member of staff to shadow and work alongside until they were comfortable to work alone. When we spoke with staff they were very complimentary about this scheme and one member of staff told us, "I am a care coach it is really good for the new staff. It takes the pressure off. It gives new people more confidence. They can ask us anything there's no such thing as a silly question and it's easier for them to ask us."

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 who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

The registered manager displayed a sound understanding of capacity and the need for consent on a decision-specific basis. We observed that consent to receive care was documented in people's care plans and people we spoke with and their relatives confirmed staff asked for their consent on a day to day basis.

We checked whether the service was working within the principles of the MCA, and at the time of our inspection and staff were trained in the Mental Capacity Act. We also observed that the service had assessed people's capacity upon initial referral and used local authority assessments to support this.

Good

Is the service caring?

Our findings

People were supported by caring staff and during our inspection we spoke with people who used the service and their relatives and received positive feedback regarding staff being caring and considerate. One person told us, "They [staff] treat me very well, I have no complaints" "I do not have any issues; all the staff are very nice and well mannered". Another told us, "Very happy with care, the staff are very kind and nice. They always make me smile and make me feel better when they have been." One relative told us, "The staff are positive and they brighten up my mother's day; she is always a lot brighter when they have been."

Privacy and dignity was respected by staff and they were discreet. Personal interactions took place privately to respect dignity and maintain confidentiality. One person told us; "I have never had care before but I have been pleased so far". "I like to have a shower and the ladies [staff] have been very nice and made me comfortable." Another told us, "They [staff] always wait to come in until I say they can, I have never felt uncomfortable".

Independence was promoted and staff supported and encouraged people to be independent, for example, making choices as part of everyday life and when offering personal care. One member of staff told us, "It's important that people do as much as they can for themselves and we make sure they can still do the things they can manage." Another told us, "The people we support are brilliant and it amazes me how independent some people are, no matter what barriers they have and we encourage it."

People were involved in their care and took part in meetings with the registered manager to go through their care plan and make any changes that were needed. Families and social workers were also included in the process. One person told us, "I am involved in my care planning." And one relative told us, "We are consulted when care plans are to be updated."

People were supported to have choice and control and were supported on a daily basis to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. One relative told us, "They always ask [name] first about things."

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination. One staff member told us, "I would report anything like this to the manger." Another told us, "Discrimination is not just about being racist, it's about how you put things across to people and always respecting any beliefs, religion and even relationships. If something was amiss we would raise an alarm."

People who used the service did not require any support to follow their religion at the time of this inspection, however we saw from the assessment methods used when a person joined the service that they were asked if they had any religious, spiritual or cultural requirements.

Advocacy support was available to people if required to enable them to exercise their rights. However no one required this type of support at the time of our inspection.

Good

Is the service responsive?

Our findings

People were supported in a person centred way and their preferences were respected. One person told us, "There is a care plan in place just for me, however I tell the carers what to do and what I need." A second told us, "They always ask me what I want."

Care plans were developed with people at the point of assessment and were an accurate reflection of their personalities, likes, dislikes and choices. This gave a detailed insight into peoples background and included a one page profile called 'all about me' that staff could go to for quick reference. The care plans also included the following information; personal care needs, personal information, what a good day/bad day looks like for the person, communication needs, consent to care and family/relationships. One example we looked at detailed how a person managed their illness related pain and discomfort and how this impacted on their life on a daily basis and how best to support the person to cope with it.

Regular communication took place with relatives through phone calls, review meetings, feedback forms and surveys. When we spoke with people and their relatives we received some mixed views on communication. One person told us, "I do get contacted every now and then by the office to see if I need anything." Another told us, "Communication from the office is something to improve on."

Peoples preferences were adhered to and staff knew how to respond if people didn't like something about the service. People and their relatives and staff knew how to complain if they needed to. One person told us, "If I have any problems they soon sort it out, I just phone the office and they sort it as soon as they can."

We saw from looking at the records that issues or complaints were recorded and responded to appropriately. Where people had raised concerns the registered manager had listened and then taken action. The registered manager also had a robust communication system in place where all queries or issues were recorded along with responses or resolutions.

No one at the service was receiving end of life care at the time of our inspection and we discussed this with the staff and the registered manager. Staff who had experienced supporting people with end of life care more recently told us, "The training is really good, it wasn't hard to remember and the support I got from the manager and supervisors was fantastic."

Information could be made available in various formats on request. The registered manger told us how they could make care plans, newsletters or other relevant information in larger print for example or easy to read if needed. Also picture symbols were available to use if needed with people living with dementia. Peoples care plans contained a section on the accessible information standard and their preferences were explained here for example one person had requested to receive information face to face rather than telephone calls or newsletter. There was no one using the service that required any other type of information in other formats such as braille or easy read at the time of our inspection.

Good

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of people who used the service.

The registered manager had informed CQC of some significant events, changes or incidents which had occurred at the home in line with their legal responsibilities in a timely way by submitting the required notifications. However we found that in some instances for example when there was a missed call a safeguarding alert was made to the local authority and we were not always notified of these. We recommend that the registered manager revisits the guidance on when to notify us of events and to notify us of any future missed calls.

People and their relatives gave us positive feedback about the management arrangements and the registered manager. One relative told us, "The management do complete reviews and send out weekly letters." Another told us, "The manager comes out when there is a review." And a third told us, "The manager gets on well with the girls, they do a good job."

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs were discussed and their progress and care plans and staff told us they valued these meetings. The registered manager repeated the meetings to ensure there was a good staff attendance. Staff we spoke with spoke positively about the registered manager and told us, "The manager is supportive, we can go to her with anything they have even helped me to change my shifts to help me out at home."

Staff were encouraged by incentives that were put in place by the provider. A recognition awards scheme for staff, including 'you're a star' and 'random acts of care' in which staff were nominated for by going 'the extra mile'.

The registered manager ran a programme of regular audits and spot checks throughout the service. We saw there were clear lines of accountability within the service and management arrangements with the provider. We saw evidence to show quality monitoring visits were also carried out by the operations manager and these visits included reviewing policies, procedures and staffing. They also carried out quality assurance checks and had an action plan in place to address issues raised from. These were carried out in line with the CQC key lines of enquiry.

The registered manager had adhered to an action plan set by the commissioning local authority and completed the agreed actions to make improvements in different areas including staff supervisions.

During the inspection we saw the most recent quality assurance survey results that were positive. This was

an annual survey that was completed by, relatives and stakeholders of the service.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to peoples health, welfare and safety.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and areas of good practice and advice. All records were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.