

Springfield Home Care Services Limited Springfield Healthcare (Leeds & Wakefield)

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: Springfield Healthcare (Leeds & Wakefield) is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes. At the time of our inspection, the service was providing personal care to 319 people.

People's experience of using this service: Effective systems were in place to monitor the quality of service and action was taken where areas for improvement had been found. People, relatives and staff had the opportunity to provide feedback about the service. The provider worked in partnership with other services to support people's quality of life and well-being, when needed.

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. The management of medicines was safe, staff had completed training and audits were completed and actions identified to reduce the number or recording errors. Staff followed infection prevention and control guidance when supporting people. Lessons were learnt, through accident, incident, safeguarding and complaints. These were shared with staff members to ensure changes were made to staff practice, to reduce the risk of further occurrences.

There were enough skilled and experienced staff to meet people's needs. An induction was completed by new staff. Staff received appropriate training and support to enable them to perform their roles effectively. There was a system in place to monitor staff training. Recruitment processes and a staff retention programme were in place.

Staff involved healthcare professionals to support people's health needs, where required. Support plans identified nutritional and dietary requirements. People received support, with eating and drinking, when needed. 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. Staff gained people's consent before providing support.

People and relatives said staff were kind and caring. Staff described the importance of treating people with dignity and respect. Initial assessments were carried out to ensure people's needs could be met. Support plans showed people were involved in their support and were personalised, with sufficient detail for staff to provide effective care and support. Some people required end of life care. The provider worked closely with other organisations who facilitated their specific care needs and staff had received training, where appropriate.

Information was provided so people knew who to speak with if they had concerns. A complaints system was in place and these were managed effectively.

Rating at last inspection: At the last inspection, the service was rated 'requires improvement' (published 10 April 2018).

Why we inspected: All services rated 'requires improvement' are re-inspected within one year of our prior inspection report publication date. This was a planned inspection was carried out on 9 and 10 April 2019 to check the safety and quality of care people received.

Since our last inspection in December 2017, the provider had made improvements to the management of medicines, monitoring staff training and governance of the service. The operations manager was in the process of reviewing staff travel time between visits and improving the assessment of people's mental capacity.

At this inspection we found the provider's rating had improved to good.

Follow up: We will continue to monitor the service through information we receive. Further inspections will be planned for future dates as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 ●

Springfield Healthcare (Leeds & Wakefield)

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 team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was domiciliary care.

Service and service type:

Springfield Healthcare (Leeds & Wakefield) is a domiciliary care agency and provides personal care to people living in their own homes. The 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 manager registered with the Care Quality Commission (CQC). However, they were no longer in day to day control of the service. A new manager had been appointed in January 2019. The provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Our inspection was announced. We gave the service 48 hours' notice of the inspection visit. We needed to be sure a staff member would be available to facilitate this inspection. Inspection site visit activity started on 9 April 2019 and ended on 10 April 2019. We visited the site on both days to see the registered manager and office staff; and to review care records, policies and procedures. On 9 and 10 April 2019, we spoke with

people who used the service, their relatives and staff by telephone.

What we did:

Before the inspection, we reviewed the information we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning team and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR). The PIR is a form providers are required to send us which contains 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 our inspection, we spoke with the operations manager, the manager, the manager of specialist services, a care co-ordinator, and nine staff members. We spoke with 32 people who used the service and five relatives. We reviewed documents and records that related to the management of the service. We looked at nine people's support plans in detail and further six support plans for specific information. We looked a range of policies, procedures and guidance used by staff in their role, together with records of safeguarding, accidents, incidents and complaints, audits and quality assurance reports. We reviewed five staff members files and records associated with the management and administration of people's medicines.

After the inspection, additional evidence was sent to us and this 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.

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

At the last inspection we rated this key question as requires improvement. We recommended in December 2017, the provider review their systems and processes for recording medicines administration to ensure staff accurately reflected medicines which had been given or supported people to take. At this inspection improvements had been made.

Using medicines safely

- Staff followed best practice guidance to help people manage and administer their medicines and provided prompts where people were independent. One person said, "They [staff] do the medication. I am on a lot of tablets, I get them on time and this is recorded."
- The provider was in the process of introducing a new medicines administration record (MAR). This showed an example of how staff should complete the MAR and it contained the necessary information for administration of people's medicines.
- MARs were audited to identify any issues and actions were taken to reduce and prevent medicine recording errors. Also, the services clinical lead, when required, would share any changes to the management of medicine procedures with the staff team.
- All staff completed training in medication awareness and their competency had been assessed before they were able to administer medications.

Staffing and recruitment

- There were enough staff to meet people's care and support needs.
- People told us they mostly received care in a timely way and had a consistent staff team. One person said, "They are always on time unless they have got held up at the previous call." People and relatives said they were usually notified if calls were going to be late and staff stayed the allotted time.
- There was an effective staff rota management system in place. The care co-ordinators worked well together to make sure all the visits were covered. The manager said they only took new customers when they had the staff to cover the visits.
- Most staff said there were generally enough staff and they worked together to cover any visit gaps. One staff member said, "I think in my area there are enough staff and we work quite well picking up shifts." Another staff member said, "It has been up and down over last year, but seems to be levelling out."
- Staff told us the travel time was insufficient to be able to attend all the visits in a timely way. The management team were aware of this through a recent staff survey. The operations manager told us they were in the process analysing staff planned time versus actual time to reach each visit, with a view to trialling 'real time' staff travel.
- There were appropriate recruitment procedures which ensured suitable people were employed. Checks were completed prior to new staff starting work. A staff retention strategy was in place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Guidance was in place for staff to follow to ensure safeguarding concerns were investigated with outcomes to help prevent similar events.
- Support plans showed some people had a life pendant which ensured people could access support if needed.
- Staff had received safeguarding training and understood how to recognise and report any safeguarding concerns for further investigation. One staff member said, "Processes are clear. We have an incident form to fill in and contact the office. There was a whistleblowing policy in place."
- The provider had safeguarding and whistleblowing policies in place. Safeguarding concerns had been appropriately reported and acted upon.

Assessing risk, safety monitoring and management

- The potential risks to each person's health, safety and welfare had been identified, along with any environmental risks.
- Risk assessments were individualised and included up to date guidance for staff to follow to provide people with safe care and support.
- Staff reported and recorded accidents and incidents, the manager reviewed these to look for trends and patterns to reduce risk wherever possible.

Preventing and controlling infection

- Staff followed good infection prevention and control practices to help prevent the spread infections.
- People told us staff wore gloves and aprons in relation to food preparation and personal care. One person said, "They automatically put gloves on."
- Staff had access to disposable gloves and aprons and staff had completed infection control and food hygiene training.

Learning lessons when things go wrong

- Lessons were learned when things went wrong so that improvements could be made.
- The operations manager said each quarter a report on safeguarding's, accidents, incidents and complaints was presented at a governance board meeting. Where lessons were learnt from these meetings this was communicated to the manager and staff.
- The providers complaints analysis showed, where appropriate, actions taken, and lessons learnt. This information was used as a learning opportunity to try and prevent future occurrences.

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.

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

At the last inspection we rated this key question as requires improvement. In December 2017 the provider had not ensured staff received appropriate training in specific areas to meet people's needs. At this inspection improvements had been made.

Staff support: induction, training, skills and experience

- People received support from competent, knowledgeable and trained staff. People and relatives told us staff were appropriately trained. One person said, "Oh yes, they definitely know what needs doing."
- The care co-ordinators monitored training to ensure it was completed within required timescales. The provider offered additional training to staff, where required, to meet people's needs. A staff member said, "We have lots of training, have refreshers yearly. They always try and keep us up to date."
- Staff completed an induction to their role which ensured they were trained in the areas the provider identified as relevant to their roles. Staff new to care, completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care. One staff member said, "I've never done care before, the training was really really good."
- Staff felt supported and were given opportunities to review their individual work and development needs. 'Spot checks' and 'carer observations' were carried out with supervisory staff, which ensured people's needs were being met.

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

- People received care and support according to their assessed needs. Information was reviewed to ensure it was up to date and delivered as planned.
- The operations manager used 'Skills for Care' and relevant guidance from the internet to obtain information to improve the care and support people received.

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

- People were assessed to ensure they received the required support to maintain a healthy diet and any dietary needs or personal preferences were supported. For example, one person's support plan stated, 'please can you make me some breakfast and a drink of my choice, I am on a soft food diet'.
- People told us they were happy with the support they received with meals. One person said, "Yes, they [staff] help, but it varies on whether I want anything or not."

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

- Both care and office staff said they worked well as a team, which ensured people received continuity of care.

- Supervisors and care staff forums were held as a 'networking and learning event'. Feedback was sought from staff regarding any new documents and processes.
- Short, 'huddle' meetings were held daily to examine service pressures and priorities. Where quick solutions could be identified to deal with any issues, these were put into place to ensure people received good care.
- The manager attended monthly meetings with the provider and other managers to discuss best practice or if anything was working well in a different service that could be adopted.
- People were supported to access and receive healthcare services to maintain their well-being. One person said, "I have a local doctor I can see."
- The manager said staff were encouraged to maintain contact with the relevant healthcare professionals, which helped to support people's well-being. These included district nurses, GP and mental health teams.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- People were involved in making every day decisions and choices about how they wanted to live their lives. A relative said, "[Name of person] will tell them usually what needs to be done, but they do ask permission."
- Staff had a working knowledge of the MCA and understood, the importance of supporting them to make day to day decisions and choices. A staff member said, "We ask them what they want to do or offer them choices."
- Support plans contained assessments conducted by the local authority with guidance based on the principles of the MCA and some best interest decisions documentation had been completed. Support plans showed people had consented to their care.
- Following our inspection, the operations manager said they had enhanced the MCA process within the service. These included a training session to be held with the office staff and senior management team to reinforce the understanding of the MCA. Also, a training bulletin would be sent to all the staff to refresh learning around MCA and MCA would now be part of the induction process. They had introduced a 'MCA decision making flow chart' for teams to utilise to support any changes in people's ability to make decisions.
- The operations manager made applications, where appropriate to the Court of Protection to deprive people of their liberty.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives said they were well supported and provided positive feedback about staff and the service. Comments included, "Oh yes staff are kind, I haven't had one who hasn't been", "I am happy with service, very happy they do it all properly, I can't fault them" and "Staff are very helpful, if needed they go the extra mile."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted.
- Care co-ordinators showed they knew people well and the staff assigned to them to make sure people's needs were effectively met.
- People's religious, spiritual, and cultural choices were met and recorded in support plans. People were supported to access religious services of their choice and cultural choices were provided for. For example, one person's support plan stated, 'my religion is very important to me'.
- Compliments had been received by the service. These included, '[Name of staff member] is a good carer and very thorough and takes her time' and 'Really enjoys [name of staff member] visiting to carry out his care as she always goes above and beyond and makes his day, he couldn't praise her enough'.

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

- People and relatives were involved with the planning of their care. For example, some people had signed the 'customer agreement' which showed they agreed to their care. A relative said, "Support plans are reviewed, usually once a year."
- Information on how to access an advocacy service was available for people. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "They [staff] all call me by my name, we laugh and joke like we are family." Another person said, "If I want to go to the toilet they would give me privacy."
- Staff understood the importance of respecting people's privacy and dignity. One staff member said, "I keep curtains closed, cover people up. I support with the area they are doing and keep the rest covered."
- People were encouraged and supported to remain independent when possible. Staff knew what people's levels of independence was and enabled them to carry out personal cares. One person said, "They do encourage me, but I can't be fully independent."

Is the service responsive?

Our findings

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

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 were supported by staff who knew their likes, dislikes and were knowledgeable about their care and support needs.
- Support plans were person centred and contained information regarding people's history, interests and hobbies. For example, one person's support plan stated, 'I would appreciate if you [staff] would make me a cup of tea, I like it with milk and no sugar'.
- People's diverse needs were detailed in their support plan and met in practice. This included cultural needs and religious requirements, where required.
- Support plans contained information about people's communication needs and any sensory support or adaptations they required. For example, one person's support plan stated, 'I wear glasses as my vision is a little poor, I have no deficits with my hearing'.
- The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people used the service. The operations manager said information could be produced in any format or language, if required.

Improving care quality in response to complaints or concerns

- Information was provided to support people to raise any concerns and complaints.
- People and their relatives told us they felt able to speak with a member of staff if they were worried about anything.
- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

End of life care and support

- Some people received end of life care in their own homes.
- The operations manager and manager said people had support plans in place and were supported to make decisions about their preferences for end of life care. Appropriate professionals would be involved to ensure people were comfortable at this time.
- The operations manager said relevant staff had received training in end of life care, although this had not been documented on the training record.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we rated this key question as requires improvement. In December 2017 the provider had not ensured some quality monitoring systems were effective. At this inspection some improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Following our previous inspection, the management team had strengthened some areas of governance. For example, the medication audits were now more robust. People had all their records reviewed which included MARs as part of 'service user of the week'.
- Quality governance board meetings provided feedback on specific areas of the service. For example, missed calls and medication errors.
- There was an effective quality assurance system in place. The management team completed relevant audits. The operations manager told us a lot of staff training had been completed to support the audit process and some audit forms had been changed which helped identify actions.
- The introduction of 'electronic call monitoring' had helped to reduce the number of missed calls. Work was continuing to achieve a 'zero tolerance' regarding this.
- The operations manager said they were in the process of reviewing geographical 'mapping' analysis to see exact staff travel time between each visit. This was with a view to an initial trial of 'real time' travel.
- Trends or patterns were analysed when safeguarding's, accidents and incidents occurred to prevent further reoccurrence.
- Policies and procedures were in place which provided staff and the management team with clear guidance.
- Most field-based staff spoke positively about the management team and office. A staff member said, "I would recommend the company. Springfield are doing well, they have a new manager now, so I feel things are a little better in the office and more efficient, more care for the staff."
- The management team demonstrated an open and positive approach to learning and development. There were systems in place to ensure staff continued to learn, were trained and supported in their role.
- The management team continued to notify the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had sought feedback from people, their relatives and staff to help maintain and improve standards at the service.

- A 'customer questionnaire' had been conducted in 2018. Most of the responses were positive but where any follow up was required this had been recorded and action taken.
- A staff survey had recently been completed and 'you said, we did' feedback was recorded with actions to be completed and timescales.
- Memos were routinely sent to staff which provided information on any changes or amendments to the service.
- Staff meetings were held, giving staff the opportunity to provide feedback about the service. Along with, 'How are you', in which the care coordinators or manager contacted staff to ask how they were and if they needed anything.
- The provider had a staff recognition scheme in place ('STAR' awards), where by all staff were able to nominate other staff members for an award. A staff member said, "They've started a new thing of sending star awards to say thank you. I feel it's a good company to work for."
- The management and staff team worked in partnership with other professionals such as specialist nurses, day centres and Age UK to promote and maintain people's quality of life and well-being.

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

- The management team were committed to providing a high-level quality support to people and promoted a positive culture that was person centred, caring and respected people's human rights.
- There was a policy which covered equality opportunities, which staff understood and adhered to.
- Since the last inspection, we saw the provider had invested in additional staff training and the management and recording of medicines. This had led to improvements in staff practice and a reduction in medication related incidents such as missed signatures on medication administration records.
- Staff enjoyed working at the service. A staff member said, "I think Springfield is a brilliant company, we are quite like a family really. Brilliant company to work for."