

GN Wellsprings Care Services Ltd

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Inspection report

Suite 11, Rugby Business Centre
21-23 Clifton Road
Rugby
Warwickshire
CV21 3PY

Date of inspection visit:
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Tel: 01788877421
Website: www.gnwellspringscareservices.org.uk

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

We inspected this service on 21 September 2016. The inspection was announced. The service is registered to deliver personal care in people's own homes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

At the time of our inspection, 14 people were receiving the service.

People were safe because staff understood their responsibilities to protect people from the risks of harm and knew the action they should take if they had any concerns that the person might be at risk. The registered manager checked that staff were suitable to deliver personal care to people in their own homes during the recruitment process.

Only experienced staff, who had already attended training in health and social care, were recruited. New staff's training was focused on getting to know people and learning about their individual needs and preferences for care and support. The registered manager ensured staff maintained their skills by scheduling refresher training and specialist training that matched people's needs.

People's care plans included risk assessments for their health and wellbeing and explained the actions staff should take to minimise the identified risks. Staff learned about people's needs and abilities by shadowing experienced staff when they started working for the service and by reading the care plans.

The registered manager assessed risks in the people's homes and advised staff of the actions they should take to minimise the risks. The medicines policy included training staff to administer medicines safely, and checking that people were supported to take their medicines as prescribed by their GP.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff understood they could only care for and support people if they consented to care.

People were supported to obtain advice from healthcare professionals when their health needs changed and staff supported people to follow the health professionals' advice.

People's care plans included their preferences, likes and dislikes to make sure all the staff understood how best to support them. Staff supported the same people regularly so they knew them well and established on-going relationships with the person and their families.

People and relatives told us all the staff were kind and respected their privacy, dignity and independence. They said the care staff felt more like friends or a second family, than staff.

The complaints policy was explained in the service user guide, but no complaints had been made. People were encouraged to share their opinions about the quality of the service through surveys and regular telephone conversations with the management team.

The registered manager and staff shared common values about the aims and objectives of the service. Care was focussed on supporting people, according to their individual needs, abilities and preferences.

The registered manager and all the staff told us they loved their job and the team worked well together. People, relatives and staff said the service worked well because they were good at communicating.

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. Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and care plans explained how to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes. There were enough staff to support people safely. The administration of medicines was safe.

Is the service effective?

Good ●

The service was effective. Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health, and staff made sure health professionals were involved in people's care when needed.

Is the service caring?

Good ●

The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People and relatives told us staff were caring, and that staff respected people's privacy and promoted their independence.

Is the service responsive?

Good ●

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People's needs were regularly reviewed and changes were made to their care plans when needed. People and their relatives were confident that complaints or concerns would be dealt with promptly and resolved to their satisfaction.

Is the service well-led?

Good ●

The service was well-led. The provider led by example and welcomed feedback about the quality of the service from people, relatives and staff. Staff felt supported and motivated by the registered manager, which empowered them to provide a good quality service. All staff shared the provider's vision and values, which were focused on maintaining people's well-being.

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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.

The inspection took place on 21 September 2016. The registered manager, who was also the provider, was given 48 hours' notice because they provide care and support to people in their own homes. We needed to be sure that someone would be available at the office to speak with us. The inspection was undertaken by one inspector.

We reviewed the information we held about the service. The provider had not been able to submit the information we requested in the provider information return (PIR) in advance of the inspection, but they were able to provide all the information we requested during our inspection visit. The PIR is a form the provider completes to give us some key information about the service, what the service does well and improvements they plan to make.

The registered manager had not needed sent us any statutory notifications during the previous 12 months, because no notifiable events had occurred. A statutory notification is information about important events, which the provider is required to send to us by law.

At the time of our inspection, 14 people were receiving the service. We spoke with three people and two relatives by telephone. We spoke face to face with the registered manager and the team leader on the day of our visit, and with the administrator and five support workers by telephone the following day.

We reviewed three people's care plans and daily records, to see how their care and support was planned and delivered and we checked whether staff were recruited safely and trained to deliver care and support

appropriate to the person's needs.

Is the service safe?

Our findings

People and relatives told us they felt the service was safe, because they trusted the support workers. People told us they had a regular team of support workers who knew their needs and abilities well.

People were protected from the risks of abuse because support workers understood their responsibilities to keep people safe from harm. The registered manager checked support workers had been trained to safeguard people and understood their responsibilities during the recruitment process. Support workers told us they had no concerns about people being at risk of harm. They told us if they did, they would share any concerns with the registered manager. The provider's whistleblowing policy gave them confidence that any concerns would be taken seriously and dealt with appropriately. The registered manager had not needed to notify us of any referrals to the local safeguarding team since they registered with us in February 2015.

People's care plans included risk assessments that were relevant to the person's individual needs and abilities. Where risks were identified, the care plans included guidance for support workers to minimise the identified risk. For example, for a person who was at risk of sore skin, their care plan included guidance in how to keep the person's skin clean without causing damage. The guidance included details of the health professionals that support workers should contact if they had any concerns about the person's skin condition. Support workers told us they knew about the risks related to each person, because the risks were explained during their first few weeks of employment and there were clear instructions and guidance to refer to in the care plans.

Support workers told us they had the information they needed to minimise risks related to each person's safety in their home. One person told us, "They check the doors are locked to make me feel safe and write everything down." The checks support workers described about keeping people safe at home matched the information we read in people's care plans. A support worker told us, "I know and understand what I need to do – boil the kettle for [Name], switch off the gas, check the doors are secure." Risk assessments and care plans were effective in keeping people safe. The registered manager had not needed to notify us of any accidents or incidents since the service was registered in February 2015.

Support workers told us they shared information in a written daily log, so all staff knew of any changes in the person's needs or plans for the day. They told us the information was detailed, clear and easy to understand, so they knew how the person was and what they needed to do at each support visit. A support worker told us, "There is no excuse for not knowing something as it is all written down."

There were enough support workers to support people safely. People told us support workers arrived when they were expected and delivered the care and support they needed. Support workers told us they had enough time to support people without rushing them. They told us if it took longer than planned to support a person, they telephoned the office to advise the manager. They told us one of the management team would cover for them at the next call, rather than keep the next person waiting.

The provider's plans for unforeseen emergencies included an out-of-hours emergency response. The registered manager, team leader and administrator took turns to be on stand-by to give advice to staff or to deliver care themselves.

The registered manager protected people from the risks of being supported by unsuitable support workers, by checking their suitability during the recruitment process. Records showed support workers completed an application form, which detailed their background, previous employment and their experience and knowledge of health and social care. The registered manager checked with the previous employers and with the Disclosure and Barring Service (DBS), to make sure they were suitable to work in people's own homes. The DBS is a national agency that keeps records of criminal convictions.

People were supported to manage their medicines safely. People told us, "They make sure I take my tablets. They put them in a little pot for me and write it all down" and "Once a week we prepare my medicines together, checking each medicine, the dosage and frequency." Support workers told us they knew which people needed support with medicines, because they supported the same people regularly and there was a medicines administration record (MAR) in the care plan. The registered manager told us medicines and MAR training were specific to the person and each person's team of support workers were trained to support the person according to their individual needs.

Is the service effective?

Our findings

People told us the service was effective because they received the care and support they needed from experienced and skilled support workers. They told us support workers enabled them to lead their life in the way they wanted.

The registered manager told us they only recruited experienced support workers. They assessed support workers' knowledge and behaviours at their interview and throughout their induction period. Records showed staff supplied evidence of their training and skills in copies of their training certificates and references from previous employers. The registered manager told us new staff were trained by observing and working with experienced support workers to ensure they were trained in understanding people's specific needs. Support workers told us, "I have had the training I need" and "I did moving and handling related to [Name's] needs."

Support workers' induction programme included reading the provider's policies and procedures and working with experienced staff, until they demonstrated sufficient knowledge and skill to work independently with people. People and relatives told us, "When they [support workers] are new they come with someone else" and "They've always been introduced to me during induction." Support workers told us they only worked independently with people, after they had been assessed as competent and confident in their practice. A support worker told us, "I felt prepared and both people know me now, after shadowing."

Support workers told us they had regular opportunities to speak with the registered manager about their practice and were supported to maintain their skills and knowledge. Support workers told us they had some scheduled refresher training and a supervision every three months. Support workers told us, "They check how everything is" and "We meet in the office sometimes and get feedback about our practice". The registered manager and team leader were on the rota to deliver care so they were able to check that people were cared for and supported effectively.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests, when they are unable to do this for themselves. The registered manager understood their responsibilities under the Act. They told us they spoke with each person, their representative and the commissioners about their ability to recognise risks to their health and well-being, during the needs assessment process.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider told us they had not needed to apply to the Court of Protection for a community DoLS because no-one's care plan restricted their liberty, rights or choices. The provider checked that support workers understood their responsibilities under the Act during their induction programme.

People told us support workers respected their right to make decisions and they always obtained their consent for care. Support workers told us, "They choose their own clothes and what they would like to eat",

"I explain what we are going to do, so they have an opportunity to decline" and "You can't make people do things."

People were supported to eat and drink enough for their needs. Records showed that support workers recorded the food and drinks they prepared for people, and whether people ate well or not. They told us they would share any concerns about people's appetites with the office staff and people's relatives. The administrator gave us an example of where they liaised with health care professionals and monitored a person's eating because they were at risk of poor nutrition. They told us, "They are eating well now and all the nurses are pleased with their progress."

People told us they were supported to maintain their health. A relative told us, "If they staff are worried about anything, they always phone to let me know, perhaps if [Name] is a bit down. They always check with us if they feel a GP is needed."

People's care plans included information about their medical history and current health needs, as well as the signs to look out for, that might indicate a person was at risk of poor health. A support worker told us, "I would know if the person is not well, because they would not be their usual self." They explained they would contact the manager if they had concerns about a person's health and call their GP or emergency services, depending on the seriousness of the concern.

The administrator told us support workers monitored changes in people and the impact of any changes in their medicines. They told us support workers kept daily records and a communication book for the district nurse team, to make sure everyone knew how to support people if their health needs changed. A support worker told us, "If the person is sick, their care plan is more detailed. I understand their needs and use my initiative and experience."

Is the service caring?

Our findings

People told us everyone who worked for the service was kind and caring. People told us, "I am very happy. They are all friendly" and "I love them to bits. I call them all beautiful." Relatives said, "They care about the whole person and [Name] loves them" and "They really, genuinely care. They worry about [Name] and know them well."

People told us they looked forward to their support worker's arrival because it made their day. People told us, "They are all nice. We have a laugh" and "It suits me well. I have a regular rotation of staff, continuity of care. They understand me. They know what I like and don't like."

The registered manager made sure people enjoyed continuity of care by allocating a regular team of staff to each person. They 'matched' staff who were able to understand people's individual values and preferences. They told us they assessed new support workers behaviours during the interview and from feedback from experienced workers during their induction. They told us, "If new recruits do not demonstrate the right values and behaviours, we do not offer them work."

One person told us, "They share my interests and my opinions. It feels like a proper friendship." Relatives told us, "[Name] really likes the staff. They've got a good relationship." All the support workers we spoke with understood the importance of developing positive relationships with the person and their family. They told us, "Each person is different. You have to get to know their ways", "It is person-centred care, promoting people's independence" and "Our job is to feel for people, understand them." The administrator told us, "We are close, it feels like family. People's relatives feel like family because we get to know them all."

People's care plans were written from the person's point of view. The section entitled, 'How I would like to be cared for', included their preferred routines, likes, dislikes and preferences for care, including the gender of their support workers. The guidance for support workers included the expected 'outcomes' for each person, for example, to be 'clean, comfortable and maintain as much independence as possible', and the actions support workers should take to achieve the outcomes.

Relatives told us their relations were supported to live independently, which meant they were able to focus on maintaining their family relationships, without the stress of worrying about their relations' everyday needs for support. One relative told us, "They sort out GP appointments, letters, community services, prescriptions, check for out-of-date meds and everything - it is all managed by [Name's] keyworker." Another relative said, "They are wonderful - life savers. They checked we were happy with everything too. We are."

People and relatives told us support workers treated them with respect and promoted people's dignity, by being thoughtful in their actions. One person told us, "The manager has done a great job at matching staff personalities. They encourage and support me." A relative said, "All the staff are experienced. The relief is to know [Name] is supported, well looked after and is happy."

Is the service responsive?

Our findings

People and relatives told us the registered manager and staff were responsive and flexible to their needs. People told us they explained how they wanted to be cared for and supported during the initial assessment meeting with the registered manager.

People's care plans included information about people's needs and abilities, and how much practical and emotional support people needed and wanted to maintain their health, wellbeing and independence. For example, one person told us their support worker only helped them to dress if they wanted to be helped, because, "It depends how I feel."

Records showed that people's individual needs were identified and support was planned according to their physical needs and their ability to communicate. For example, one person's care plan included the signs to look for that the person might be 'overwhelmed' by being supported, and how support workers should 'step back', to allow the person time to digest information. Another person's care plan stated the person was able to articulate all their own decisions, and staff should listen and follow the person's direction on the day. People and relatives told us they were confident in staff's ability to recognise and respond to their individual needs.

People told us they received the care they needed, when they needed it, and were able to vary the arrangements to accommodate appointments and plans outside of their usual routines. One person told us they had arranged for an earlier visit than usual to make sure they were able to attend an appointment on time. They told us, "They will organise earlier calls when I need them. They accommodate me."

Each person had a keyworker, who was responsible for making sure any changes in their needs and routines were accommodated and reflected in their care plan. Relatives told us support workers kept them up to date with any changes. A relative told us, "[Name's] keyworker is phenomenal. They phone me, check things, suggest things."

The registered manager regularly reviewed people's needs and updated their care plans when their needs changed. The arranged for re-assessments with the funding commissioners to make sure people had the extra time they needed when their needs changed. A relative told us their relation's needs had recently been reviewed and reassessed. They told us they were pleased that support workers had advocated on the person's behalf to maintain the current level of service, because, "It is about [Name's] welfare, [Name's] whole being."

People were supported to follow their interests and to maintain links with their community. One person told us the registered manager and team leader sometimes drove them to their place of worship, which saved them the cost of a taxi. They told us they really appreciated this kindness and they enjoyed sharing the journey with someone they liked and trusted because they, "Had a laugh." A relative told us staff had arranged a mentor for their relation and had arranged for them to attend an art class, because, "[Name] loves drawing."

Support workers understood the value and benefit of their company to people who were not able or willing to go out of their homes. A support worker told us, "They need to talk, not just sit alone in their homes. I like to talk with people, hear about the histories. I could talk with them all day. They are so happy to see me. They always ask when I am coming back."

The provider's complaints policy was explained in the service user guide. People and relatives told us they had no complaints about the service. They told us they had no need to complain because the registered manager dealt promptly when they raised any concerns. One person told us, "The service is small, flexible to my needs and I can talk to the manager. They sort it out. They sorted out my previous problem."

Is the service well-led?

Our findings

People told us they felt involved in how the service was delivered because the manager and staff regularly spoke with them and asked for their views. People said, "I can recommend them to anybody. They are very conscientious" and "I like the small scale and closeness of this service. It is all very, very personal. I'm pleased with the service I've got." Support workers told us, "There is nothing to improve, because we talk. Communication is key and we are very good at communication."

Support workers told us they were happy in their role and enjoyed their work, because the registered manager demonstrated the same caring attitude towards them as they did towards people who received the service and their families. Support workers said, "The manager is a good person. I can talk to them and they listen" (close gap) and "They call us to ask how it's going, they really try to support us." Support workers told us they could contact the manager by telephone or call into the office anytime. They felt supported because there was always someone available to support them when they needed it. They said the out of hours' on-call system was effective and there were always enough staff to cover sickness and unanticipated absences.

People, relatives and support workers told us the service was well-led. They told us the registered manager led by example and set high standards. The registered manager, team leader and administrator were all regularly scheduled on the rota to deliver care and support, so they understood the difficulties, issues and concerns that staff could experience. People told us they liked the fact that the manager and team leader were hands-on at supporting them because it gave them confidence that the registered manager 'knew everything'. A relative told us, "I don't have a bad word to say about them. They go above and beyond the call of duty."

The registered manager told us the organisation's motto was, 'Care beyond duty', and said, "People are never far from our minds. It's like an extended family." They told us the whistleblowing policy was effective because all the support workers were open and honest about their work and people's care. They told us, "Staff unconsciously 'whistleblow' when they say 'what the person told me', for example. I feel like I am there because staff tell me about their day."

One person told us, "I'm very pleased with my care manager. They check with me. I know I can phone them anytime and they will sort anything out." The provider's quality assurance process included formal and informal opportunities for people to give their views of the service. The registered manager told us they obtained feedback from people and their relatives, because they saw them and spoke with them regularly when they carried out unannounced visits to people's homes (spot checks). They told us, "At a spot check we speak with people, check the person is happy with the service, check they receive care in line with the plan, check the atmosphere and support workers' behaviour."

Records showed people were invited to respond to formal written surveys to give their opinion of the service. The surveys included questions that reflected the fundamental standards of care, which demonstrated the provider's ability and willingness to adopt new practices in line with changes in the

Regulations. The results of the most recent survey showed that people were happy, or very happy with all aspects of the service. People had commented, "Very good people and very pleased. Excellent service and support from key worker" and "I have been extremely happy that the service is as promised and would like to say a big thank you to everyone."

The registered manager understood their legal obligations. They had worked in the care sector for many years, and had registered with the CQC as an independent provider in February 2015. At the start of the service, they had recruited experienced staff, who they knew well from their previous employments, which gave them confidence in the quality of the service. They had not needed to send us any statutory notifications, but had sought advice from our contact centre to check their own understanding of the regulations.

The registered manager had written policies and procedures, including for staff recruitment, in line with the fundamental standards of care. The handbook for staff included the provider's philosophy, which was to 'promote values that focus on the individual being at the centre of care' and reminded support workers that, 'care is unique to each person'. The registered manager told us, "At the end of the day, it is about the people, whether they are happy."