The Wellspring Care Ltd

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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
The Wellspring Care Ltd is a domiciliary care agency providing personal care support to people in their own homes. At the time of our inspection two older people were receiving support with their personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People received person centred care that met their needs. Staff were aware of risks to people's safety and supported people to minimise those risks. They involved people in the planning and delivery of their care and asked for people's consent prior to providing support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support from a consistent care worker who they had built good working relationships with. Staff respected people's privacy and dignity and supported them to be as independent as possible.

Safe recruitment practices were in place and there were sufficient numbers of staff. Staff were required to complete mandatory training to ensure they had the knowledge and skills to undertake their duties. Staff felt well supported in their role and able to have open and honest conversations with the management team.

There were processes in place to review the quality of care delivery and the management team undertook spot checks to ensure care was delivered in line with people's support plans and the provider's policies and procedures.

The management team were committed to learning and continuous improvement. They were looking to expand their business and were building relationships with the local authorities and commissioners where they operated.

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

Rating at last inspection
This service was registered with us on 22 March 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Wellspring Care Ltd

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team
This inspection was undertaken by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
In line with our new approach we gave a short period notice of this inspection and explained what was involved under the new methodology.

Inspection activity started on 25 August 2022 and ended on 13 September 2022.

What we did before the inspection

We reviewed the information we held about the provider since they first registered with the CQC. We used all this information to plan our inspection.

During the inspection
We spoke with one relative and four staff, including a care worker, a care co-ordinator, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed records relating to the planning and delivery of care, staffing and the management of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management
- People received safe care and treatment.
- Assessments were undertaken to identify any risks to people's safety, and plans were in place to manage and mitigate those risks.
- The registered manager liaised with other healthcare professionals when they felt a person's health had declined which may increase risks to their safety. For example, one person's mobility had changed, and the registered manager requested an environment review from the occupational therapy team to ensure a safe environment was provided that met the person's changing needs.

Staffing and recruitment
- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.
- There were sufficient numbers of staff to provide the level of care and support people required. Relatives confirmed staff turned up on time and stayed the required length of time. If care workers were running late this was communicated with the person receiving care so they were not left waiting.
- The provider continued to recruit additional staff so there were suitable staff available should the provider support additional people.

Using medicines safely
- At the time of our inspection people did not require support with their medicines and therefore we did not look at this during our inspection. Nevertheless, staff had received training in the safe management of medicines should people require this support.

Preventing and controlling infection
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- An incident reporting process was in place and staff knew how to report and record any concerns.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to identify the level of support they required. During the assessment the care co-ordinator liaised with the management team to identify a suitable care worker that had the knowledge and skills to support the person and meet their needs.

Staff support: induction, training, skills and experience

- The provider ensured people were supported by staff that had the knowledge and skills to undertake their duties. There was a programme of training considered mandatory by the provider that staff were required to complete during their induction. This included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff felt well supported in their role. Staff told us, "Every two months there is supervision. The care coordinator will call you and ask you if there is anything [you need support with]." Another staff member said, "I feel well supported in my role. [The management team] encourage me to practice autonomy. It gives me confidence. I have direct access to them if I have any concerns or problems."

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

- At the time of our inspection people did not require support with their nutrition from staff and therefore we did not look at this during our inspection. Nevertheless, staff had received training in food hygiene should people require support with meals. In addition, we heard that staff encouraged people to drink fluids regularly to protect against the risk of dehydration and infection, particularly for people who had a history of recurrent urinary tract infections (UTIs).

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

- Staff did not directly support people with their healthcare needs. However, if people needed support with their health staff liaised with people's relatives and their GP.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People received support in line with the MCA. People's consent was obtained prior to support being provided and staff ensured they provided support that people were comfortable with.
- At the time of our inspection no-one was deprived of their liberty.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 well, and care workers had built friendly, caring relationships with them
- A relative said, "They are really informative and really caring. They talk to me about everything. They are very respectful. I would recommend them to others."

Supporting people to express their views and be involved in making decisions about their care
- Staff provided support in line with people's wishes and choices. They involved the person and their family in their care and respected their decisions. A staff member told us, "I develop the care plan with the service user and the family."

Respecting and promoting people's privacy, dignity and independence
- Staff respected people's privacy and dignity, particularly when supporting them with personal care.
- Staff enabled people to be as independent as possible, whilst maintaining their safety.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received personalised care, that met their needs. A relative told us, "I would give them 10 out of 10."
- Staff were clear about what level of support people required and how this was to be delivered.
- Care plans were in place which outlined what tasks people required support with.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of how people communicated and adjusted their communication methods to ensure people understood what was being said.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us if they had time after supporting people's personal care needs, they would spend time chatting with people and providing some social stimulation. However, we found information about people, including their interests, religion, culture, was not included in their care records. This information may help guide communication and engage people using the service. The registered manager told us they would gather and include this information in people's care records.

Improving care quality in response to complaints or concerns

- At the time of our inspection no complaints had been made. A relative said, "I have never needed to make a complaint…I would recommend them to you if you needed a care company."
- Relatives felt able to speak openly with the staff and felt they were in regularly contact should they have any concerns.

End of life care and support

- At the time of our inspection people did not require support with end of life care and therefore we did not look at this during our inspection.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were asked for their views and opinions about service delivery. Staff told us regarding the management team, "They ask how you are doing and if there are any problems. They are open."
- People and their relatives were asked for feedback about the service. This included through the completion of satisfaction surveys and regular contact over the phone. We saw comments on a satisfaction survey included, "Any change of planning is discussed with us…We are very happy with the service provided."
- The service had not been operating for very long at the time of our inspection, however, there were plans in place to collect regular feedback through the completion of satisfaction surveys every six months in order to inform service development.

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

- The registered manager was aware of their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- There were systems in place to review and improve the quality of service provision. This included regular telephone communication with people and their relatives, and the completion of spot checks to review the quality of service delivery and interactions between staff and people using the service.
- Some of the systems at the service were informal due to the size of the service. However, the management team agreed that should they grow the business they would need to develop and formalise some of their processes, including, ensuring care records contained more information about the person and their interests. They also told us they would develop more structured and systematic approaches towards quality assurance and gathering feedback from people and relatives as the business continued.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Continuous learning and improving care; Working in partnership with others

- The management team were committed to continuous improvement and developing their company.

They were working with the local authority to build relationships and had begun to engage with local provider forums.