

Spinal Homecare Services Ltd

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Inspection report

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Date of inspection visit:
01 November 2018
09 November 2018

Date of publication:
10 December 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

Spinal Homecare Services Limited provides Care at Home services. This service is a specialist domiciliary care agency. It provides personal care to people providing specialist support on a live-in basis for adults with spinal cord injury and other physical disabilities throughout the UK. It also provides personal care and domestic support for people living in their own homes in the rural community areas of the Lune Valley.

At our last inspection in May 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post who is also one of the directors of the registered provider. 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.

There were sufficient numbers of suitable staff to meet people's needs. Induction training was comprehensive and training was on going. Staff were supported by the registered and care managers through regular staff meetings, supervision and appraisals.

When employing fit and proper persons the recruitment procedures had included all the required checks of suitability.

Hazards to people's safety had been identified and appropriately managed.

People's dignity and privacy were actively promoted by the staff supporting them.

People were given the opportunity to select their staff and who they were most compatible with. People received care from a team of staff who they knew well and treated them with respect.

Everyone we spoke with made very positive comments about the service provided and the staff who

supported them.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate it was safe and well managed.

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.

People told us this was an excellent service and said they would recommend it.

People received the support they needed to take their medicines safely. The staff identified if people were unwell and supported them to contact health professionals.

People were asked for their consent before care was provided and the decisions they made were respected.

Further information is in the detailed findings below

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Spinal Homecare Services Limited

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.

This inspection took place between 1 and 9 November 2018 and was announced. We contacted the registered manager of the service on 31 October 2018 to give notice of our visit on the following day because we needed to ensure the registered and care managers were available.

Inspection site visit activity included speaking to people who used the service and to the staff employed. We visited the office location on 1 November 2018 to speak with the registered manager and to review care records, staff records and records related to the management of the service. With the permission of three people who used the service we also visited them in their own homes.

The inspection was carried out by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who has used this type of service. The expert-by-experience had experience of caring for older people and people with disabilities.

During the inspection we contacted 15 people who used the service. We also contacted three staff members and spoke with the HR manager and two care managers.

We looked at care records for seven people who used the service and recruitment, training and personnel records for five staff. We also looked at records around how the service was managed including quality audits, staff rotas and feedback the registered manager had received from people who used the service,

their families, care staff and professionals who supported people who used the service.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the agency, including the information in the PIR, before we visited the service. We also contacted health and social care teams to gather their views of the service. We also used a planning tool to collate all this evidence and information prior to visiting the service.



Our findings

All the people used the service that we spoke said they felt safe and protected by the care workers who helped them. One person told us, "I feel totally safe." Another person said, "The staff treat me with respect and make me feel safe."

The staff we spoke with said they were confident that people were safe receiving support from the service. They knew how to identify and report abuse and said they would be confident reporting any concerns to the registered or care manager.

Risks to people's safety had been identified and managed. People's care records gave guidance for staff about the actions to take to ensure their safety and the safety of the people they were supporting. The staff we spoke with told us they were given good guidance about how to manage risks and protect people from harm.

Rotas we saw showed there were enough care workers to flexibly cover the services they provided. Staff we spoke to confirmed they knew the people they supported extremely well as they usually worked with the same group of people. We were told by people who used the service that it was extremely reliable.

Staff we spoke to confirmed they knew the people they supported well as they usually worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them.

We looked at five personnel files and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the agency's recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

Staff had completed training in safe handling of medicines. We saw there were clear records for the management of people's medications including the application of prescribed creams. Records also identified whether medications were administered by the staff or whether people were just prompted to take them. Competency checks were regularly completed by the care managers on staff handling medicines in people's homes to check they were administering the medicines safely and were competent to support people as they needed.

We looked at records of training the care staff had completed. These showed the staff had completed training in how to provide care safely, including protecting people from the risk of infection and using equipment in people's homes safely.



Our findings

People we spoke with told us that the staff were kind and respectful. One person told us, "They [staff] know what to do." Another person told us, "The staff they are very efficient and know my needs really well."

The staff told us they had completed a range of training to give them the skills to provide people's care. This was confirmed by the records we looked at. We saw new employees completed an intensive induction training programme before working with people. New staff also worked with a more experienced staff member to gain practical experience and to give them confidence to work on their own in people's homes. One person with very limited mobility told us small things can have huge impact on their health said, "The fact that I have carers which are specially trained is of paramount importance to me."

Some people who used the agency were supported by specialist health care services. We saw that people's care records included guidance from the specialist services who supported them. This helped to ensure their support was planned and provided to meet their needs.

The care staff we spoke with told us that they had regular meetings and could contact the registered and care managers to discuss any issues they have. We saw there was an on-call system to provide support to staff when working out of office hours if they needed advice about a person they were supporting. Records showed that staff were regularly supervised or appraised.

The provider produced regular information and guidance for the staff in a newsletter. The information provided covered a wide range of topics such as, how to keep healthy in certain events such as extreme weather. The newsletter kept staff informed who may be working in isolation.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests.

Some people who used the service required support to prepare their meals and drinks. People said that the staff gave them choices about the meals they prepared and said that they enjoyed the meals the staff provided. We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the GP or dietician. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.



Our findings

People said the staff were friendly and caring. One person said, "They are ordinary girls who come and do the job but they are excellent." Another person said, "Happy with the service provided, they enable me to be independent." We were also told that the staff were "Extremely helpful" and "Very good and very respectful." People also told us that the staff engaged in conversations and got to know them, which they loved as it meant they had people to talk to.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. The service provided to individuals was focussed on supporting them to maintain their independence as long as possible in their own homes.

We saw from the records that where people could, they had been included in planning and agreeing to the support they received. Staff were knowledgeable about the individuals they supported and about what was important to them in their lives.

The registered and care managers knew how to contact local advocacy services that could assist people to make decisions or express their views if they required support. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to people's homes that staff were respectful of their homes and their needs.

People told us the staff always treated them with respect of ensured their privacy and dignity were maintained. All the staff we spoke with understood how to support people in a way that promoted their dignity. They spoke about people in a respectful way and we also saw that the care records the staff completed were written a respectful way.



Our findings

People were consulted with and empowered by being involved in the selection of the staff they preferred to support them for the 'live in' part of the service. People were given carer profiles from which they could pick, meet with and engage in conversations with staff before they started caring for them.

The feedback received from people who used the service was that the agency was extremely responsive and helpful. Everyone we spoke with said they had a care plan in place and were involved with it and reviewed it every so often. One person said, "They're very responsive to client needs, always willing to give assistance even in emergencies. I can trust them."

There was a formal process in place for receiving and responding to concerns and complaints about the service it provided. The registered manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us they knew who to go to if they ever had any issues or complaints and would feel confident bringing them up to anyone at the agency.

Each person had a care plan to guide staff on the level of support and care required and how they wanted this to be provided. We saw that they had a copy of their care plan in their home. The registered manager was part of the team that supported people and regularly visited their homes to review their care plan with them to check it was still appropriate to meet their needs.

People told us that the care staff who visited their homes knew the support they required and how they wanted their care to be provided. One person told us, "The staff know what help I need." Care records included information about their families and personal life history. The staff we spoke with said this was useful as the information meant they could speak to people about the things that were important to them.

The registered provider/registered manager had also invested in a care planning software program, which was being introduced and not fully established for this inspection. This would assist the service to develop care records and make them instantly accessible wherever in the country.

The service had supported people to remain in their own homes as they were reaching the end of their lives. The care staff had worked with local health and specialist services to help people remain comfortable and pain free as they reached the end of their lives. We discussed with the registered and care managers about developing the care planning records specifically for caring for people at the end of their lives to ensure

peoples wishes had been fully documented.



Our findings

There was an experienced registered manager responsible for the day-to-day management of the service who was also the registered provider. 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.

People told us they were very happy with the service provided and that it supplied well trained, helpful and respectful staff. Some people we spoke with had been receiving services for a number of years and described the service as exceptional. People said, "I am very happy with the service", "It's always been good," and "Absolutely happy with the service."

The registered manager had systems in place to monitor the quality of the service provided. Quality surveys had been sent to people who used the service and the staff employed to gather their views about the service. Over 50% of people using the service said they were mostly satisfied and 34% said they were very satisfied with their service. When asked if their care workers arrived on time 95% said they did. The staff survey identified that 70% of those who responded felt they were appropriately recognised in their work. The feedback received was used to further improve the service.

Care managers regularly observed staff working in people's homes to check people received a good quality of care. The registered provider had also invested in a digital care planning system which would provide instant access to people's care plans, so any issues could be addressed promptly and information was current.

There were arrangements in place to ensure the effective management of the service. The registered manager was supported by care managers who were deployed across the country which meant there was hands on oversight of the live in service. The service operated an 'on call' system so there was always an experienced staff member available for the care staff and people who used the service to contact if the registered manager was not available.

Registered providers of health and social care services are required to notify us of significant events such as serious injuries to people who use the service or allegations of abuse. This is so we can check appropriate action has been taken. The registered manager was aware of the notifications that were required to be provided.

The registered manager worked in partnership with organisations who commissioned the service and health care providers to ensure people received the support they needed. When people's needs changed the registered manager took further advice to ensure people continued to receive the care they required.

A social worker told us, "People they [Spinal Homecare] support are relatively complex and the staff I have encountered have provided quality care and often go above and beyond their time to provide a good service and genuinely care for their clients. The agency are prompt at alerting us of concerns and always support in attending reviews/joint meetings etc. to discuss support plans with clients and their families." And "They also seem to have a core staff team who have been consistent."