

Sphere Specialist Healthcare Ltd

Sphere Specialist Healthcare

Inspection report

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10 February 2023

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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

Sphere Specialist Healthcare is a domiciliary care agency providing personal care and support to older people and people with disabilities living in their own homes. 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. At the time of our inspection there were 35 people using the service.

People's experience of using this service and what we found

People and relatives spoke positively about the service and the care and support provided. Comments included, "Oh brilliant, I would be lost without them. They are amazing" and "I think care is very good. I was dubious at first, but they are all good."

Systems were in place to keep people safe. Risks to people's safety and well-being were assessed and plans put in place to manage them. Staff safeguarded people from the risk of harm or abuse. Medicines were managed safely.

There were enough staff to meet people's needs. Safe recruitment practices were followed. Staff received appropriate training to support them in their roles. Regular supervision, spot checks and appraisals took place to ensure staff were following good working practices.

Care plans contained detailed information on the care and support people required. There was evidence of people and their relatives being involved in the planning and reviewing of care. People were supported to eat and drink enough. The service worked with health and social care professionals to ensure people's needs were met.

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.

There were systems in place to monitor the quality of the service and identify any areas for improvement. There was a system in place for the management of complaints. At the time of inspection there had not been any formal complaints. Staff we spoke with were positive about the support they received and the management of the service.

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 07 March 2022 and this is the first inspection.

Why we inspected

We carried out a comprehensive inspection as the service was newly registered and had not been inspected before.

Follow up

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

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 effective 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 effective findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our effective findings below.

Good ●

Sphere Specialist Healthcare

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert 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.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service notice of the inspection. This was to request information about the service, people and relatives and to make sure the registered manager would be available to support the inspection.

Inspection activity started on 30 January 2023 and ended on 15 February 2023. We visited the location's

office on 10 February 2023.

What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority commissioning and safeguarding teams and other professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 members of staff including the registered manager, quality assurance and compliance manager, a nurse and 4 care staff. We spoke with 5 people who use the service and 13 relatives.

We reviewed a range of records including 3 people's care and medicines records. We looked at the recruitment records for 1 member of staff. We also looked records relating to the safety and management of the service. We also reviewed records the registered manager had sent us electronically.

After the inspection

We spoke with 2 health and social care professionals who work with the service. We continued to seek clarification from the provider to validate the evidence we found.

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

- Systems were in place to safeguard people from the risk of harm and abuse.
- Staff had the knowledge and confidence to identify safeguarding concerns. They were confident any concerns raised would be dealt with appropriately.
- People and relatives said they received a safe service. One person said, "I feel at ease when they are here, and they are friendly."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and plans put in place to support staff to provide safe care. These were reviewed regularly to support people to remain safe.
- There were systems in place to record accidents and incidents. Whilst there had not been any incidents, the registered manager explained that all information would be reviewed to ensure "any points for learning would be identified and actioned."

Staffing and recruitment

- Safe recruitment practices were followed. Appropriate checks were made to ensure staff were of good character and suitable for their role.
- There were enough staff to meet people's needs. There had been a period where some calls were missed due to unplanned staff absence. The registered manager had addressed this. They were currently recruiting additional staff to ensure calls could be covered.
- Some of the people we spoke with did mention some missed or late calls and felt these could have been communicated better. One person said, "The only complaint is timing they have been late, and they could improve on this. One of the issues is also communication they don't let us know. They are absolutely brilliant otherwise, but this is the only issue." The registered manager has already looked to address missed or late calls.

Using medicines safely

- People's medicines were managed and administered safely.
- Medicines were administered by staff who had received training and had their competency assessed.
- Regular audits were completed to identify any errors and take appropriate action.

Preventing and controlling infection

- The provider's infection prevention and control policy were up to date.
- Regular audits were completed to ensure the correct infection and prevention practices were being

followed by the organisation and staff. One staff member told us, "There is always plenty of PPE available. We've had training on how to wear it correctly."

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 were assessed to ensure care and support was provided to meet their needs and preferences
- People's choices, wishes and preferences were included in the planning of their care and support. These were regularly reviewed to ensure any changes to care were implemented.

Staff support: induction, training, skills and experience

- Staff received core training as required by the provider, which included new members of staff completing the Care Certificate as part of their induction. 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff we spoke with praised the training and felt it gave them the knowledge and skills to deliver an effective service to people. One staff member told us, "Training has given me confidence to do my job. Training is the best I've had and there is lots available. I shadowed other members of staff as part of my induction."
- Staff said they felt supported and received regular supervision. Regular team meetings were held to support the sharing of information.
- People and relatives spoke positively about staff. They told us staff were skilled to meet their needs. Comments included, "Yes, [registered manager] sees him weekly and has helped me with catheter care and there is a good knowledge there."

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

- Care plans detailed people's dietary needs and preferences and what support they required.
- People were supported eat and drink enough. Staff prepared meals and drinks for people when required. Food and fluid charts were in place for those people who needed them.

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

- Staff worked closely with other agencies involved in people's lives. This include health professionals, social workers and also people's families.
- People's health needs were monitored to ensure any changes were responded to. Staff told us that if they had any concerns with people's wellbeing this would be raised with the family and reported to office staff for action.

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.

- Staff received training in the MCA and told us they would seek permission from the person, where they could, before providing any care or support.
- Care plans contained signed consent forms. The registered manager said, "We refer back to care managers if we had any concerns with the person's capacity to consent. Where required we have been involved with best interest decisions."

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 received care from staff who knew each person's diverse cultural and spiritual needs. There was a section in people's care plan which contained information on their spiritual needs and sexual identity.
- People spoke positively about the compassionate care they received. Comments included, "They are absolutely great. They are very compassionate and caring people. They are excellent even if I ask for extra help" and, "I feel as if care is very good. There were a few glitches at the start, they have been absolutely brilliant with mum they meet her individual needs."

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

- People and their relatives were involved in planning care and support. One relative told us, "They would shadow me to see how? he likes his care, they got to know him as a person. They make a real effort to make his care personal."
- People's records contained information on how they wished to receive care and be supported. They included information on people's life history to support staff to get to know them.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. One staff member told us, "We always close doors and curtains when doing personal care. To maintain their dignity, we cover them with towels and always say what we are doing."
- People's independence was promoted. Care plans contained information on how to promote the person's independence. One staff member told us, "I always encourage clients to do as much for themselves as they can. It's important for them to be able to do this."
- Where possible people had a small team of carers to provide their care and support. This was to support consistency of care giving. Comments included, "We have the same ones unless they have a day off" and, "It tends to be the same ones on the rota. Mum has gotten to know them and she loves them."

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

- Care plans contained detailed information relating to people's needs, preferences, choices and aspirations/wishes.
- People were supported to make choices and have as much control as possible of how their care was provided. There was evidence of people and their relatives being involved in the planning and reviewing of care.
- Handover information was available in people's daily notes. This supported staff to keep up to date with people's care, support and wellbeing.

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.

- The service identified how it was going to meet people's communication needs and provide information which was accessible to all.
- Accessible information and communication policies were in place to raise awareness and understanding in staff on how best to ensure people had access to information they understood.

Improving care quality in response to complaints or concerns

- There was a system in place for the management of complaints. At the time of inspection there had not been any formal complaints.
- The registered manager said complaints and concerns would be taken seriously. They would be investigated and responded to in a timely manner.
- People and relatives, we spoke to said they would be able to raise concerns if they had any. Their comments included, "I do tell the carers. Yes, they do act on what I say" and, "[Registered manager] and I have open communication, email, calls so there are many ways to get in contact."

End of life care and support

- The service was not providing any end of life care at the time of inspection. If required person centred end of life care would be provided to people and their loved ones.

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.

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

- There were systems in place to monitor the quality of the service and identify any areas for improvement. Regular checks were completed and areas for improvement identified and actioned.
- Staff spoke positively about the leadership and support they received from the provider and registered manager. Comments included, "The manager is brilliant. She's professional. It's a good organisation to work for" and "I enjoy working here. The manager is approachable and gets stuff done when we ask."
- There was a system in place for accidents and incidents to be recorded and monitored and to identify any lessons to be learnt and changes to working practices.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and staff had confidence the registered manager would listen to their concerns and ideas and these would be received openly and dealt with appropriately. One relative commented, "I've not had any problems but she [registered manager] is very good so I guess she would do something."
- People and those important to them had opportunities to feedback their views about care and support. The registered manager was in the process of organising the first survey to be sent out to people and their relatives.
- The service worked in partnership with health and social care professionals to ensure people's physical and emotional needs were met. We received mixed feedback from professionals regarding the management of the service. We have discussed this with the registered manager who has taken the feedback onboard and will review how changes in communication can be made going forward. We did receive some positives feedback, which included, "I feel very positive about the organisation. It is one of the best companies I work with. I have no issues with the care provided and I have confidence in them."

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 registered manager understood their legal responsibility to be open and honest when something has gone wrong.
- The registered manager was aware of their responsibility to notify CQC of significant events that had occurred, such as safeguarding concerns. However, due to a technical problem these had not been submitted. This was discussed with the registered manager who assured us the relevant notifications would be sent after our inspection visit.

