

# Speiuss Limited

# Speiuss Ltd

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We undertook an announced inspection of Speiuss Ltd on 29 June 2015. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be in. At our last inspection on 29 April 2013 the service met required standards in all the areas we inspected.

Speiuss Ltd is a domiciliary care agency providing a service to people living in the London boroughs of Redbridge, Waltham Forest, Havering, and Newham. At the time of the inspection there were 135 people using the service.

The service had a registered manager. 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.

From our discussions with people using the service, relatives and other stakeholders we found that people were satisfied with care and support provided. Relatives told us that staff were kind and ensured people's respect

# Summary of findings

and dignity. We were informed by relatives and the registered manager staff supported the same people for a long time and this ensured continuity of service and allowed staff to know people well and build positive relationships.

Staff were appropriately vetted. The registered manager told us all staff employed by the service had been vetted before starting work. Staff files showed that two written references, identity and police checks had been carried out on all staff. We noted that salaries were paid into staff bank accounts. All these ensured that people were supported by staff who were appropriately checked.

Each person had a care plan which was based on their assessments and reflected their needs. The care plans were regularly reviewed and updated. However, some care plans did not include sufficient information guidance about some people's health conditions. Even though staff were not required to support people with these conditions, their knowledge of them would be beneficial in a case of an emergency. We have made a recommendation relating to staff understanding of the health conditions of the people who use the service.

Relatives told us that staff were caring. They said staff arrived and left on time. We were informed that staff completed their tasks before leaving and sometimes did additional work for people. Discussions with staff and records indicated that staff had attended a range of training programmes and an induction programme before starting work with people. We noted that regular staff supervision annual appraisal took place. This showed that appropriate systems were in place to support staff to do their job.

There was clear management structure in place which was understood by staff. This ensured that staff had specified responsibilities and accountabilities in relation aspects of running the service. People told us they knew how to contact staff if they had a concern. We noted the registered manager sought feedback from people and regularly monitored the quality of the service through telephone calls and visits to people's homes. This indicated that the service was well-led.

# Summary of findings

## 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. People told us that staff were nice and treated them with kindly. We noted that the service had enough staff to support people.

There were policies and procedures for protection of people from abuse and the registered manager had contact details of staff in the four London boroughs where people lived. We noted that safeguarding concerns had been reported and investigated appropriately and that staff were appropriately vetted before they started work with the service.

Good



### Is the service effective?

The service was not always effective. Even though staff had attended a range of training programmes related to their roles, there was no evidence to confirm that they had appropriate guidance or knowledge for supporting some health conditions not included in care plans. We recommended that the registered manager put guidance in place to ensure staff were aware of people's health conditions and how to support them in cases of emergency.

Staff told us they had support and supervision from their managers. They told us they could seek and receive advice and support when they needed it. This showed staff were well supported to do their jobs effectively.

Requires improvement



### Is the service caring?

The service was caring. People told us staff were compassionate and caring. They told us staff were kind and assisted them with additional tasks which were not their responsibilities. This indicated that staff were caring.

People were provided with regular staff. People told us having the same staff for many years enabled them to make relationships with them. We were informed by a social worker that staff communicated well and shared information with them. This showed information about people's needs was shared and met by relevant people.

Good



### Is the service responsive?

The service was responsive. Each person had a care plan which was unique and based on their assessed needs. We noted the care plans were regularly reviewed and adjustments made to people's needs. This meant people received care that was appropriate for their needs.

We were informed that staff could be flexible to visit people when they needed support. Records and the registered manager told us that the type and amount of support people received varied depending on their needs. This meant the service provided was planned and reflected people's needs.

The service had a complaints policy and people knew who to make a complaint if they had a concern.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There were clear lines of accountability understood by staff.

People's views regarding the quality of the service were sought and a system was put in place to check regularly people's opinion about the care they received. Staff had regular meetings and gave feedback monthly in relation to their roles. This meant that people and staff were able to influence the quality of the service through feedback and meetings.

Good



# Speiuss Ltd

## 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.

We gave the provider two days' notice of this inspection because the location provided a domiciliary care service. We visited the location on 29 June 2015 and spoke with people on the phone on 8 and 9 July 2015. We also spoke with social workers on 13 July 2015. 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 using or caring for someone who uses this type of care service. The expert by experience had expertise in learning disabilities.

Before the inspection we looked at all the information we hold about the service. These included the notifications that we had received from the provider and communications with people's relatives and other professionals.

During the visit to the location we spoke with two people, two care workers, the deputy manager and the registered manager. We also checked 12 care files, 11 staff files, and documents such as the providers' recruitment policy, safeguarding policy, staff training records and staff handbook. After the inspection we spoke by telephone with three people, nine relatives, three care workers and two social workers.

# Is the service safe?

## Our findings

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. People told us that staff were “supreme” and they treated them “with respect”. They told us they were happy with the care workers and knew they were “definitely safe” when care staff visited them. One person said, “My carers are very nice.” A relative told us they were confident people were safe when staff visited them. This showed people were satisfied with the support they received.

Before the inspection we had received information stating that some care staff were not checked appropriately when they were employed. During the inspection the registered manager told us that no member of staff was employed without undergoing full check that included completion of an application form, submission of two written references, a copy of identity such as a passport or national insurance card and a copy of bank statement or utility bill. All the staff files we checked contained evidence of these documents and staff we spoke with confirmed that they provided the documents. We checked the provider’s recruitment policy and noted that new staff were required to provide a copy of their national insurance card, previous employment information, two written references and a bank statement. This showed that people were supported by staff who were appropriately vetted.

People told us that there were enough staff. A relative said staff were “flexible” and they could ask them when to come. All people we spoke with confirmed that staff came and left on time and they had no issues with staff punctuality. Staff told us they were assigned to areas local to them and did not have to travel long way to support people. A staff member said, “I usually work within a walking distance of my house and sometimes about 10 minutes by bus.” A social worker said, “Staff turned up on time, and they would ring if they were late.” The registered manager told us that the service continuously recruited and trained new staff to ensure there were enough of them to support people.

There were policies and procedures for protection of people from abuse. The service worked across four London boroughs and the registered manager confirmed that they knew who to contact if they received information of concern or abuse. We noted that three safeguarding concerns had been reported and investigated appropriately. We asked staff what safeguarding adults meant and they were able to tell us different kinds of abuse and how to recognise their potential signs. Staff told us they had received training about protecting people from abuse and were able to describe the action they would take if there were concerns. The registered manager told us that all new staff had to attend training on adult protection when they started work and were also required to receive a refresher training to update their knowledge and experience. Staff files confirmed that these had happened. This meant that there were arrangements in place for people to be supported by staff who had knowledge and skill adult protection.

There were arrangements in place to deal with emergencies. Relatives told us that there was “always someone to talk to in the office” when they rang. The “employee hand book” contained information about emergencies and staff we spoke with told us they were aware of how and who to contact in case of an emergency or if they were not able to visit people. We asked the registered manager how they would know if staff did not turn up to visit a person. We were informed that people or their relatives would contact them if staff were late or did not visit them. However, they said they were planning to introduce an electronic system which would monitor staff attendance at people’s homes. We were told this was at its earliest planning stage and in the meantime most of the people currently using the service lived with a relative or someone else who could contact the office if and when there were emergencies.

# Is the service effective?

## Our findings

Relatives told us that staff had appropriate training to meet people's needs. One relative said, "I believe [staff] are trained." Another relative told us, "Staff were trained because [staff] had told me they couldn't come someday due to training they had to go to." Staff told us they had received "all the training they needed to do their job". The training staff attended included adult safeguarding, learning disability, dementia, food hygiene, epilepsy, stroke, health and safety, diabetes, and infection control. We saw training certificates and records confirming that staff had attended these programmes. We also noted that new staff received an induction programme and shadowed existing staff when they started the job. This ensured that staff had appropriate knowledge to provide care and support that people needed.

The registered manager told us there were three in-house trainers who made sure that staff attended training before starting work. We noted that there was a training room. Staff told us that they were satisfied with their training because it provided them with the knowledge and skills to support people in their homes.

The service had a system in place for staff supervision. Staff told us they received supervision from their managers and they were able to discuss their work and training needs. They told us they felt supported through supervision and through seeking advice and support when they needed it. The registered manager said a new member of staff was supervised at work within a month of starting work and this was followed by supervision in the office in the second month. From the second month, all staff had supervision once every three months and we also found that staff appraisals were happening at least annually. This ensured that a system was in place for monitoring of staff performance and provision of support that met people's needs.

Care files indicated that some people had complex needs and health issues such as diabetes, MRSA, Autoimmune Encephalitis and Atrial Fibrillation. However, there was no explanation or guidance in the files as to what these conditions were and what signs staff should be aware of in relation to the conditions. We had also been anonymously informed about a person's concern that

"Staff were asked to carry out tasks which they had not been trained to do or did not have skills such as moving and handling". Although we noted that staff had attended different health related training such as diabetes and epilepsy, there was no information in the care plans in relation to people's health conditions and what staff should do if, for example, people suffered hyperglycaemia (a diabetes condition) or epileptic seizure. **We recommend that** the provider considers people's health conditions and ensure appropriate guidance forms part of the care plan so that staff had sufficient guidance and information to support people in isolation at their homes.

People lived in their own homes and staff were not involved in supporting them with decisions about food shopping lists or shopping. However, some relatives and people informed us that staff supported them preparing meals. We noted from staff files and the staff we spoke with that staff had attended basic food hygiene and diversity and equality. This meant staff were aware of food preparation and people's dietary needs because of belief, tradition or culture.

Care files showed that some people had complex needs such as one person using a percutaneous endoscopic gastrostomy (peg) feed. Staff were not required to support people with this condition and similar complex needs, however, **we recommend that** the provider ensures all staff who visited these people had information and guidance about how to support them in a case of emergency.

# Is the service caring?

## Our findings

People told us staff were compassionate and caring. They said staff were “kind and fully completed additional tasks which were not included [in their care plan]”. For example, one person commented that staff told them, “if there’s something you need, just ask me.” Another person said that staff completed their tasks and asked them if there was “anything else you would like me to do.” A relative said staff went out of their way and “even washed my dishes when I’ve had to leave in a hurry”. This indicated that people were satisfied with the care staff provided.

A social worker told us that “communication was very high” and staff always rang if they were going to be late. They said their “client was quite happy [with the service]” and they made a new referral to the agency for another person to use the service. This showed that social workers were happy to refer people to the agency.

People told us they had regular staff with whom they built “relationships which was essential [to them]”. The registered manager told us that the service sent the same staff or staff who had been introduced to them so that they knew and were able to meet their needs. Staff confirmed that they had been supporting the same people for many years and therefore knew their likes and dislikes.

There was evidence in the person centred care plans that staff encouraged people to be as independent as possible. The care plans had good person centred detail and showed that people’s preferences such as a male or female care staff were identified and provided. We saw that staff recorded their daily interaction with people and the tasks they completed. This ensured that the services people received or did not receive were recorded and followed up by the service.

There was guidance for staff not to use mobiles or telephones when at work in people’s homes. However, we noted that there were two concerns received by the service stating that a night staff member was using their mobile and this was “disturbing for the family”. The registered manager stated that this had been addressed and there were no other similar concerns received. We saw evidence the action the registered manager had taken in relation to this in a staff member file. They said that all staff had a copy of the “employee’s handbook” which contained guidance about mobile use and this was also discussed in staff supervision. Staff told us that they had read the service’s various policies including the use of telephone at work and were aware of how to ensure people’s privacy and dignity. They gave examples of ensuring privacy and said that they kept private matters confidential and shut the doors when providing personal care.



# Is the service responsive?

## Our findings

A relative told us that the service was "flexible". They said when they did not need staff, they could cancel the visit, which was helpful. One person told us staff sometimes stayed above their allocated time to finish work. This indicated that staff responded to people's needs.

We looked at the staff rota and noted that there were a few staff double bookings showing that the same staff member had to be at two places at the same time. The registered manager showed us copies of staff timesheets which confirmed that staff were not double booked. Staff told us that their rotas did not show double bookings. Relatives told us there were no problems about staff missing visits because of rota issues.

Each person had a care plan. We looked at the care plans and found that care plans were unique to the person the care plan referred to and reflected their needs'

assessments. A social worker told us that care plans were regularly reviewed and adjustments were made to the care and support people received. This showed that people received care that was suitable to their needs.

The agency provided care according to people's needs with some people receiving a half an hour, one hour, two hours or more support. We noted that the care people received varied according to their needs. Discussion with people and relative showed that people were involved in making the decisions about the time and length of visit, and the care to be provided. This meant the care provided was planned with the involvement of people and in response to their needs.

The service had a complaints policy and people told us they knew who to contact if they had a concern. The agency's "service user guide" contained details of how people could make a complaint and Staff told us they had read the complaints policy. The registered manager told us that any telephone or verbal complaints were investigated and responded to immediately. We looked at the complaints book and saw no recorded complaints.

# Is the service well-led?

## Our findings

Relatives told us that the management was good and they could contact the registered manager. Relatives' comments included, "There was always someone at the end of the phone." Two relatives said the registered manager rang them every month to check if everything was OK or if they had a concern. They said could speak to staff whenever they needed. One relative told us that they "had four agencies in the past and this one has been the best. Grateful to God". This indicated that people were satisfied with the management of service.

The registered manager was supported by a team of senior staff who had clear roles. There were three care co-ordinators, two field supervisors, two assessors, a contract manager, a human resource officer (HR), an assistant HR, three training officers, the registered manager, a director and the provider. The registered manager told us that this structure suited the agency well.

There were systems in place for auditing the quality of service. Two relatives told us they remembered completing and returning survey questionnaires. The registered manager said in addition to the monthly telephone calls to people to ask them if they were happy with the service, senior staff visited people once every month to find out

people's opinion about the care they received. This was confirmed by relatives. We saw examples of the survey questionnaires completed by people and noted that people were positive about the service.

Care staff and senior staff meetings took place once every month. We saw the minutes of a staff meeting dated 03 June 2015 and noted that staff discussed a range of issues related to their roles. We were also informed by the registered manager that every month staff completed a feedback form which was reviewed by the registered manager. We looked at two staff monthly feedback forms and noted staff were able to give feedback about how they work together, for example, when working in pairs to support a person. The registered manager said the employees' handbook contained the whistleblowing policy and staff were encouraged to use it. This was confirmed by staff we spoke with.

The service had a training room and separate offices for the registered manager, HR, and care co-ordinators. Telephones, computers, printers, fax machines, chairs, desks, filing cabinets and shredders were available to staff. We also noted that hot and cold drinks were available free of charge for staff. The location of the office was accessible by public transport.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing  People's health and safety could be at risk because staff did not have appropriate training and guidance regarding supporting people with health conditions. Regulation 18 (2) (a).