Spire Homecare Limited

Spire Homecare Limited - Unit F Stanley Court

Inspection report

Unit F, Stanley Court, 3 Glenmore Business Park
Telford Road
Salisbury
Wiltshire
SP2 7GH

Tel: 01722327319
Website: www.spirehomecare.com

Date of inspection visit:
08 August 2016
11 August 2016

Date of publication:
02 November 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on the 8 and 11 August and the provider was given short notice of the inspection. We gave notice to make sure the staff and or registered manager was at the office. The previous inspection took place in November 2013 where all standards inspected were met.

Spire Homecare Limited provides personal care and support to people in their own home.

A registered manager was 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.'

Risk management systems were not fully effective. Staff knew the potential risks for people they delivered personal care for and the actions needed to reduce the risks. Some risk assessment had been reviewed and updated. For example moving and handling and environmental risk assessments. However, risk assessments were not developed for all risks and were not reviewed as people's needs changed. For example for people at risk of pressure ulceration, choking and malnutrition.

People told us their personal care was delivered by consistent staff. They told us there were times when staff arrived late. Staff told us the staffing levels were appropriate during the week but at weekends the agency struggled to cover shifts. The registered manager told us recruitment was in progress to employ staff prepared to work more flexible hours.

Recruitment procedures did not ensure that the staff employed were suitable to work with vulnerable adults. Character references were accepted instead of obtaining professional references from the previous employer on the staff's conduct. The Disclosure and Barring Service (DBS) check had not been fully completed which meant the person was working without DBS clearance. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Systems were not in place to gain consent from people for staff to deliver personal care. People told us the staff gained their consent verbally to deliver personal care. However, Mental Capacity Act (MCA) assessments were not completed to establish people's capacity to make specific decisions such as administration of medicines. Staff told us for people who resisted personal care, time was given to allow the person to change their decision. MCA assessments were not undertaken to determine the person awareness of the consequences of not having personal care and best interest decisions reached on how to manage these behaviours.

Care plans were not person centred and lacked detail on the aspects of care people were able to manage for themselves or how people liked their care to be delivered. Information gathered about the person was not

drawn together to develop detailed care plans and were mainly based on the tasks the staff had to complete.

Quality monitoring of the service was in place; however a plan on how all improvements to the service were going to be made was not in place. For example, care planning. The registered manager was addressing continuity of care by recruiting staff to work flexible hours.

People told us they felt safe with the staff. Relatives were confident their family members received safe care from the staff. The staff we consulted were knowledgeable on the procedures for safeguarding adults from abuse.

New staff received an induction to prepare them for the role they were to perform. Training and regular one to one meetings ensured staff had the skills needed to meet people's needs. One to one meetings with their line manager ensured staff were supported to meet the responsibilities of the role.

There were good working partnerships with external agencies and healthcare professionals. Where appropriate visits were organised when staff were available to support people. Staff documented the visits and the outcome.

People told us the staff were kind and caring. They told us the staff that delivered their personal care were good. Questionnaires were used by the agency to gain their views on specific topics. The staff told us how relationships were built with people.

People were aware of the complaints procedure and who to approach with their complaints. Members of staff were knowledgeable on how to respond when concerns were raised. We saw the manager investigated complaints and resolved them to an acceptable level.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to assessing people's capacity to make specific decisions.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe.

Risks were not always assessed and action plans devised on minimising the risks.
Staff showed a good understanding of the actions needed to minimise the risk to people.

Sufficient levels of staff were deployed to meet people's needs during the week but at weekends the agency struggled to cover shifts.

Safe systems of medicine management were in place. Staff signed medication administration charts to show they had administered the medicines.

People said they felt safe with the staff. Staff knew the procedures for the safeguarding of vulnerable adults from abuse.

Is the service effective?

Requires Improvement

The service was not fully effective

People's capacity to make specific decisions was not always assessed and best interest decisions reached where people lacked capacity to make decisions.

Staff had access to a range of training to ensure they had the correct knowledge and skills to provide people with care and support to meet their needs.

Is the service caring?

Good

People told us the staff were kind and caring. They told us the staff respected their rights.

Members of staff were knowledgeable about people's needs and how to meet their needs in their preferred manner.

Is the service responsive?

Requires Improvement

Care plans were not person centred as they did not give staff direction on how people liked their care needs to be met. People were aware they had care plans in place and told us they were present during review meetings.

People told us they knew the complaints procedure and who to approach with their concerns. The registered manager investigated complaints and resolved them to a satisfactory level.

Is the service well-led?

Good

The service was well led

The quality assurance systems in place were not fully effective as plans on how to improve the service were not in place.

Systems were in place to gather the views of people and their relative's.

.

Members of staff worked well together to provide a person centred approach to meeting people's needs

Spire Homecare Limited - Unit F Stanley Court

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 on 9 and 11 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was conducted by one 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. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

We contacted people by phone and used questionnaires to gain feedback from people about their experiences of the agency. We gained feedback from staff from questionnaires and we also spoke to two staff, the deputy and registered manager. We looked at records about the management of the service

Requires Improvement

Is the service safe?

Our findings

Risks were not always assessed. Risk assessments were not developed for all potential risks identified which included for example people at risk of choking, pressure damage, falls and for people at risk of malnutrition. The social worker care plan for one person stated the person was at risk of falls but the risk was not assessed and a risk assessment was not devised. Where risk assessments had been devised some lacked detail and were not always reviewed when people's needs changed.

The registered manager told us that to support people to maintain their weight, the staff monitored the food and fluid intake of people with low weight. "Skin bundle" charts included body maps used by the staff to show the location of the pressure areas for people with pressure ulceration. A member of staff said for people with pressure areas there was involvement from healthcare professionals such as tissue viability nurses. They said the staff delivering 24 hour care were trained to identify any deterioration of skin integrity.

Recruitment and selection processes were not always rigorous. We looked at two staff files and found the checks undertaken were not properly explored for one member of staff. The Disclosure and Barring Service (DBS) check had not been fully completed which meant the person was working without DBS clearance. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The registered manager told us the risk of this member of staff working with vulnerable adults will be assessed and an action plan put in place while DBS checks were conducted. We saw character references were obtained instead of professional references on the conduct at the previous employment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Some people who responded to questionnaires said their care workers arrived on time. A member of staff we spoke with said during the week [Monday to Friday] there were sufficient staff to cover the hours needed to deliver personal care but at weekends covering the hours needed was "more difficult". They said recruitment for staff to work flexible hours was in progress. This member of staff also said missed visits were unusual but at times staff arrived late. Another member of staff said the individual staff rotas ensured people had visits from the same staff and at the agreed times. The registered manager told us missed visits were unusual and happened when checks of the rotas have not taken place. They said two staff checked the rota to ensure all visits were allocated to staff. A member of staff said missed visits occurred when staff had not correctly looked at the duty rota. They said there had been a missed visit and staff had apologised and taken appropriate action.

The registered manager explained the arrangement for risk management. They said fire risk assessments were recently introduced and moving and handling risk assessments were updated as appropriate and followed guidance from Occupational Health (OT). A member of staff said risk assessments gave guidance. For example, moving and handling risk assessments gave staff direction on the types of equipment to use, such as slings to use with hoists.

Moving and handling risk assessments included photographs to help staff with safe techniques and were updated when guidance changed, such as aids and equipment changes in place for people with moving and handling needs.

Environmental Risk assessments were in place to ensure people and staff were safe from avoidable harm. For example fire and Health and Safety risk assessments. The fire risk assessments included the areas of potential risk and the level of risk set from the assessment. Health and Safety risk assessments included the potential hazards and where appropriate the actions needed to lower the risk to people and staff.

People received care and support from consistent staff. The people that responded to questionnaires said they received personal care from familiar and consistent care workers. Questionnaire responses from staff confirmed the agency ensured they were assigned to deliver personal care to the same people.

A member of staff said medicine training was attended and their competency to administer medicines was checked three monthly. The people we asked said they had support from staff to take their medication and the staff ensured their medication was given on time. Comments made by people included "They just remind me if they see them around when I'm having my breakfast and they provide me with a tumbler of water to take them with", "They see that I've got it there to take" and "They ask if I've taken it even though I take it myself." Relatives told us "Yes. They watch her take them," "They do all the medication. They collect the prescription and they dispense."

Copies of Medication Administration Records (MAR) charts were kept at the agency office in people's care files. The Provider Information Return (PIR) submitted by the registered manager included the number of medicine error within a 12 month period. The registered manager told us there had been two medicine errors. They told us for medicine errors such as staff not signing MAR charts a formal letter of concern was sent to the staff responsible. Where there were persistent medicine errors disciplinary procedures were followed.

The people we asked said they felt safe with the staff. Their comments included "Yes, I'm very pleased with them. We get on very well together," "Yes, because they look after me; I feel quite safe," "Yes, I don't mind them. They're someone to talk to as well." and "I do. They knock and shout out who they are and they're very pleasant." The people that responded to questionnaires told us they felt safe from abuse and harm when staff were delivering personal care.

Relatives we spoke with confirmed their family members were safe with the staff. One relative commented "Yes, I do. They always follow the proper processes to keep her safe." The relatives that responded to our questionnaires said their family members were safe from abuse and or harm from the staff of this service.

Members of staff were knowledgeable on the safeguarding of vulnerable adults from abuse procedures. The staff we asked knew the types of abuse and the actions they must take for alleged abuse. The staff who responded to the questionnaires told us they knew what to do if abuse was suspected or were at risk of harm.

Requires Improvement

Is the service effective?

Our findings

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

The systems for gaining and recording consent for care and treatment were not always followed by staff. The registered manager said in the Provider Information Return (PIR) that by August 2016, care plans were to be signed giving consent although verbal consent was always gained before staff delivered personal care.

We saw guidance was available to staff on the safe storage of medicines for people who lacked capacity to make decisions about managing their medicines. For example, storing medicines in locked boxes. We saw for some people the staff were administering and or prompting medicines and storing them in locked medicines boxes. However, guidance was not followed and people's capacity to make decisions about safe systems of storing medicines was not assessed. Medicine risk assessments did not include the person's capacity with medicine administration. These risk assessments were not always reviewed along with the support plans.
We recommend that the service finds out more about training for staff, based on current best practice, in relation to assessing people's capacity to make specific decisions.

A member of staff told us that when people refused personal care they were given time to change their decision to accept the offer from staff to deliver personal care. They said where people lacked capacity the staff explained the benefits of having personal care. For example, people were given an option and asked if assistance from staff was needed. However, people's capacity to make decisions about their personal care was not assessed.

People we spoke with said "Oh yes, they always talk to me" and "They chat when I'm having a shower and everything. They do ask permission." and a relative said "I am involved in the decisions, but she is able to consent to her care."

Relatives consulted by phone said "He can say a few words but he's very good with expressions, but if there's anything they're not sure about, they'll ask me" and "Yes, she's able to consent, but I have Power of Attorney now."

The staff responding to questionnaires told us they understood their responsibilities under the Mental Capacity Act (2005.). A member of staff we spoke with said information about people's capacity to consent was in the care plan and staff read them before delivering personal care. Where staff had concerns, staff contact the agency for advice.

People were supported to have their assessed needs met by staff with the right skills who stayed for the allocated times. Comments from people we spoke with included "Yes. My main difficulty is very poor sight and they are aware of hazards for me. I also know they undertake training courses," "Oh yes, I'm quite satisfied with them," "Yes, they're very experienced, all of them. They do a good job. I'm very happy with them," "I only have people who are experienced; I don't see any new ones," and "Yes, I do. Once I've told them what I need doing, they do it straight away".

The people that responded to our questionnaires told us their care and support workers had the skills and knowledge necessary to give them the care and they support they needed. They also said their care workers completed all of the tasks that they should do during each visit.

We also spoke with relatives and their comments included: "I would say so, but that isn't from direct observation, but only by talking to staff in the office," "Yes, she's well looked after by her carers," "Yes, I do. They do know what they're doing. It's nice to get the regular ones. It does crop up for sickness and things, when they send someone different," "I've not had any issues with them. They certainly know how to move her in a safe manner with all the tools they have. They appear to be trained" and "As far as I know because he seems very happy with it."

The staff who responded to questionnaires told us that the induction they had completed prepared them to fulfil their roles before they worked unsupervised. These staff said the training provided enabled them to meet people's needs, choices and preferences. A member of staff said the induction programme depended on the staff's previous experience as some new staff had qualifications in the caring sector. They said the induction included shadowing more experienced staff which helped them gain confidence to work unsupervised.

During our inspection a senior care worker was supporting two staff with their Skills for Care course work. The senior care worker told us they had attended Preparing to Teach in the Lifelong Learning Sector (PTLLS) and were skilled to support staff with their course work. Another member of staff said training was mainly online and from training package providers. We saw from the training record the training staff had attended included moving and handling, safeguarding from abuse, Mental Capacity Act and safe handling of medicines.

Staff responding to questionnaires said they received regular supervision and appraisal which enhanced their skills and learning. A member of staff we spoke with said supervisions were three monthly and they discussed concerns, performance and training needs.

We saw in care plans that people's dietary needs had been recorded. Where the agency was responsible for preparing meals and refreshments the staff recorded the meals prepared. Members of staff completed food and fluid intake charts for people whose weight was monitored.

People's care records showed relevant health and social care professionals were involved in people's care. Staff demonstrated a good awareness of people's health needs and how to raise any concerns in order to access treatment. A member of staff said there was partnership working with healthcare professionals. For example, when it was observed one person was unwell, the staff from the agency organised a GP visit to take place when the staff were at the person's home. They said healthcare professional kept care files in people's homes which told staff the outcome of the visit such as a record of treatment from the district nurses.

Good

Is the service caring?

Our findings

People told us the staff were caring and kind. The comments from people we spoke with included "Yes, they're caring and careful and they chatter which is nice. Even though my skin is very delicate, they've never caused any damage when creaming me," "They look after me alright. They always ask me if there's anything else they can do before they leave. And if I want a little job done in the flat, they'll do it," "Yes, I do; they're very good. I've been with the same company for 10 years now – no problems at all," and "Yes, very caring. They always ask about the family and things. I've never had a bad carer yet." Some people that responded to our questionnaires said they were always introduced to the care and support workers before they provided care or support.

A member of staff said as well as having conversations they listen to people which ensures people feel they matter. They said people were always happy when the staff arrived to deliver personal care.

The registered manager said life stories were to be devised. The life stories were to include background histories and the person's hobbies and interests. Life stories give an account of a person's life, including past events and relationships which give staff an insight of the person. A member of staff said care plans told staff how to meet the needs of people and there was an expectation staff read the care plans on every visit.

The people we asked said they were involved in the planning of their care. People's comments included "Someone recently came to help me with a needs questionnaire," "Oh, that was a bit far back, but yeah, I suppose I was really," "To some extent, yeah. We had a discussion about what I wanted" and "Yes, I was. One of the 'Spire' people came out and asked me what I needed and the care-plan was drawn up then."

The registered manager said questionnaires that target on specific areas of the service were undertaken six monthly. The questionnaires were analysed and were based on the "service and your care." The six month audit showed there had been improvements with staff morale but people wanted more consistency with staffing.

Comments made by the people we spoke with included "Yes. They go along with the level of dignity I need. I dictate what dignity I need," "Oh yes. Nobody would take advantage of me. They're very good to me," "Yes. They're very organised when I have a shower and things, waiting with a towel," "They do. When they wash me, they're really careful" and "Certainly, yeah." A member of staff gave us examples on how people's rights were respected.

Requires Improvement

Is the service responsive?

Our findings

People responding to our questionnaires told us they were involved in the decision making about their care. The comments from people we spoke with about care planning included, "Yes. They fill it in every day. I sometimes ask them to put something in, such as a new wound; this is to protect them as much as anything," "They write in that every day," "Yes, I have a care plan. It's reviewed every three months," "Yes. As soon as they've done the jobs, they fill it out" and "Yes, I read through it. I know what's in there."

A relative we spoke with said "Yes, I think they must do, but it's hard to tell. Mum's been clear to me that they do as she asks. They often ask her what help she would like on that particular day, from making her bed, for instance, checking her medication/making a cup of tea. They're in and out in half an hour, sometimes quicker."

The care plans we viewed lacked detail on how people liked their care needs to be met by staff. Care plans described the tasks and assistance needed from the staff. The personal care plan for one person said staff were to assist the person and to sit and chat. However, the care plans did not include the person ability to manage their care, there was little guidance to staff on how to assist the person and the person's preference on how staff were to assist them was not part of their care plan.

The Provider Information Return (PIR) completed by the registered manager told us the improvements planned for the next 12 months. It was stated the staff were to receive training in the care planning process by February 2017.

A member of staff said" the care plan basically say what is required, for example a shower or hoisting." Another member of staff said care plans were developed by a senior carer and the registered manager and reviewed six monthly. They said when there were changes to the care plan the staff were contacted with updates such as GP visits.

Daily reports were completed by staff on the tasks completed on their visit. We saw recorded the times staff arrived and left, meals prepared where appropriate and their observations of people's health and welfare.

The people who responded to questionnaires said the carers responded well to complaints. The comments made by people we spoke with included "I would just ring the agency," "They certainly listen and last time we had a conversation, they did respond by adjusting one of my carers to a non-smoker. Tomorrow, for example, they are introducing a new non-smoking carer who's going to shadow my usual carer," "Yes, to the manageress who looks after the company, but I don't have any complaints; they've looked after me well over the years," "Yes, I'd tell XX [staff]" and "Yes, course they would 'cos they're helping me now. They're helping me get a fridge." A member of staff said complaints were passed to the registered manager. They said all complaints were investigated.

The complaints procedure described the steps for raising complaints and included the contact details of the provider and local ombudsman. The agency received two complaints and action was taken to resolve the

concerns raised.

Good

Is the service well-led?

Our findings

The quality assurance systems in place at the service were used effectively. Audits had identified the shortfalls we found during this inspection. However, a plan was not in place on how all improvements to the service were going to be made. For example, care planning.

The provider has arranged for their representative to visit the agency each month and on each visit specific areas were audited. For example, in March 2016 the delivery of care was assessed and in June 2016 fire safety, Health and Safety and Medicines were audited. We saw the registered manager had achieved the action plan devised from the medicine audit. The registered manager said the medicines were also audited monthly by the staff. They said the Medication Administration Records (MAR) charts were checked and where missed signatures were identified formal letters were sent to the staff involved.

The people responding to our questionnaires told us they knew who to contact in the care agency. They told us they were asked their views about the agency. The comments from the people we spoke about the way their views were gathered included "I did have one to fill in; I can't remember how many I've received," "Yes, possibly one or three times a year," "I don't need one I think, because everything's straightforward" and "No, not yet."

The minutes of the staff meeting that took place in June 2016 showed the Mental Capacity Act 2005 (MAC) including Deprivation of Liberty Safeguards (DoLS), expectations of the staff roles, and procedures were discussed. A member of staff said at staff meetings their opinions were gathered and where appropriate they were actioned.

The registered manager told us the values of the organisation included providing independence, upholding people's rights and choices. For example, ensuring people were safe and maintaining people's confidentiality.

The people we spoke with told us they had contact with the registered manager. Their comments included "I believe it to be XX [registered manager]. I don't see her very often; I don't really have an opinion. We've talked on the phone and she responds," "XX [registered manager]? I love her; she's a little gem," "Yes. Doing a good job I think, yeah. She comes out sometimes; if they're short of staff," the registered manager and the deputy "They're nice. They'll always have a joke and that" and the registered manager "I've only spoken to her on the phone, but she's very nice."

A member of staff said the registered manager was approachable. Another member of staff said the registered manager "has got us through a lot this past year." The registered manager told us their style of management was open and approachable. They said " they [staff] can come in and talk anytime they like". The registered manager told us the role was new to them and covering weekends was a challenge. They said recruitment for staff to work flexible hours was in progress. They also told us improvements were needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk were not always assessed and action plans put in place on minimising the risk. Recruitment procedures were not rigorous. Checks were not always assessed to ensure staff had appropriate clearance to work with vulnerable adults.