

Origin Recruitment Limited

Origin Spinal Injury Care

Inspection report

Cameron House, White Cross Industrial Estate

South Road

Lancaster

Lancashire

LA14XQ

Tel: 0152434100

Website: www.origincare.com

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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

Origin Spinal Injury Care provides 24-hour live-in care for people with spinal injuries. Services are specifically designed for those people with a spinal injury, and undertaken by staff who have had specialist training. People who use the service are not ill, but they are disabled, and the carer's role is to make independent living a reality by working with the service user to overcome the obstacles of day-to-day life. The service operates nationally in the United Kingdom and Eire. When we undertook this inspection the service was supporting 37 people on a permanent basis and approximately nine people as and when required.

At our last inspection we rated the service 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 place. 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.

We spoke with seven people supported by the service. They told us staff who supported them were polite, friendly, caring and well trained in spinal injury care. They told us they received patient and safe care and they liked the staff who supported them. Comments received included, "My personal assistants are extremely caring and conscientious staff. They are well informed about my needs." And, "I have very good staff supporting me. They are competent, well trained, friendly and helpful. I feel comfortable and safe in their care."

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

People who used the service were asked their views on staff performance to enable effective supervisions to take place. Feedback to staff was carried out to enable continuous improvement and development to take place.

Staff knew people they supported and provided a personalised service. Care plans were organised and had

identified the care and support people required.

The service had safe infection control procedures in place and staff had received infection control training. Staff spoken with confirmed they had been provided with protective clothing such as gloves and aprons as required. This reduced the risk of cross infection.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

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 support this practice.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as people needed. The people we spoke with during the inspection told us they were happy with the support they received with meal provision.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

People we spoke with said they were treated with respect and dignity by staff who supported them. They told us they didn't feel uncomfortable having staff staying in their homes to provide them with 24-hour care.

People who used the service knew how to raise a concern or to make a complaint. The service had kept a record of complaints received and these had been responded to appropriately.

The service used a variety of methods to assess and monitor the quality of the service. These included weekly care manager meetings, senior management meetings, quality assurance calls, satisfaction surveys and care reviews. People supported by the service confirmed they has regular contact from the service to ensure they were happy.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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	



Origin Spinal Injury Care

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.

Origin Spinal Injury Care is a domiciliary care agency. It provides personal care to people with spinal injuries living in their own homes. The service covers a wide range of dependency needs including Older People, Physical Disability, Sensory Impairment and younger adults.

This comprehensive inspection visit took place on 28 September, 01 and 02 October 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning departments who used the service and Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included seven people supported in the community and four staff members. We also went to the Origin Spinal Injury Care office and spoke with a director of the company and the registered manager.

We looked at the care records of three people, recruitment and supervision records of three staff members, the training matrix and records relating to the management of the service.		



Is the service safe?

Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. They told us staff supporting them were familiar with their needs and preferences and they felt safe in their care. Comments received included, "The staff who support me are well trained in moving and handling and I feel safe in their care." And, "I am treated with patience and care and feel safe with my carer's."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding vulnerable adults training and understood their responsibility to report any concerns they may observe to keep people safe.

The service completed risk assessments to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support. Where potential risks had been identified action taken by the service had been recorded.

Records seen confirmed appropriate recruitment checks had been made to ensure staff were suitable and safe to work with vulnerable people.

The service continued to ensure sufficient numbers of suitably qualified staff were available to meet peoples' needs. Rotas and annual leave were agreed in advance and people knew the staff who would be supporting them. People supported by the service told us they were happy with how their care packages were managed.

We saw the service continued to ensure people's medicines were managed safely. We saw care plans contained information to ensure the responsibilities of staff and people who received care and support were clear. This helped ensure people were supported to take their medicines safely. People supported by the service told us they received good support with their medicines.

Staff had received infection control training and had been provided with appropriate personal protective clothing such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection when delivering personal care.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.



Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. Comments received from people supported by the service included, "The care I receive is very comprehensive and well organised. Staff are well informed about my needs." And, "Staff supporting me are well informed about my needs and routines when they arrive. Have never thought about using another service."

People supported by the service had received a full assessment of their needs before carers commenced providing their support. They told us they were empowered to manage their own care and the service worked closely with them to ensure this was achieved. One person said, "I am fully involved in managing my care package and feel in control. It works really well."

We spoke with staff members, looked at individual training records and the services training matrix. All new staff had received an induction which met the requirements of the national standard of good practice. Regular refresher training had been provided for existing staff ensuring their knowledge and skills were updated. People supported by the service told us staff were well trained and professional.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded. People we spoke with told us they were happy with the support they received with their meals.

The registered manager told us the service would share information with other professionals about people's needs on a need to know basis. For example, if people visiting healthcare services had communication needs staff assisting with the visit would provide information about the person's support needs. This meant health professionals would have information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. People we spoke with told us they were happy with the support they received with their healthcare needs.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and treatment had been recorded on people's care records by the person. People supported by the service all had mental capacity and were able to make decisions for themselves about their care and support.



Is the service caring?

Our findings

People supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "The care I receive is very comprehensive and well organised. Extremely caring and conscientious staff." And, "When you receive good care life is great. Life is great for me right now. Carers are fabulous, nice people in the job for the right reasons. They are welcome in my home."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Care plans seen and discussion with people supported by the service confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. People supported by the service told us the support they received and the activities they had been supported to undertake met their needs.

Staff we spoke with showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care. One person said, "I am treated with respect and dignity at all times. The staff are very respectful and I don't find it intrusive having them in my home."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.



Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to pursue an independent lifestyle of their choice. They told us the service responded quickly to ensure their wishes and preferences were met. One person said, "I have regular contact from the service about forward planning if I am going on holiday. It's really well organised and responsive to my needs."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw complaints received by the service had been taken seriously and responded to appropriately. People supported by the service told us they knew how to make a complaint if they needed to.

The service is a small domiciliary care agency supporting adults with spinal injuries. The aim of the service is to make independent living a reality by working with the service user to support them with their day-to-day routines. The registered manager told us the service is not involved in providing end of life care.



Is the service well-led?

Our findings

People supported by the service told us the registered manager and staff team were friendly and approachable. They said the registered manager and her staff were respectful, helpful and listened to them. They told us they felt the service was well led. Comments received included, "Very professional service. The quality of staff and administration is excellent." And, "Very reliable service. Office staff are organised and helpful. I have a good relationship with my care manager. They meet my needs very well. If I have a problem with a staff member they deal with it in a diplomatic way."

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff we spoke with confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. We looked at the outcome of survey responses. This showed people had been involved in planning their care and were happy with their carers. They said they were treated with care and dignity and liked the carers who visited them. Comments received included, 'My staff are friendly and likeable.' And, 'All my staff are friendly and helpful. They are well trained and do things the way I want them doing.'

Regular audits had been completed reviewing the services medication procedures, complaints, care plans, infection control, staff training and employee feedback. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained. Staff told us they could contribute to the way the service was run through team meetings and supervisions. They told us they felt supported by the registered manager.

Additional quality monitoring procedures were in place including home visit assessments and telephone monitoring. A number of people we spoke with during the inspection confirmed they had received courtesy telephone calls to check everything was ok. Comments received included, "The office staff are well organised and professional. Always try to arrange the same staff when I want to use them." And, "Very efficient service. I have been happy with it from day one. Office staff are well organised and professional. They deal with problems efficiently and with no fuss."

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, occupational therapists', district nurses and speech and

language therapists.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.