

Quil Care Group Limited

E-Spire Healthcare Limited

Inspection report

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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

This inspection took place on 20 December 2016 and was announced.

E-Spire Healthcare Limited is registered to provide personal care to people of all ages living in their own homes. The service is registered to provide personal care for people in their own homes. They provided personal care to 21 people at the time of our inspection.

The service did not have a registered manager in post. However, the manager had made their application with us to be registered which was being processed. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People felt safe when staff supported them in their own homes. They were supported by staff who had received training in and understood how to protect them from the risk of any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety

People were supported by staff who were familiar to them. The staff teams provided care to the same people which gave them reassurance. Two weekly rolling rotas meant that people knew in advance who would be visiting. Checks were completed on potential new staff before they started work to make sure they were suitable to support people living in their own homes.

Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training and staff were also supported in their roles from managers and colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment was supported by staff. People were supported by staff who knew them well and were caring in their approach. Staff made sure people were involved in their own care and listened to what people and their relatives had to say. People were treated with dignity and respect and they were encouraged to maintain their independence as much as they were able to.

People were supported to identify how they wanted their care delivered. Staff provided care how people wanted it and in a way that was individual to them. Staff responded to any changes in people's needs and supported them and their relatives to access other services as required.

Complaints made to the service were dealt with in accordance with the providers policies and procedures.

The management team were supportive of the staff team and respected their ideas about how the service

could improve. Systems were in place to assess and monitor the quality of the service provided.

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 was safe.

People were supported by staff who were trained to protect them from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. Staff were able to respond to and meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

Staff received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so. Where needed people were supported to eat and drink enough and to access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

People were involved in their own care and treatment and staff treated people with compassion, kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in the way they wanted. People were involved in care planning and reviews. Complaints to the service were acted upon appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff were supported by the management team and were motivated to provide a good service to people. Quality assurance systems were in place to assess and monitor the service.

E-Spire Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. E-Spire Healthcare Limited is a new service and this was their first inspection.

This inspection took place on 20 December 2016 and was announced. We gave the service 24 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection of the agency.

During the inspection we spoke with six people who used the service and four relatives. Relatives we spoke with were also involved in providing care to their family member. We spoke with eight staff which included care staff, office staff and the manager. We also spoke with the director of the service. We received information from two healthcare professionals who worked with people using the service. We viewed two records which related to people's care and support needs, people's medicines and assessment of risk. We also viewed other records which related to quality monitoring and the management of the service.

Is the service safe?

Our findings

People told us that they were supported by staff who respected them, and were aware of what would constitute abuse or harmful practice. One person told us, "[Staff member] is very keen to make sure I am protected. I trust all the staff to look out for me." Another person said, "I know that the staff team would not allow anyone to harm me." Staff spoken with confirmed that they had received training and advice on how to recognise situations which may result in potential or actual harm and abuse of people. One staff member said, "We would not condone any abuse of the people we support. Even if there was just an suspicion, it would be reported to the manager straight away. I know that the manager would investigate thoroughly."

People told us they felt comfortable with the care staff being in their homes and they had no concerns about the safety of their possessions. People and relatives told us that staff secured their property when they left. One person said, "The carer always looks around to make sure windows are closed and such." People were confident in the staff's ability to keep them safe whilst delivering personal care. One person said, "I feel that the staff help me to feel safe within my home. They always look out for any unsafe areas, such as things on the floor that I may trip over." Another person told us that they felt the staff team knew how to use equipment safely. They said, "I am confident when they are here. They know what they need to do." We spent time with one person who lived alone. They felt that knowing someone would be at their house three times a day was reassuring. They said, "I know that, if I did fall, I would not be stuck for days before being found. That gives me confidence to do more, rather than be sat in a chair."

People were protected from the risks associated with their care and their surroundings. Risks to people were assessed and plans put in place to help reduce these risks. Risks within the person's home were assessed to ensure people and also staff were kept safe within their environment. This included the correct use of key-safe units and lone worker assessments. We saw that people were included in the assessment of risks in their home.

We saw that staff deployment was managed by having teams of staff for each 'run'. The calls were grouped according to post-code which reduced travelling time for staff between care calls. Each team was overseen by a senior carer who also liaised with staff to ensure all calls were covered, including any holiday or staff sickness. They explained how this process ensured that people could receive support from a key group of staff. Staff rotas were worked out over a two week period. This meant that staff knew their workload in advance, and were able to swap with colleagues if time off was required. In addition, it helped people to have the same staff teams supporting them. People and staff told us that they felt the current staffing levels were sufficient to provide support for people. The manager and director confirmed that more staff would be employed as the service expanded. People were supported by staff who had received appropriate checks prior to supporting them. Staff confirmed that before they started work the provider sought references from their previous employers. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people in their own homes. These checks are called disclosure and barring service checks.

People who had help with their medicines received them when they needed them. People confirmed that

staff spoke with them about what support they needed and wanted. We observed two occasions when staff dispensed medicines. We saw that they made the correct checks as they dispensed the medicines. Both people were able to take their own medicines when they wished, but required someone to remove them from the packaging. Staff told us that they received training and had to be observed supporting people with their medicines to make sure they were competent to do this safely.

Is the service effective?

Our findings

People who used the service and their relatives felt that staff who cared for them knew how to support them well. They felt that staff had the skills they needed. One person told us, "They [staff] are brilliant. They seem to know just what to do for me. They always ask me as well, in case I want something different."

Staff told us they had the time they needed at care calls to carry out their roles effectively. They were encouraged to read and understand people's care plans and were given the information they needed to support people as they wished. The manager encouraged staff to spend quality time with people, chatting and getting to know them. Staff told us that they enjoyed the times they spent communicating with people. One staff member said, "We have the opportunity to get to know people really well. For some people we have become part of the family." Another said, "We always spend time to get to know people, and for them to get to know us."

The provider employed a training manager who reviewed the best methods of training to ensure staff were competent to provide safe and effective support to people. The training manager had become the manager but was continuing to be involved with training. They had developed a training programme which included training days in the company's training facility. In addition, staff already employed completed the same training to ensure they were up to date. Mandatory topics, such as moving and handling, safeguarding and medicines management were covered during this training. Training also included topics such as information governance and data protection, conflict resolution, lone working, infection control, practical first aid and food hygiene. In addition, all staff were expected to undertake the Care Certificate training. The Care Certificate is a nationally recognised training programme for care staff. The staff told us that they were able to discuss any knowledge gaps they may have and be supported to access information about it. For example, one staff member told us that the new skills they had learned in the first aid training was very important. They said, "I am glad I got this training. I need to know how to help people if they hurt themselves. I haven't needed to do anything yet, but I know I will be OK if I do." Staff had opportunities for supervision and appraisals in which they could discuss their training needs and receive feedback on their practice. One staff member said, "My supervisions are good. They give me the opportunity to ask about things I may be unsure about."

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 manager told us that everyone who used the service were able to make their own decisions.

People told us staff asked their permission prior to supporting them. One person said, "All the staff are polite and always ask me what I want to do. We decide on each day how to spend our time." This view was shared by all people we spoke with. One staff member said, "Everyone I support is able to make their own decisions. They have the right to refuse our support if they want. I would always respect that." Other staff we spoke with confirmed that they provided support as the person wished. One said, "Sometimes [person] does not

want a wash. That is OK by me, I just record it in the care plan."

Most people being supported were either able to make their own meals or had a family member to assist. However, some people needed staff to assist them with breakfast preparation or a light lunch or supper. Meals were prepared according to the preferences of the person. One person said that their staff members would sometimes suggest a new meal to try. They said, "It is nice when they do this because I would not have considered a change of meal and a new taste. I am usually set in my ways about food." Staff confirmed that, when required, they would prepare snacks and drinks for people to have later. Staff were able to tell us about the need for good nutrition and hydration. All staff had undertaken food hygiene training. One staff member told us, "If I was worried about someone not eating or drinking, I would talk to them and their family first. I would also make a record in the notes of my concerns and inform my senior."

People were supported, where needed, to access healthcare services. Although it was not the responsibility of the service to arrange routine appointments all staff said that they would provide support for this, if required. We spoke with the next of kin for one person who had been taken ill in their home. They explained how the staff member had helped them to get out of hours medical help for their relative. They said, "[Staff member] was brilliant. They were very calm and did not leave us until the ambulance came."

We saw a letter from the local Speech and Language Therapist praising the support provided to one person. It said, "[Person's name] has been stable and well due to the skill of your staff and the great consideration they have given [person] each day. This is lovely to see and I would like to commend them for their efforts." One healthcare professional commented, "I have found Espire to be very helpful and professional with the organisation of the care they provide in the home." They also said that the staff team worked with them to support people to reach their enablement goals and become more independent.

Is the service caring?

Our findings

People were cared for by staff they were familiar with. People and their relatives told us that because they usually saw the same staff they were able to build relationships with them. One person said that they had created a bond together. They said, "[Staff member] is so bright and bubbly, my type of person. They brighten my day" Everyone we spoke with thought staff had a caring and kind approach when they supported them. One person said, "They [staff] always make time for a chat with me. They are interested in what I like to talk about." Another person said, "Their company and support gives me confidence. Their support is out of this world – it can't be bettered." One relative said, "I can't fault them. They know [Person] so well. I don't worry about them being in the house. I trust them." They also commented that they had received care from other agencies and considered the care and support from E-Spire Healthcare as "The best we have ever had." One person and their relative were very keen to talk about one staff member who had been very supportive to them. They told us, "[staff member] came in their own time to walk [person's] dog because the relative was away." The relative said, "The staff member knew that they were worried about the dog missing his walks so they came and did it. They both felt that this kindness was over and above what they expected."

People told us they felt involved in their own care and treatment and in making decisions about how they wanted their care delivered. One person told us about when they first started using the service. They said, "The manager came to see me. They asked what I wanted and how I wanted things doing. I was happy about this because I was included." Other people we spoke with felt the same way. They all confirmed that the staff would not provide any support without first asking them. One person explained, "Every day the staff ask me what I want to do. They don't just come and do what they have to do. They can be rushed sometimes but it is not their fault, I only have half an hour for each visit which is not long." Another person expressed their gratitude for the staff team. They said, "They turn up whatever the weather and always with a smile for me. Sometimes they can be delayed by traffic or something but I know that they will never let me down."

People told us that they felt staff were respectful to them and maintained their dignity and privacy when they supported them. One person said, "They [staff] always have good manners and respect that they are in my home." They continued, "I look out for them as much as they look out for me. We have a mutually respectful relationship." People spoke with us about how the staff supported them to stay independent. One person told us that staff supported them but did not do things for them if they were able to do it themselves. They said, "It would be easy to let them do things for me but I do not want to lose my independence. We work together." A staff member said, "I always treat people how I would want to be treated myself." Other staff said they were mindful of people's privacy when supporting them with personal care.

One person talked about their personal spirituality. They told us that their main staff member showed an interest in the various ornaments in their home. They said, "We are able to chat about what they mean and why I have them. It is lovely to be able to do this"

Is the service responsive?

Our findings

People received care and support that was individual to them and was responsive to their needs. They told us staff provided their care the way they wanted and needed it. One person said, "The staff are very keen that I am in charge. If I ask them to do something then they do it happily." We were told that, as far as possible, people were able to choose the times the staff supported them. This was confirmed by people we spoke with. One person said, "They come when I need them."

People were involved in the development and review of their care. We saw care files contained a range of personalised and comprehensive care plans and risk assessments. They were individual to the person who was involved in the planning. They were reviewed regularly by the senior team with the person. The plans included personal histories and people's likes and dislikes. Staff told us, and we saw, that care plans contained all the information they needed to do their job well. However, the staff also felt that their day to day communication with each individual about their wishes was also very important. People's care plans were kept up to date on a daily basis by staff. The staff would inform the office team if there were any changes to a person's needs.

People told us that the staff team helped them to maintain interests where possible. Staff were knowledgeable about people's interests and pastimes. We spoke with one person who agreed that the staff who supported them also shared similar interests and they enjoyed banter about topics such as local football teams. One relative commented, "The care my relative receives is the best they have had. Staff go the extra mile to take [relative] out and maintain their independence."

The provider ensured that travelling time was factored into the rotas. This meant that staff were less likely to be late to calls due to travel disruption. Some staff members felt that the travel times were not always enough. This depended on local traffic flow issues which could not always be foreseen. All the staff we spoke with told us that they would always stay with a person beyond their allotted time if necessary. For example, one staff member stayed with a person who was ill and supported the family until they were taken to hospital. The staff member told us, "I was not rota'd to go to another call so I could stay and help."

People told us that they had not made any complaints to the management team of E-Spire Healthcare. The complaints process was in place within the contract between the person and E-Spire Healthcare. All the people spoken with said that they would complain initially to the carers who visited. Two people expressed minor concerns to us but had not considered informing the manager to enable them to respond. We gained permission from the people to inform the manager about their concerns.

We discussed with the manager and provider how they dealt with complaints. There had been two complaints received by the service since their registration. We saw that both complaints had been dealt with correctly and the requirements under the duty of candour had been met.

Is the service well-led?

Our findings

The goal of E-Spire Healthcare was, "To make a difference in the daily lives of the individuals we meet on a daily basis." We saw that the staff team had embraced this goal and worked to ensure people's lives were enhanced by their support. This was confirmed during our conversations with people being supported.

Staff we spoke with were very complimentary about the manager and provider. All staff felt that E-Spire was the best domiciliary agency they had worked for. One staff member said, "They are amazing. Everything, from the communication, support, training and chances for us to grow are the best they can be. I am very proud to be part of their service." Another staff member said, "They stood out for me when I was applying for work. Their philosophy and ideas stood out. They are a young company who want to provide the very best of care. I want to be a big part of their development." Another staff member said, "As a new company, it has been hard work at times, but the care provided is spot on."

Staff were very happy with their relationship with both the manager and the director. One staff member said, "[Manager] is the best I have ever worked with. I know I have their full backing in my role. I have 100% confidence in the management team." Another said, "The manager and director are very proactive in their providing of support to people. They involve us carers fully in everything. They listen to us and act on our views wherever possible." Staff told us about the recent staff meeting which was held at the main office and took the form of a tea party. They felt that this approach made them feel special. One staff member said that it was good to be able to meet the whole team and get to know the other people providing care. They said, "We were all able to freely voice any concerns, such as people being off sick. We all listened to each other. It has definitely improved teamwork and our support of each other." Staff told us they would not hesitate to 'whistle blow' and report poor practice or any concerns they may have and they told us they were confident this would be addressed by management immediately.

The manager told us that they were able to support the staff because they had hands-on experience of the job they were doing. They told us, "I would not expect the staff to do anything I wouldn't do myself." They confirmed that they did still undertake care shifts if required. The manager was working towards their level 5 management certificate. They were keen to ensure that they kept their own knowledge up to date and support the staff team to continuously improve. They kept up to date with new legislation and made sure the staff team were provided with any new, relevant information. The manager was going through the processes to become registered as manager with the Care Quality Commission (CQC). They were knowledgeable about their responsibilities as a registered manager and had the required experience in the care setting. The manager had sent statutory notifications to CQC when required.

We spoke with two staff who had received the 'Carer of the month' award. This initiative was introduced by the provider to reward staff for their hard work. The nominations came from people using the service and staff colleagues. One staff member told us that they were very proud to receive the award as they had not been in post for long. They said, "It really makes me feel that I am doing my job right and the management rate me." The other staff member had received the award twice and had been promoted to senior carer. They felt the promotion was recognition for their commitment to the people they supported. They said, "I

feel very valued and a key part of the team. They believe in me. I think they are amazing to work for." The provider also formally recognised the staff's completion of training by presenting pin badges to staff when they had completed their induction programme, as well as a cash bonus when they completed the care certificate. Staff agreed that this was motivating for them in their role. One staff member said, "We are really looked after by the management."

We saw records which demonstrated how the provider identified and supported staff members who required more support in their role. These included appraisal records and action plans for staff to work towards.

The manager visited people in their homes to discuss their views of the support provided. The care coordinator also conducted telephone surveys to assess the quality of the support provided.

The manager and director shared with us their plans for the growth of the service. They told us that they recently employed a care coordinator to further strengthen the support team. This staff member was working as a senior carer and had successfully applied for the post. They also were clear that they did not want the service to grow too quickly. This was because they felt that they needed to ensure that the present high level of support would be continued for new people. An electronic integrated care system was being installed to assist the support team to monitor the service provided and staff calls. The director told us that this was part of their preparation for the expansion of the service. They confirmed that this system would not replace the current personal service provided.