

Spiritual Inspiration Ltd

Spiritual Inspiration Ltd

Inspection report

Town Hall, Victoria Buildings Middlewich Cheshire CW10 9AT

Tel: 01606212964

Website: www.spiritualinspirationltd.com

Date of inspection visit: 26 February 2018

Date of publication: 20 April 2018

Rati	ngs

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

The inspection took place on 26 February 2018 and was announced. The service was rated Good at the last inspection in December 2015. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

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.

At this inspection we found the service remained Good.

We spoke with two people who used the service and four relatives who all gave positive feedback about the care being delivered and the staff who provided it.

Staff were recruited safely and training had been provided to enable them to support the people in the community. Staff were also supervised and appraised regularly so they were supported in their role. Staffing was consistent and people were given information on which staff was going to visit them in the coming week.

We found medication procedures were safe and regularly audited. Staff had received training to ensure they had the competency and skills required.

Care plans and risk assessments were person centred and detailed how people wished and needed to be supported. People we spoke with supported the documented evidence that they had consented to the care being delivered. They were regularly reviewed and updated as required.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The provider had systems available to them to monitor the quality of the service and drive improvement. Quality audits such as staff training, care plans, medication, accidents and safeguarding were in place as well as service user questionnaires and staff meetings. This demonstrated that they were committed to providing the best care possible for the people receiving a service from Spiritual Inspiration. People understood how to make a complaint if they were dissatisfied with the service.

Further information is in the detailed findings below.

3 Spiritual Inspiration Ltd Inspection report 20 April 2018

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 Safe	
Is the service effective?	Good •
The service remains Effective	
Is the service caring?	Good •
The service remains Caring.	
Is the service responsive?	Good •
The service remains Responsive.	
Is the service well-led?	Good •
The service remains Well-Led.	



Spiritual Inspiration 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.

This inspection took place on 26 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager may be out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

We visited the office location on 26 February 2018 to see the manager and office staff; and to review care records and policies and procedures.

Before the inspection we contacted the local authority. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service. The manager had completed a provider information return. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During the inspection we spoke with two people using the service, four relatives, the registered manager and care staff.

We spent time looking at records, including five people's care records, six staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.



Is the service safe?

Our findings

We asked people and their relatives if they felt safe receiving care form Spiritual Inspiration and each person said yes. One relative said "[Person] has been safer since this started".

We saw that staff had up to date training in safeguarding and what to do if they were concerned about the people receiving a service. Whistleblowing information was available for staff but there had been no concerns raised since the last inspection. The service also had the 'Herbert Protocol' in place. This is a form that contains vital information about any person who goes missing and is filled in by the person with dementia, their family or carers.

We looked at how the service recruited staff and the processes that they followed. We saw records showed full recruitment and checking processes had been carried out when staff were recruited by This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and two written references. However we found that references had not always been verified appropriately. This was brought to the managers attention who immediately actioned this and implemented a new way of working. We also saw how the service had appropriate disciplinary policies and procedures in place.

We looked at the care files for six people and saw that risk assessments were managed well. This included the risks associated with moving and handling, home safety, pressure area care and dementia behaviours and that plans had been put in place to minimise risk. These had been reviewed regularly. We also looked at the records for accidents and incidents and saw that appropriate action had been taken following each event.

We looked at medicines management and saw that it was good. We saw that medications such as creams and inhalers were also well managed, with in depth guidance available to staff in peoples individual care files.

There were sufficient staff to meet the needs of people and we were told staff were regular and known to the person they were supporting and that consistency was maintained. The manager sent a rota out to people each week so that they knew who to expect each visit. The rotas also had staff photographs on them for the benefit of the people receiving care.

We noted that all staff had attended infection control training and gloves and aprons were freely available for staff to ensure good infection control standards were maintained.



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.

We looked at how the service supported people with this. It was clear from care records and discussions with people and their relatives that consent was always sought in relation to care and treatment. People and their relatives were able to tell us how they were involved with their initial assessments when they first started with Spiritual Inspiration and that the care was agreed.

We saw how staff were inducted into their role when newly employed with the services own induction programme. We discussed with the provider that best practice was to use the Care Certificate for staff who were new to care, the manager was planning to use this. The staff were trained regularly and this was demonstrated by the provider's records. Staff had training in all of the required areas and in additional areas to meet the needs of the people whom they supported including staff experiencing being fed, dressed and being in a wheel chair etc. Other examples of this included dementia behaviours and 'React to Red' which is specifically about pressure area care. Staff had regular supervision and appraisal. Staff we spoke with told us that they had been able to access additional training when they had been promoted.

The service supported people with meal and drinks preparation and no one we spoke to reported any concerns in this area. We saw that the service supported people who had medication controlled diabetes and that people had regular access to health care. Their care files showed that people were monitored closely.

The service used technology to ensure staff were immediately updated with any changes in care for people through the use of an on line system that staff were able to immediately access using their smart phones. This ensured the care being delivered was effective and personalised.



Is the service caring?

Our findings

We asked the people receiving the service and their relatives if the staff were caring in their approach. Everyone we spoke with said 'yes'. Comments included "They are fantastic and patient", "They're marvellous" and "They go above and beyond". We asked people if care staff respected their privacy and dignity and both people and their relatives said 'yes'. One person said "They're very professional". We were also told how staff respected people's decisions and that they were "Very accommodating" when people needed them to be.

We were able to review a number of compliments that had been written to the service. People had written comments such as 'I feel safe and content' and 'I love my girls, best thing that happened to have them on my caring team'.

Spiritual Inspiration had a service user guide in place that gave people a good range of generic information regarding the service that was provided including policies about confidentiality and equal opportunities. The service had added information regarding their own philosophy of care and their own principles and values. Each person we spoke to was able to tell us that they had received this at the start of their care. A newsletter was also sent out to people using the service on a regular basis. This meant that there was good communication with people as it kept people up to date with any news and changes.

The people we spoke to felt they were well informed and were also involved in the care being delivered. Each person was able to tell us how they were involved with setting up their care plan. One relative told us "It's very much a two way conversation, they're always trying to make things better".

We observed that confidential information was kept secure whist we were in attendance in the office because we saw that records were kept locked and only accessed by staff. The office was in a building with other offices but it was secure and was accessed only by Spiritual Inspiration staff.



Is the service responsive?

Our findings

We saw that there was a complaints procedure in place. We looked at the complaints management and saw that there had been one formal complaint since the last inspection. The staff had dealt with the issue promptly. We asked people and relatives if they knew who to complain to and if they were comfortable to do this and we were told yes. No one we spoke to had any complaints about the service. Comments included "I'm more than happy with the way things are", "There's no reason to complain" and "I can't say anything remotely negative".

We looked at care files for five people and saw that an assessment was carried out to make sure the agency could meet their identified needs. Care files contained clear assessments and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to day lives. There was person centred information that had regularly been updated. It was documented how the person wished to be cared for and what was important for staff to know about them. The care plans were stored both in paper files and electronically on the on line system. We saw that when people had behaviour that could be challenging, options were explored to maintain their well-being. For example, staff attended additional training to support a person with challenging behaviours.

We asked people if the service was responsive to their needs and everyone we spoke with said 'yes'. Comments included "They're really flexible" and "They always listen".

No one was receiving end of life care at the time of inspection, however the service had an end of life policy in place and the manager told us that they would work with individuals and their families to establish people's wishes on death and dying. We also saw how the manager had accessed training from the local hospice surrounding end of life so that staff were prepared if the need arose.



Is the service well-led?

Our findings

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. Spiritual Inspiration had a registered manager who was supported by another manager who was in the process of registering with CQC. The service had three co-ordinators that worked in the community and 14 staff. The registered manager understood their responsibilities in relation to the service and to registration with CQC.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included care records, training, safeguarding, accidents and medicines. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed.

We saw that there were regular staff meetings held. All the meetings were recorded and minutes kept for future reference and we saw that were given the opportunity to discuss concerns and voice their opinions. Staff told us that they felt supported in their role and that the registered manager was approachable.

We saw that surveys had been carried out and the people who used the service had the opportunity to give feedback about the staff and the care that they received.

A regularly updated set of policies and procedures provided guidance to staff regarding expectations and performance and we saw evidence that staff had been challenged when their performance did not meet the standards required standard by Spiritual Inspiration.

We saw how the service worked in partnership with other professional bodies, examples included sourcing specific training from the local hospice regarding end of life care, working with the local authority and with Skills for Care.