

On The Spot Homecare Services Limited

On The Spot Homecare Service

Inspection report

11 Water Street
Skipton
North Yorkshire
BD23 1PQ
Tel: 01756 703715

Date of inspection visit: 15 December 2015
Date of publication: 09/02/2016

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 

Overall summary

We undertook this announced inspection on the 15 December 2015. At the previous inspection, which took place on 6 November 2013 the service met all of the regulations that we assessed.

On The Spot Homecare service is registered to provide personal care to people who live in their own home. The service supports people who live in the Skipton and surrounding area. The agency office is in the centre of

Skipton. There is parking available nearby, in a 'pay and display' car park. At the time of this inspection the agency was providing support for 50 people. The agency employs 15 care staff and also a registered manager.

The registered provider is a sole owner who is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 told us they felt safe when receiving support from staff and that they always respected their wishes. People also told us the service was flexible and wherever possible the service would accommodate any changes to their requirements. Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's care plan.

Appropriate checks were made as part of the service's recruitment process. Newly appointed staff had undertaken an induction programme and arrangements were in place for staff to complete updated mandatory training on medicines management.

Care plans were comprehensively detailed to ensure people's care needs were met by staff from the service. Some of the people who used the service were supported with taking their prescribed medication and staff told us they were trained and competent to assist people with this. People we spoke with confirmed that they received good support from staff with their medicines.

Staff we spoke with demonstrated a good understanding about the requirements of the Mental Capacity Act 2005

(MCA), which aims to protect people who may not have the capacity to make decisions for themselves and said that they would speak with the registered manager if they had any concerns about people's safety and welfare.

Effective systems were in place to provide staff support including supervision sessions and staff meetings. Staff told us they felt confident in the management of the service and they said that the providers were approachable and supportive. Although staff told us they received regular supervision and records we looked at supported this, annual appraisals were overdue. The registered manager informed us that these would be completed by the end of the January 2016.

Everyone who gave us feedback knew how to make a complaint. People told us they knew how to contact the owner/registered manager if they had any concerns or queries.

The service was well-led. The registered manager was committed to providing a good quality service. Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages. Policies and procedures had been updated to ensure they were in line with current legislation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The registered manager had appropriate systems in place to assess and manage potential risks to people including the risk of abuse.

Recruitment checks were completed on all new staff prior to their employment. Newly appointed staff shadowed more experienced staff and completed training at the beginning of their employment.

Systems were in place to make sure people received their medication safely, this included all staff receiving medication training.

Good



Is the service effective?

The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills they needed to support people properly.

People who received a service and their relatives were included in decisions about how care and support was provided.

Staff liaised with other social and healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

Good



Is the service caring?

The service was caring.

People told us that staff were caring and treated people with dignity and respect.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Good



Is the service responsive?

The service was responsive.

Staff were knowledgeable about the needs of people they supported. People's care plans were being reviewed and updated and those we saw were detailed; person centred and clearly set out people's care preferences.

The staff we spoke with were able to tell us about the individual needs of the people they supported and how they monitored and responded to any changes.

A complaints procedure was in place. People we spoke with all knew how to make a complaint and who to contact if they felt the need to do so.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The registered manager was open and transparent and was able to answer all of our questions during the inspection.

Staff were clear about their roles and responsibilities. They spoke positively about the impact they had on people's lives when supporting them in their own home.

Systems and processes were in place to monitor the service and drive forward improvements.

The overall feedback from people who used the service, relatives and staff was very positive about how the service was managed and organised.

On The Spot Homecare Service

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 15 December 2015. 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 available at the office to meet with us. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR 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 asked for and received a list of names of people who received a personal care services so that we could contact them and seek their views.

During the inspection visit we looked at records which related to people's individual care. We looked at five people's care planning documentation and other records associated with running a domiciliary care service. This included three recruitment records and the staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. During our visit to the agency we spoke with the owner/registered manager who was responsible for the day to day running of the service. We telephoned a total of ten people. We spoke with eight people who received a service and two relatives of people receiving a service. We also telephoned and spoke with three members of care staff.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council commissioning team, to see if they had any concerns about the service, and none were raised.

Is the service safe?

Our findings

People told us that they felt safe from abuse or harm from their care and workers. Comments included, “All of the care workers that visit me are all very good. And as far as feeling safe, yes indeed I am.” Another person told us, “I always feel safe with them (staff).”

Policies and procedures were available regarding keeping people safe from abuse and reporting incidents appropriately. The registered manager was aware of the local authority’s safeguarding adult’s procedures, which aimed to make sure incidents were reported and investigated appropriately. Staff we spoke with told us that they had received training in safeguarding and that they felt confident about identifying possible abuse and taking appropriate action to protect people. Training records confirmed that staff received relevant training to do their jobs well, which also included safeguarding training.

People’s care records included risk assessments on equipment, medicines, mobility, the environment and emergency arrangements. Environmental safety risk assessments were in place as part of the initial assessment process. This helped to identify any potential risks in the person’s home that might pose a hazard to the person who used the service or to staff. We saw for example written in one person’s care plan ‘Care staff keep me safe and lock my door.’ In other people’s care plans we saw that where they required specific equipment to move them such as a hoist, there were safer handling plans in place. These detailed what equipment had to be used and how this was to be done safely by staff.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. A thorough recruitment policy and procedure was in place. We looked at the recruitment records for three staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and minimises the risk people who are unsuitable working with children

and vulnerable adults. One member of staff told us that they ‘shadowed’ a more experienced member of staff for several weeks before they commenced working on their own.

The rotas we looked at showed that there was sufficient suitably qualified staff working at the service to meet people’s needs. Staff rotas were based around people’s needs. We were told that rotas were given to staff weekly. This was because changes to the rotas occurred regularly. The registered manager told us the staffing numbers were adjusted to meet people’s needs and we saw that the number of staff supporting a person could be increased if required. This meant there were sufficient numbers of staff available to keep people safe.

The service had an ‘on call’ system and staff told us they were able to contact the registered manager at any time. The registered manager told us that they carried out all of the ‘on call’ at the moment. They explained that although they had complete confidence in their staff they felt that until senior staff become more experienced in supporting staff in cases of emergency the registered manager would continue to do this. Staff confirmed that the registered manager was always available to provide support and guidance out of ‘normal’ working hours.

We looked at how the service supported people with their medicines. The service had a policy and procedure for the safe handling and administration of people’s medicines. Staff told us they had received medicine training and that this provided them with the skills and knowledge to support people with their medicines. Records showed that staff involved in the administration of medicines had been trained appropriately.

Several people we spoke with confirmed that staff helped them with their medicines. One person said, “They (staff) always make sure I have taken my medicines and do my eye drops for me.” Another person told us, “I always get my medicines on time.” Another person told us, “They (staff) give me my medicines and then they always write it down when they have done it.” One relative told us, “They have never missed giving my father his medicines.” Another relative said, “The staff always sign the medication record when they have given mum her medicines.” Where people did need support with their medicines we saw this recorded in their care plans. For example we saw written records in two people’s care plan one said, ‘I also forget to take my medication occasionally. I get my days mixed up

Is the service safe?

and need help.' In another care plan we saw 'I suffer from high blood pressure. I take medication for this.' This meant that people's risk assessments and care plans included information about the support they required with their medicines and the staff we spoke with had a clear understanding of their role in this aspect of people's care.

Accidents and incidents were recorded appropriately. We saw records of accidents that had been recorded. These were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends.

Staff we spoke with confirmed that they had the right equipment to do their job properly and said they always had sufficient disposable gloves and aprons. One member of senior staff told us, "I have access to plenty of equipment. I have two boxes in my car which contain disposable aprons and gloves. I always check that all the staff have sufficient."

Is the service effective?

Our findings

People we spoke with told us they were confident about staff who visited from the service and they also told us they knew what they were doing. One person said, “I am overall very pleased with them (service).” Another person told us, “They (staff) try and make you as comfortable as possible.”

Relatives we spoke with told us they were confident about staff who visited from the service and they also told us they knew what they were doing. One relative said, “They (staff) pop back in an evening to make sure mum is alright.”

The registered manager explained that as much information as possible about people was obtained before they started providing a service, so they were sure they could meet the person’s needs.

People we spoke with all said they thought that staff from On the Spot Homecare were well trained. One person who received a service said, “Yes, I do think they (staff) are all well trained.” as all of them (staff) respect my privacy and my dignity when the help me shower.”

We also looked at the arrangements that were in place to ensure that people received a balanced diet and received the help they needed with eating and drinking. The service provided people with help and assistance with meal preparation, eating and drinking where this was part of their agreed plan of care. Where assistance with meals was provided, information was in people’s care plans to guide staff regarding this. We saw written for example in one person’s care plan ‘I need help making my meals as I struggle to stand for long periods and I am not safe carrying hot food.’ In another person care plan we saw, ‘I need staff to prompt me and ensure that I have eaten breakfast.’

We saw a copy of the employee’s handbook which is given to staff once they commenced working for the agency. This booklet contained information of key policies and procedures such as staff code of conduct, training and safeguarding people.

We saw evidence that the service was working within the principles of the Mental Capacity Act 2005. 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

We saw that staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest. We noted when we looked at care and support plans that consents had been sought. This meant that those people who lacked capacity were being protected because staff were aware of and able to use the legislation and associated guidance.

All the staff we spoke with told us that they received the training and support they needed to carry out their roles effectively. Comments included “Yes we receive all the training we need which included MCA and Deprivation of Liberty safeguards (DoLS). I also have my NVQ level 2.”

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. We spoke with three members of care staff including one senior care staff. Staff told us that they were up to date with their training and provided with regular training courses and updates.

Topics included; moving and handling, medication, safeguarding vulnerable adults and basic first aid. The staff records we looked at included evidence of their induction training. The registered manager had an overall training record for all staff. This enabled them to check what training staff had completed and what training was due easily. Staff records we looked at showed that staff had completed training that was relevant to their role and were up to date with required training and updates. We saw in staff records that they had received individual support from their line manager. The registered manager told us that they worked ‘out in the field’ daily and that they were able to check regularly with people that they were satisfied with the care they received from the service.

Is the service effective?

There was evidence that people had good access to appropriate health services. We saw in people's care plans that they had health care plans in place. Where people required intervention from healthcare professionals we saw that this had taken place. For example we saw that for one person the staff from the service had sought advice and were following guidelines from the speech and language therapist (SALT). Staff we spoke with described

how they would support someone if they felt they needed medical attention. They clearly understood about the need to pass on information about changes in people's needs. One member of staff told us, "I worked alongside the district nurses this morning for one person. As part of my role as senior if there are any problems I liaise with the registered manager all of the time and I think we do this very well."

Is the service caring?

Our findings

All of the people we spoke with were happy with the care that they or their relative received. They told us staff were kind and compassionate. One person told us, “They (staff) are all very good. They always ask me what I want doing.” Another person said, “Yes all of them are caring. I could not cope without them.”

A relative told us, “My mum tells me she likes all of the staff. She says they are all friendly and kind and they do the job well. It also gives me piece of mind.”

Staff asked people for their consent before carrying out tasks and people told us they feel they are listened to, treated with respect, spoken to in a friendly but appropriate and polite manner. People told us that staff were very mindful of people's dignity and privacy especially when carrying out personal care tasks. One person said, “All of them (staff) respect my privacy and my dignity when they help me to shower.”

Staff we spoke with were knowledgeable about people's needs, preferences and personal histories. They told us they had access to people's care plans, wrote daily records and had time to read them if they had been on days off. They felt this was an important part of getting to know what mattered to people and how they had been. Care staff spoke passionately about wanting to provide good care for people. All of the care staff we spoke with confirmed that they would be happy for the service to look after one of their relatives. One member of staff told us, “I enjoy the work. I get job satisfaction. We try to maintain a good standard of care for people in the community.”

We saw a number of surveys returned from people who had received a service and their relatives, thanking staff for

the good support and care people had received. People wrote comments such as, ‘I am happy with the care. I look forward to the carers visits. They are a good bunch and I like talking to them. They listen to my stories and we have a laugh together.’

We also saw a number of cards and letters from relatives of people who had received a service, thanking staff for their support ‘Thank you very much indeed for all of the kindness and care shown towards (name) in the time you looked after him. ‘We appreciated your kindness and attention during the last twelve months. We shall miss you all’ ‘We really appreciated all your kindness, friendship, help and support in the time you cared for our mum. She cared for you all. Thank you for everything.’

The registered manager demonstrated a very clear understanding and commitment to providing good care. We were given examples of how staff were matched with people who used the service and this was seen as an important part of building positive relationships based on trust and friendship. Staff said this really helped them to get to know people and to understand what was important to them and how they wished to be treated. The registered manager also told us that they visited people themselves regularly and worked ‘hands on’ as part of the care team. They told us this was to ensure that people received a good service and gave people the opportunity to discuss their care directly with the provider. Everyone we spoke confirmed they knew the registered manager well as they visited them regularly.

People's confidential information was kept private and secure and their records were stored appropriately at the office.

Is the service responsive?

Our findings

People told us that the service involved them in decision making about their care and support needs. The registered manager explained they carried out a detailed assessment of people's needs, before they started the service, to ensure the agency had the skills and capacity to provide the care that was needed. Assessments included information about people's physical health and personal care needs. Each record contained detailed information about the person and how they wanted to be cared for. This assessment formed the basis of a more detailed plan of care.

We found that the service was responsive to people's individual needs and the care plans were person centred and provided good detail to assist staff to provide consistent care that met people's care needs, their wishes and preferences. Each care plan we looked at clearly outlined what was important to the person who used the service. This information helped staff who were caring for them to know more about the person. Care plans were written in the first person.

For example written in one person's care plan it said, 'I like to look clean and smart. I like to take care of my appearance. I want staff who are trained and understand how life is difficult for me. I want them to show understanding and show me respect at all times. I want to be allowed privacy at all times. I want to be allowed privacy and dignity during washing and dressing. I want to be treated as an individual despite my disability. I do not want to be treated differently or spoken to as a child. I want to make choices and allowed to please myself. I do not want people to feel sorry for me. I want to be treated as an individual in my own right.' We spoke to this person who confirmed that they were treated 'very well by staff and that their wishes were respected at all times' and were 'very pleased with the service.'

Care plans we looked at had been reviewed at least monthly but more often if needed to ensure that people were receiving the care they needed. Everyone we spoke with said they did have a care plan and this had been completed with people, when they were at home and prior to the service starting. People told us they felt they were part of the process.

We looked at the arrangements in place to manage complaints and concerns that were brought to the service's attention. The service had a complaints procedure in place, setting out how complaints could be made and how they would be handled. We saw that information about complaints was included in the information pack people were given. No one we spoke with had made any complaints about the service. The registered manager was able to show us the record of complaints, the actions that had been taken and how complaints were monitored by the registered provider. The complaints record showed that there had been no complaints since the last inspection. Everyone we spoke with told us they knew who to contact if they had a complaint. One person who received a service told us, "I would speak to (name of registered manager) if I had any complaints." A relative said, "I see (name of registered manager). She checks with me that everything is ok with mum. If I had any complaints I would speak with her."

The provider conducted annual surveys, giving people the opportunity to discuss the service they have received. We saw these records in people's files and people we spoke with confirmed that they had received and completed surveys from the service. We did not see where any improvements or actions were needed to be taken as people were all satisfied with the service they received.

Is the service well-led?

Our findings

People we spoke with told us that they knew who to contact in the care agency if they needed to and felt that the information they received was clear and easy to understand. They told us that if they had a problem or query they would speak to either one of the care staff or the registered manager. We looked at the information pack given to people and saw it was clear and contact details were in large print making it easier for people to read. One relative we spoke with told us, “(name of registered manager) is very approachable you can ring her at any time.”

The registered provider is also the registered manager. The provider/registered manager maintained an active role in the management of the service and provided a daily presence in either the agency office or working out in the community supporting people. During the inspection the registered manager was present and was able to answer our questions in full.

The registered manager told us that since the service’s management re-structured this had impacted on some of their time to complete management tasks and that they had prioritised people’s care visits during this period. They explained that the service had undergone some changes within the organisation. For example, there was now only one manager; however they had created senior care worker roles where staff were currently undertaking leadership training. The introduction of these roles once fully developed would be to alleviate some of the management responsibilities from the registered manager and improve the service. We saw examples of improvements during our visit which included more detailed care planning and staff training. All of the staff we spoke with told us that the registered manager was actively involved in the service and were very supportive. A member of staff told us, “I love the job and it is a good company to work for.” Another member of staff said, “I love working for (registered manager) she is always there for you to help and support you and you can always contact her.”

When we spoke with care staff it was clear they enjoyed working for the service, and shared a common value and commitment of ‘wanting to do a good job.’ One member of staff gave us a good example when they described their

experience the previous day. They said, “People needed visits yesterday and despite two of us being snowed in we got out to people despite all the snow.” Another member of staff told us their experiences during the recent floods. They told us, “It has been hard. I was a little late for some visits, but got there. People who we visit were very understanding.”

Staff received regular support and advice from their line manager by telephone or face to face meetings. Staff felt that the registered manager was available if they had any concerns. One member of staff said, “(name of registered manager) is always available for me to contact.”

Staff attended staff meetings and told us they felt these were useful meetings to share practice and meet with other staff. We saw from records we looked at that staff team meetings had been held regularly, which gave opportunities for staff to contribute to the running of the service. One member of staff said, “Yes we do have staff meetings regularly. We only had the last one last week.” We saw in each of the staff files we looked at annual appraisal forms were in place but had not been completed. We discussed this with the registered manager who said they were behind with these management tasks and agreed that staff appraisals needed to be done. They told us they would hope to complete these as soon as possible. Since the inspection we have received written confirmation from the registered manager that they had commenced staff appraisals and hope to complete them all before the end of January 2016.

People’s care plans were audited and spot checks were undertaken in people’s homes to make sure they were happy with the care provided and to also monitor staff performance. This was carried out solely by the registered provider/registered manager. We saw in people’s care plans we looked at that these visits had taken place. The registered manager told us if issues were identified extra staff training and support was provided.

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred all were recorded and these were reviewed each month this helped to minimise re-occurrence.