

Spirit Home Care Limited

Spirit Home Care

Inspection report

149 Harrison Road
Leicester
Leicestershire
LE4 6NP

Tel: 01162660099
Website: www.spirithomecare.co.uk

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24 November 2016

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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 was the service's first inspection and took place announced on 24 November 2016.

Spirit Home Care is registered to provide personal care. The service is situated in Leicester and provides care to people who live in their own homes in Leicester mainly in the LE4 and LE5 postcode areas. The service caters for older people. There were 27 people using this service at the time of our inspection.

The service has a registered manager. This 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 using the service and relatives told us they were satisfied with all aspects of the service and would recommend it to others. They said the staff were caring and respectful of their cultural needs. The staff team were multicultural and multilingual and both male and female staff were employed. This meant people's language and gender preferences could be met.

The service provides care in two Leicester postcode areas, LE4 and LE5. The staff team reflected the cultural makeup of these areas where the languages spoken were predominately English, Gujarati, Hindi and Punjabi. The service's offices, based in LE4, had a friendly and welcoming atmosphere and people, relatives and staff were welcome to phone or visit the office whenever they wanted to.

Staff provided support in the way people wanted it. Records showed that each person had an up-to-date personalised care plans that staff followed. People and relatives, where applicable, were fully involved in the care planning process and signed their agreement to what was being provided.

People mostly had regular staff so they had the opportunity to build relationships with them. Staff were caring and kind and we found many examples of them going out of their way to support people and meet their needs. Staff knew how to keep people safe and protected them from accidents and incidents.

People, relatives and staff told us the service had a positive and happy culture. They said the registered manager was a caring person and this was felt throughout the service. The registered manager knew all the people using the service by name and had a good understanding of their care needs. Staff told us they were happy working for the service and made many positive comments about it.

The registered manager and staff communicated well with people and relatives and listened to their views. This had resulted in ongoing positive changes and improvements being made to the service.

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 using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff knew if people were at risk and took action to minimise this.

Staff were safely recruited and supported people at the agreed times.

Medicines were safely managed and people were supported to take them on time and in the way they wanted them.

Is the service effective?

Good ●

The service was effective.

Staff had the training they needed to provide effective care.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and understood people's rights in relation to consenting to their care and support.

Staff supported people to eat, drink and maintain a balanced diet.

Staff ensured people accessed healthcare services when they needed to.

Is the service caring?

Good ●

The service was caring.

People told us the staff were caring, kind, and thoughtful.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good 

The service was responsive.

People received personalised care that met their needs.

People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Good 

The service was well-led.

The service had an open and friendly culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

The provider and manager used surveys and audits to check on the quality of the service.

Spirit Home 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.

This inspection took place on 24 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available at the office. The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the completed PIR.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with two people using the service and two relatives. We also spoke with the registered manager, one of the directors, the care co-ordinator, and three care workers.

During the inspection we looked at the care records of three people who used the service. These records included care plans, risk assessments and medicine records. We also looked at recruitment and training records for two members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings and a range of policies and procedures.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I trust the staff 100%." A relative commented, "I trust the carers to look after [my family member]. She is safe with them."

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they had concerns about a person's well-being. The staff we spoke knew the signs of abuse and said they would report it to the registered manager if they thought someone was at risk. One staff member told us, "I would call the manager straight away and tell them."

Although the registered manager knew that all safeguarding concerns should be reported to the local authority this was not made clear in the provider's safeguarding policy. We discussed this with the registered manager who agreed to update the policy. Following our inspection visit she submitted a new policy to us. This was fit for purpose and told staff what to do if a safeguarding incident occurred.

We looked at how the service managed risk so that people were protected from accidents and incidents. The registered manager and care co-ordinator carried out a series of risk assessments before a person began using the service to identify any potential risks. These were individual to each person and covered areas such as physical health, mental health, and safety in the home.

Records showed that detailed risk assessments were in place for the people who needed them. For example, one person had limited mobility and was at risk of falling so staff were told to 'supervise whilst any personal care tasks are being carried out and when mobile.' This helped to ensure staff had the information they needed to support the person safely.

Another person had risk assessments in place for falls and medication but records showed they sometimes engaged in risky behaviour and had also been known to decline personal care. There were no risk assessments in place for these issues. One of the staff we spoke with supported this person and knew what to do if these issues arose, but other staff might not be aware as there were no risk assessments to guide them. We discussed this with the registered manager who said she would ensure risk assessments were put in place for these issues so staff would know what to do if they occurred.

The care coordinator told us she visited people more frequently to review their care if they were deemed to be at high-risk in any area of their lives. She said she visited those at low-risk at least every three months and those at high-risk weekly if necessary. Staff told us that if people's needs changed and they appeared to be at increased risk they reported this to the registered manager or care coordinator so the person's care could be reviewed. This helped to ensure that people continued to be cared for safely.

Records showed that the numbers of staff people needed for each visit was decided prior to their care commencing. So, for example, if people needed two staff to support them safely this was provided. People and relatives told us they always had the agreed number of staff.

The provider operated a recruitment procedure to help ensure staff employed were safe to work with the people using the service. We checked staff files to see if the recruitment procedure had been followed. We saw they had the required documentation in place including police checks and references.

The service had a 24 hours on-call system providing support and advice to both staff and people using the service. This was managed by senior members of the staff team. This meant that if anyone using or working for the service had any concerns about safety or any other issues an experienced staff member was available to advise them and provide extra support if necessary.

The registered manager told us the service employed enough staff, with the right mix of skills, to ensure safe care was provided at the agreed times and to respond to unforeseen events. She told us staffing levels were reviewed if a person's circumstances changed to ensure they had the number of staff they needed to remain safe.

Staff helped to ensure people had their medicines safely and at the right time. One staff member told us how they supported a particular person. They said, "It says in her care plan to give her a glass of water and prompt her to take her tablets so I do this. She has never refused her tablets but if she did I would phone the office for advice."

Care plans provided staff with key information about people's medicines, for example how they received them, where they were stored, their level of involvement in administration, and what staff needed to do to support them.

If people were at risk with regard to taking their medicines this was stated in their records. For example, one person's care plan stated that although they were able to take their own medicines they sometimes lost track of time and forgot. Staff were told to prompt them to take their medicines twice a day within a 30 minute window. Records showed staff had done this and signed to say the person had had their medicines in the right dose and at the right time. This showed the person had received their medicines safely.

Is the service effective?

Our findings

People and relatives said the staff were skilled and knowledgeable. One person said, "All the staff are well-trained." A relative commented, "The staff are very professional. They provide the best care, it is perfect."

The staff we spoke with said they were satisfied with the training they'd had. One staff member told us, "I was new to care when I started. The training was excellent, particularly the hoist training. It made me feel confident to go out and care for people." Another staff member commented, "I was already a trained and experienced carer when I came to Spirit. However I was re-trained to check my skills were up-to-date. The training here is very good, much better than I've had previously."

Staff told us they had a 12 weeks induction which included a mixture of online, DVD, and face to face training. This was based on the Care Certificate (a nationally recognised qualification for care workers) and designed to give them the skills they needed to carry out their roles and responsibilities effectively. This was followed by ongoing and refresher training with regular competence checks to ensure staff member's skills remained up to date.

The registered manager had a positive and proactive approach to training. She had attended exhibitions and seminars run by Skills for Care (an independent registered charity that supports employers with staff training) and external training providers in order to keep up to date with new developments in social care. Information was then shared at staff meetings to ensure everyone who worked for the service was kept informed.

Staff told us the registered manager encouraged them to progress with their training. One staff member said, "The manager has set me up with lots of training and she wants me to progress so she has offered me higher-level training courses." Another staff member told us, "[The registered manager] watched me do a review to check I was doing it correctly." This showed the registered manager took steps to ensure staff were competent and could provide effective care.

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.

Records showed that all the people using the service had been assessed with regard to their mental capacity. The assessment considered decisions they could make, decisions they might need support with, and decisions they may not be able to make safely. It covered areas such as personal care, medicines, leaving their house unaccompanied, needing to see a health care professional, and eating and drinking. This

meant staff had an understanding of the areas where people might or might not be able to make safe choices and decisions.

The staff we spoke with were trained in the MCA and understood the importance of people consenting to their care. They told us that if a person appeared to be making risky choices they would inform the registered manager immediately. The registered manager said she would assess the situation and inform social services where necessary to ensure the person had the support they needed to remain safe.

People told us they were well supported at meal times. One person said, "They [the staff] help me with my meals and check I've got enough food in." A relative commented, "The staff know it's important for [my family member] to eat properly so they prepare food for them and encourage them to eat it."

Records showed staff encouraged people to choose what they ate and drank. One staff member told us, "I always give [person's name] choice. I ask them what they'd like and then I show them the ready meals they have in. It makes it easier for them to choose if they can see what they've got in."

Care plans set out the support people with their nutrition and hydration. For example one person's stated, 'I am not a big eater so would like the carers to encourage me to eat balanced meals and healthy snacks.' Another instructed staff, 'Please check the fridge for any food going off or out of date.' This meant staff had the information they needed to support people to maintain a healthy and balanced diet.

People said staff helped them to access medical attention if they needed it. One person said, "If I was ill the staff would contact my GP for me." A relative commented, "They always let me know if [my family member] is a bit off-colour so we can decide whether or not the GP is needed."

Records showed people's health care needs were assessed when they began using the service. Staff were made aware of these in care plans. This meant they could support people to be healthy, and alert health care professionals if they had any concerns.

If people had particular health conditions information about these was included in people's care plans. This helped to ensure staff were knowledgeable about all the needs of the people they were supporting.

Is the service caring?

Our findings

People told us the staff were caring and friendly. One person said, "The staff are very, very kind. I look forward to them coming because they are so nice." A relative commented, "The staff are excellent with [my family member]. They are patient and caring."

Staff were respectful of people's cultural needs. One person said, "I like Spirit because they have staff who speak my [first] language. It makes it easier for me to get on with them." The staff team were multicultural and multilingual. Both male and female staff were employed. During the assessment process people were asked to state their language and gender preferences and, as far as possible, these were met.

Care plans were personalised so staff could provide support in the way people wanted it. For example one care plan stated, "I will open the door to the carers. Please knock at the door and give me time to open it. Please do not knock on the window." This type of information helped staff to provide people with an individual and caring service.

Care records included a section called 'My Life History' where people and relatives could write information to help staff get to know the person in question. This included details about the significant events in the person's life and their hobbies and interests. Staff used this to get to know the person and have conversations with them about their lives if the person wanted this.

The registered manager and staff had a caring and sensitive approach to the people they supported. One staff member told us how they had supported a person following a bereavement. They said that when they visited to provide care the person often talked about the person they had lost. The staff member told us, "I listen and I ask questions and it makes them happy. They like to talk about their past life, it is very important to them to be able to do this, and I understand and make as much time for them to do this as I can."

The registered manager told us two other staff members stayed with a person who was ill until the early hours of the morning while they waited for an ambulance. She said she could have provided other staff to cover them but they didn't want to leave the person and asked to stay on. This was an example of staff taking a caring and dedicated approach to the person they supported.

People told us they were involved in planning their care and support and signed to say they were in agreement with their care plans. One person said, "My care plan is in my house, I can look at it when I want. I agree with it and I have signed it." Another person commented, "They do what I ask them and they always ask me if they are doing it right."

People and their relatives, where applicable, gave written consent to care and staff were trained to obtain permission before carrying out care tasks. Care records showed relatives were involved in their family member's care if their family member wanted them to be. One relative said, "We are always consulted if there are any changes. We have been involved from day one."

People and relatives told us staff treated them dignity and respect and promoted their privacy. One person told us, "They know this is my house and they don't take over and they are always polite to me." A relative commented, "The staff are always respectful to [my family member]."

One staff member gave us an example of how they respected the privacy of a person they supported. They told us, "Sometimes [person's name] seems sad. When this happens I try and communicate with them. If they want to talk then we talk together, but if don't they tell me to leave them alone. I respect that and give them space because I know that's what they need at that time."

Records showed staff were trained to respect people's privacy and dignity. Care plans gave them clear instructions on how to do this. The registered manager told us staff were monitored through observations to ensure they provided dignified and respectful care.

Is the service responsive?

Our findings

People told us staff provided personalised, responsive care. One person said, "The staff do what I want. They help me have a shower and get dressed. They also take me shopping and they took me to see the lights on Melton Road. I'm very happy with what they do for me." A relative said, "The care was agreed at the beginning [of the service commencing] and is based on what's best for my [family member]. But the staff are flexible and happy to change things around on the day if they are asked to."

People's needs were assessed before they began using the service. During their assessment people were asked to answer the question 'What I want to get from my support'. One person told us, "[The registered manager] did my assessment. I was very happy with it because it was all about what I wanted." The assessment was then used as a basis for people's care plans. This helped to ensure that from the outset people received a personalised, responsive service based on what they wanted.

Records showed that each person had an up-to-date personalised care record that included a needs assessment, risk assessments, medical assessments, a support plan, a contract and agreement for the service to provide care. People and relatives, where applicable, were fully involved in the care planning process and had signed their agreement to what was being provided.

Staff told us they always read people's care plans before providing support for them. One staff member said, "The care plans tell us what the person wants us to do, but we always ask the person on the day as well in case something's changed or they want something different." The care plans we saw included clear instructions to staff on how people wanted their care provided. This helped to ensure staff provided responsive care.

People's care plans were reviewed regularly and if their needs changed. The reviews we saw showed that if new needs were identified staff took action to meet these. For example, staff were asked at one review if they could carry out checks to ensure that a person's stored food was in date. This was written in the care plan so staff knew to do this on a regular basis.

People said their calls were mostly on time and never missed. One person said, "The staff always turn up and are on time. If they ever are running late [the care co-ordinator] gives me a ring to let me know." A relative commented, "The staff are always on time and always stay as long as they should." One person told us the service was flexible. They said they asked staff to alter the time of one of their calls to fit in with their own arrangements and this was done.

Staff understood the importance of people's calls being on time. If there were any delays staff phoned people to let them know. If there was known traffic disruption, for example during Diwali, the registered manager ensured staff were reminded of this. The provider issued all staff who drove with car windscreen de-icers in cold weather. This helped to ensure staff arrived at people's homes on time.

Records showed there had only been one missed call since the service began operating. This happened

because a member of staff had an accident. The registered manager said she arranged for another staff member to cover the call later in the day, informed the person's social worker, and rang the person affected to apologise and to offer them a free call for a social activity as compensation.

People told us that if they had any concerns about the service they would speak out. One person said, "If I had a complaint I'd take it to [the registered manager]." A relative commented, "I have nothing to complain about at all but if I did I'd tell the staff or the manager so they could sort it out."

People and their relatives were given a copy of the provider's service's complaints procedure and staff said they would help them make a complaint if they wanted to. One staff member said, "If my client was unhappy about anything I'd encourage them to tell me or tell someone else or I'd phone the office for them."

The service had received two complaints since it began operating. Records showed these were minor and been promptly addressed to the satisfaction of the people making the complaints. The registered manager had a responsive approach to complaints. She told us that feedback on the service, positive or negative, was always welcome as it helped her to evaluate the service and bring about improvement where necessary.

Is the service well-led?

Our findings

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