

# Spirit Home Care Limited

# Spirit Home Care

## 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

The service was well-led by an experienced, capable and caring registered manager. All the people, relatives, and staff we spoke with said the service provided high-quality care and they would recommend it to others. The culture of the service was open and honest and the registered manager and staff approachable. The registered manager monitored the service to ensure it continued to provide high-quality care.

Staff were skilled, knowledgeable and kind. People had regular staff who they got to know well. They told us how friendly and caring the staff were. Staff enjoyed their work and got on well with the people they supported who they valued and treated with dignity.

Staff provided responsive and flexible care to people in line with their preferences and choices. The staff team were multilingual and communicated with people in English and a range of other languages, as required. If people communicated non-verbally staff knew how to engage with them.

People were safe using the service. Staff knew how to protect people from harm and reduce the risk of accidents and incidents. The service was well-staffed to ensure people's needs were met. Staff supported people with their medicines and this was done safely. Staff understood how to prevent and control the spread of infection.

People were assessed before using the service to ensure their needs could be met. Assessments addressed people's physical and mental health needs, their cultural and language needs, and what was important to them. Staff worked with GPs, district nurses, and others to ensure people's healthcare needs were met.

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

## 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.  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our Well-led findings below.

Good ●

# Spirit Home Care

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Spirit Home Care is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with three people using the service and three relatives. We also spoke with the registered manager, a care co-ordinator, a senior carer, and three care workers.

We reviewed a range of records. These included three people's care records, and records relating to staffing,

management and other aspects of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. A relative said, "I trust the carers 100% with [family member]." Staff were trained to protect people from harm knew how to report any concerns about a person's well-being.
- The registered manager and staff understood their safeguarding responsibilities and knew which agencies to contact following a safeguarding incident, including the local authority and CQC.

Assessing risk, safety monitoring and management

- Senior staff assessed and monitored people to reduce the risk of them coming to harm. They put written risk assessments in place, so staff could provide safe care. These covered risks related to people's care and support and the environment they lived in.
- Staff knew where people were at risk. A staff member told us how they assisted a person to walk to reduce the risk of them falling. Another staff member said they reduced the risk of a person developing pressure areas by assisting them to turn regularly.
- If there was a risk to people from their environment staff consulted with their families and other agencies, where necessary, and ensured improvements were made to increase their safety.

Staffing and recruitment

- There was always enough staff on duty to care for people safely, with extra staff on call as needed. Some people required two staff to assist them and these were provided. A relative said, "We always have two carers as my [family member] needs two to help them move about."
- Staff were safely recruited to ensure they were fit to work with people who use care services. New staff had immediate training to ensure they could provide safe care, and worked with more experienced staff until they were judged competent to work unsupervised.

Using medicines safely

- Staff were trained in safe medicines administration and provided prompts and assistance to people who needed support with their medicines. Staff completed medicines records to show people had their medicines as prescribed.
- Records showed two people relied on staff applying creams to them on a PRN (as needed) basis. It was unclear from records where the creams should be applied. We discussed the use of body maps (diagrams showing the outline of a person) so staff knew exactly where to put the cream. The registered manager said she would put these in place.

### Preventing and controlling infection

- Staff knew how to prevent and control the spread of infection. People said staff kept the areas where they worked tidy and clean. A person said, "When they're finished they tidy up and wipe down the sink and hang up the tea towels."
- Staff were trained in infection control and used personal protective clothing, for example gloves and aprons, to reduce the risk of infection. Senior staff carried out spot checks in people's homes to ensure staff were using the correct equipment and following infection control procedures when supporting people in their homes.

### Learning lessons when things go wrong

- Staff recorded accidents and incidents and ensured the registered manager and senior staff were aware of them. Staff shared learning and implemented changes following an accident or incident to reduce risk in the future.
- One person had difficulty managing their finances and this resulted in a safeguarding concern. To support the person staff kept detailed records of any financial transactions relating to them. This demonstrated staff were safely supporting the person with their finances.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Senior staff assessed people to ensure the service could meet their needs. If they were unable to, they explained why. This meant people using the service could be assured their needs would be met.
- Assessments addressed people's physical and mental health needs, their cultural and language needs, and what was important to them. For example, one assessment stated, 'The family is very important to me as they enable me to lead a fulfilling life within my own home.' This meant staff could better understand people's perspectives on their lives.
- The service's assessment documentation was mostly detailed and comprehensive. However, there was no specific section for staff to assess people's oral healthcare needs. Though this information was in people's care plans it is information that staff should be aware of from the outset. The registered manager said she would add oral healthcare needs to the assessment documentation

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to meet people's needs. A relative said, "The carers see well-trained and know what to do." Another relative told us, "The staff are skilled in moving and handling."
- A staff member said their training had been thorough and comprehensive. They described how they safely and gently supported a person to transfer from their bed to an armchair using the correct moving and handling equipment and techniques. Another staff member said their training gave them the confidence to do their job well.
- Staff had a four-day classroom-based induction and then worked alongside experienced staff. They completed the Care Certificate which covers an identified set of standards, which health and social care workers are expected to implement, to enable them to provide safe and effective care.
- Staff had ongoing support, including refresher training, to ensure their skills remained up to date. The service had a well-equipped training room with a hoist, stand-aid, and hospital bed where staff could practice transferring people safely.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed and addressed in their care plans. Staff understood people's dietary needs and if they needed extra support with their meals, for example if they had swallowing difficulties or a diagnosis of diabetes.
- Staff prompted people to eat and prepared ready meals and snacks for them. They were aware of people's



cultural and individual preferences. For example, one person liked their food prepared in a certain way. To ensure this was done correctly staff had specific training and only those who had had this training supported the person with their meals.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked in partnership with people, relatives and health and social care professionals to maintain people's health. These included people's GP's, district nurses, and occupational therapists.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. They told us they would liaise with family members and others, including health and social care professionals, and seek urgent medical help for the person if necessary.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make informed decisions about their health and social care was recorded in their assessments and care plans.
- People signed consent forms and care plans agreeing to their care. Staff always asked people for their consent before providing support to them. Staff were trained in the MCA and understood how to apply it when supporting people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The staff were caring and kind. A person said, "The carers are brilliant. They are friendly and chatty." A relative told us their family member responded positively to the staff. They said, "[Person] appreciates them. They are always laughing with [person] and getting them to clap their hands."
- A person told us they felt they could confide in the staff if they needed to. They said, "They're all lovely. I can talk to them about anything."
- People mostly had regular staff which they liked. A person said, "They feel at home with me and I feel at home with them because I have got to know them." Another person told us, "I mostly get the same carers but if there's someone new they come with a regular staff member who introduces them."
- Staff said they enjoyed their work and got on well with the people they supported. A staff member said, "The clients are happy to see me because they like to laugh and joke with me and I am a sociable person."
- The service had a caring culture. For example, if a person was unwell and needed staff to stay with them, the service enabled this to happen. The registered manager said, "We'll cover the staff member's next call so they can stay with the person until their relatives or the emergency service arrive."

Supporting people to express their views and be involved in making decisions about their care

- People and family members were involved in the development of care plans and risk assessments. They signed these documents to show their agreement and were consulted if any changes were made.
- Staff consulted with people before they provided them with any care and support. A staff member said, "We don't always do the same things for a person. Some days they want things done differently so we always check with them first."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a way that promoted their privacy, dignity and independence. A person said, "The staff are respectful and polite and always ask me first before doing anything." People could choose whether they had male or female staff.
- Staff were trained in privacy and dignity and promoted people's independence. A staff member said, "If we are providing care we allow people as much independence as possible. And we are respectful of the clients and their homes."
- People's information was kept securely to ensure their confidentiality was maintained.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided responsive and flexible care. A person said, "They do just what I want. They shower me, do my lunch, and help me to bed. If I ask for anything else they do it. They'll put something away if I can't reach."
- People received timely care and support. A person said, "They [staff] are punctual. If they're ever late it's only by a few minutes." A relative told us, "[Staff are] pretty good in terms of punctuality, if they're going to late we get a phone call, but it's quite rare they're late."
- People's care plans were personalised and written with the involvement of the person and/or a relative. They were comprehensive and focussed on people's preferences. For example, one person specified the exact temperature of the bath water they wanted, and the colours of the flannels used.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were in their care plans. For example, people using the service spoke a range of languages and where possible they were matched with staff who spoke the same or similar languages.
- If people communicated non-verbally staff understood this. For example, one person used body language to let staff know their preferences and this was made clear in their care plan.
- If people wanted information about the service in different formats, for example, in large print or a language other than English, this was provided. For example, the service's website had applications on it to magnify the text and/or translate into different languages.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns about their care and said they would have no hesitation in doing so as the registered manager and staff were approachable and helpful. A person said, "If I was not happy at any point I would speak to the manager." Another person told us, "If I've got a complaint I would tell the carer."
- The service hadn't received any formal complaints since we last inspected although people had raised a few minor issues informally. These had been promptly recorded and addressed.
- All the people using the service had a copy of the provider's complaints procedure and staff reminded

them they could speak up at any time if there weren't satisfied with any aspect of the care and support provided.

#### End of life care and support

- The service was not supporting people with end of life care at the time of the inspection. People's records included information as to their next of kin and general practitioner in case staff needed to contact them in an emergency.
- When the service had previously supported a person at the end of their life an appropriate care plan was in place and staff worked with healthcare professionals to ensure the person was comfortable and pain-free.
- The registered manager was planning specific end of life training for staff to ensure they would have the skills and knowledge they needed to provide good quality end of life care if people required this in future.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff and management put people first and promoted their independence, enabling them to make choices about their lives.
- People told us the service provided good quality care and support. A person said, "They check on me and make sure everything is going well. A person [senior staff member] came to my house to review my care and ask me what I thought of it. The staff are so good, I've rung up and told the office this."
- Relatives also praised the service. A relative said, "I have no problems with Spirit - they are fantastic." Another relative told us, "My family member is very happy with the care given."
- Staff were positive about working for the service and said they would recommend the service to others. A staff member said, "I would be happy for my own family to receive care from Spirit. It is a supportive and caring agency. The carers are really friendly, reliable, and rarely ever late."
- The service was small and family-run. The registered manager said she only took on care packages if she was sure staff could meet people's needs and provide them with a high standard of care. She told us, "We are a business, but we won't compromise on quality. Clients come first in everything we do, and we want everyone who uses the agency to be completely satisfied with the care we provide."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest and knew how to comply with duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There were whistleblowing and safeguarding procedures in place and staff knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they needed to.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had training and regular supervisions to ensure they continued to provide good quality care and

support to people. A member of staff told us, "I can approach [registered manager] for support and training. If there are any issues with carers or clients I can go to her, she is really good."

- The provider's quality assurance system ensured all aspects of the service were monitored, audited and checked and improvements made if necessary.
- The registered manager reviewed policies and procedures annually and updated them as required. Changes to how the service operated were discussed at staff meetings and supervisions to keep staff up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Senior staff visited and telephoned people and relatives regularly to ensure they were happy with the care provided. People and relatives had the opportunity to complete annual quality surveys to share their views on the service provided. The results of the 2018 survey showed that 100% of respondents were 'very happy' or 'happy' with the care provided.
- Staff had regular meetings and supervisions to reflect on their work and shared ideas and suggestions. A staff member said, "Spirit is a family business and we work together well. We share ideas and support one another. This enables us to communicate effectively about individual client needs and ensure nothing gets missed."

Continuous learning and improving care

- The registered manager used feedback on the service from people and relatives to make changes and improvements. For example, the results of the 2018 quality assurance survey showed that some people were unsure about how to complain if they needed to. To address this an explanation was included in the service's annual newsletter.
- The registered manager attended care forums and events and shared learning with her staff team. For example, she had attended a registered managers event where improvements to staff recruitment processes were discussed.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to ensure people had the care and support they were entitled to.
- The service's annual newsletter provided information for people about day centres, community groups, and support organisations in the local area so people knew what was available to them.