

Spire Homecare 2016 Limited

Spire Homecare Limited

Inspection report

Unit F
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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

What life is like for people using this service:

People received caring and compassionate support from kind and committed staff. The registered manager and directors led by example and successfully created a stable and reliable team.

People were complimentary about the care they received and about the quality of staff.

Staff recognised what was important to people and ensured an individual, person-centred approach, that met people's needs. People had been supported to develop clear care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

Staff respected people's privacy and dignity. People were supported to be as independent as possible.

The provider ensured people received safe care and treatment. People felt safe when staff were in their home providing care. People received support to take their medicines safely.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff took action to manage these risks effectively.

People's rights to make their own decisions were respected. People were supported to maintain a healthy diet and access health services if needed.

The service was well-led. The provider's quality assurance processes were effective and there was a focus on continuous improvement. The registered manager provided good support for staff to be able to do their job effectively.

More information is in Detailed Findings below.

Rating at last inspection:

Not applicable. This is the first inspection since this service was registered in November 2017.

About the service:

Spire Homecare Limited is a domiciliary care agency (DCA). The service provides personal care to people living in their own homes. At the time of our inspection the service provided personal care to 42 people.

Why we inspected:

This was a planned first inspection following the registration of the service.

Follow up:

We will monitor all intelligence received about the service to inform when the next inspection should take place.

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 findings below.

Good 

Is the service effective?

The service was effective.

Details are in our findings below.

Good 

Is the service caring?

The service was caring.

Details are in our findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good 

Spire Homecare Limited

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Spire Homecare Limited is a domiciliary care agency (DCA). The service provides personal care to people living in their own homes in the community.

There was a 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 '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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office location on 5 December 2018 to see the registered manager and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with seven people and one relative to gather their views about the care they received. During the office site visit we looked at records, which included five people's care and medicines records. We checked recruitment, training and supervision records for three staff. We also looked at a range of records about how the service was managed. We also spoke with the registered manager and six care staff.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Systems and processes:

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff were confident the registered manager and other senior managers would take action if they raised any concerns. The provider had responded well when concerns were raised and worked with the safeguarding team to ensure people were safe.
- There were contingency plans to ensure people continued to receive their care in the event of an emergency.
- Staff involved people in managing risks and restrictions were minimised. People told us they felt safe when staff were providing care for them.

Assessing risk, safety monitoring and management:

- Staff understood where people required support to reduce the risk of avoidable harm. Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- People's risk assessments included areas such as their mobility, skin integrity, catheter care and medicine management. Staff demonstrated a good understanding of the risks people faced and the actions they should take to provide care safely.

Staffing levels

- There were enough staff, with the right training and experience, to meet people's needs. Comments from people included, "They exude confidence and trust. With Spire I can defer to the carers for their knowledge."
- Staff told us they had realistic schedules and were usually able to get to people on time. People told us carers generally arrived on time and they were informed if there were significant delays,

Using medicines safely:

- People received their medicines safely. People's care plans contained details of the support they needed with their medicines. People told us staff provided the support they needed and they received their

medicines safely and on time. Staff kept a record of medicines they had supported people to take.

- The registered manager ensured people's medicine records were completed accurately. Records were regularly reviewed and unannounced spot checks took place to ensure staff had completed them correctly.

Preventing and controlling infection:

- Staff were trained in infection control.
- Staff had access to protective personal equipment such as gloves and aprons. People's care plans highlighted the importance of using these.

Learning lessons when things go wrong:

- The provider responded appropriately to incidents and used them as a learning opportunity.
- Incidents had been well managed and fully investigated. Learning from incidents had been shared with all staff.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

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

- People's needs were assessed before receiving care to ensure these needs could be met. Individual care plans were put in place to set out how these needs should be met.
- The provider followed guidance and good practice recommendations to ensure people's needs were met. Care plans included publications providing guidance and advice. For example, information from the community nursing team regarding catheter care and information from the Department of Health regarding staying safe in hot and cold weather.

Staff skills, knowledge and experience:

- Staff completed appropriate training courses to ensure they had the skills needed to deliver care and treatment to people. Staff told us the training was relevant to their role. They were confident any training needs they identified would be met by the provider. The registered manager said they had recently appointed a training co-ordinator, which helped staff to keep up to date with the training that was appropriate to their role.
- People and their relatives were confident staff had the right skills and experience to meet their needs. Comments included, "I think they are very well trained. I've heard about their training and we have discussed my [relative's] ongoing care. They have lot of experience which they draw on" and "They can do everything we want them to do."
- Staff were well supported. They had regular one to one and group meetings and an annual appraisal with their manager. Staff said they felt able to raise any concerns or seek support whenever they needed. Staff said they received good back up from the 'on-call' manager, which provided assurance when they were working alone in the community.

Eating and drinking:

- People were supported by staff to maintain good nutrition and hydration.
- People's dietary needs and preferences were included in their care plans. Where relevant, speech and language therapy guidelines were included in the plans relating to any swallowing difficulties. These set out the support people needed, for example, whether people needed food with a particular consistency or thickened fluids. Staff demonstrated a good understanding of these needs.

Staff providing consistent, effective, timely care and involvement of health professionals:

- People said staff knew them well and how to meet their needs.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health needs met. A relative commented, "Twice they have called the ambulance and the carer has waited until he has been put in the ambulance." Records demonstrated the service worked with GPs and community nurses to ensure people's needs were met effectively.

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 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's rights to make their own decisions were respected and people were in control of their support.
- People were supported by staff who knew the principles of The Mental Capacity Act 2005. The provider had systems in place to record people's capacity assessments related to specific decisions, if that was required.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported:

- People were treated with kindness and were positive about the staff's caring attitude.
- People told us staff treated them with dignity and respect and provided compassionate support in an individualised way. Comments included, "Yes, undoubtedly without any exception. I never feel any of them are here just for a wage package. They are all caring and compassionate" and "It's the little things that count. They make an effort and I appreciate it."

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

- Staff supported people to make decisions about their care. Staff were aware when people had said they wanted help and support from their families.
- Staff signposted people, families and friends to sources of advice and support or advocacy.
- People told us they made any decisions about their care and support. One person said, "If I want extra carers or something is not right the owner is very helpful. I broke my arm this year and I couldn't do anything and they were brilliant to help me out. I had two carers come at lunch because I couldn't help and one of the carers looked after me." A relative told us, "We discussed things they could do and we arranged bed exercises for my [relative] which the carers do. When my [relative's] arm became swollen, the carers incorporated exercise to take care of that. I feel part of the team."
- People's communication needs were assessed and recorded in their care plan.

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us staff respected their privacy and dignity. Comments included, "They respect her dignity. They are always polite when they speak and refer to her."
- People were supported to be as independent as possible.
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans.

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care:

- People were supported make choices and have as much control and independence as possible, including in developing care plans. Records demonstrated that people and their representatives, where appropriate, had been fully involved in developing and reviewing their care plans.
- People's care plans were specific to them and set out how they would like their needs to be met. The plans identified and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Actions to meet people's needs included giving people time to be able to formulate a response, details of how a person's speech was affected by their condition and details of gestures a person used in addition to speech. People had been supported to develop a "This is me" document. These gave important information about people's needs and their communication in the event of needing hospital treatment. This helped to ensure there would be continuity of people's care if they moved between different services.
- The provider recognised people's changing needs and ensured staff were well informed about any changes to people's care or condition. This ensured staff had access to up to date information at all times.
- People were supported by regular staff that knew their needs well.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. People were given a complaints procedure, which set out how they could complain and how they could escalate concerns to other agencies if needed.
- People told us they knew how to make a complaint, and were confident any concerns would be dealt with. Records demonstrated complaints had been investigated and the complainant provided with a response. The registered manager had apologised to complainants where appropriate.
- The registered manager monitored all feedback received and ensured positive comments were passed on to the staff.

End of life care and support:

- People were supported to make decisions about their preferences for end of life care, and in developing

care and treatment plans. The service worked with health professionals where necessary, including the palliative care service.

- Staff understood people's needs and were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

Is the service well-led?

Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture

Leadership and management:

- The registered manager and the directors were involved in the day to day running of the service. Everyone we spoke with praised the management and told us the service was well run. Comments included, "I'm impressed with the manager because she went to see my [relative] when I wasn't there" and "When Spire was taken over it took a while for things to settle, but now it's very good."
- Staff told us they thought the service was very well managed. Comments included, "I can't praise [the general manager] enough, he has been brilliant" and "They've been great with me, very supportive. They do a good job managing the business. They sort out any issues and make improvements."
- The registered manager said they had worked hard to develop the service since the provider was registered. Records demonstrated they had significantly improved the retention of staff.

Plan to promote person-centred, high-quality care and good outcomes for people:

- The registered manager and directors created a culture of person-centred, high-quality care by engaging with everyone using the service and stakeholders. There was a clear vision for the service which demonstrated a good understanding of openness and transparency, and which prioritised safe, high-quality, compassionate care. Leaders had the experience and capability to make the vision real in practice. The service had introduced a newsletter to keep people informed about developments and were planning initiatives to address social isolation and loneliness for some people. This included the development of a library and identifying staff to complete regular welfare visits and receive feedback about the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, care plans, staff files and quality satisfaction surveys. The registered manager conducted unannounced 'spot checks', to ensure staff were putting training into practice and maintaining their expected high standards. These observations included an assessment of moving and handling, food hygiene, personal care and medicine management. The results of the various audits and checks were used to create a development plan for the service.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.

- The provider had effective systems to manage risks to people using the service, staff and members of the public.

Engaging and involving people using the service, the public and staff:

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others:

- The provider worked well with the local health and social care professionals. There were clear arrangements to work with other organisations who provided care to people and with health and social care services.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.