

Spinal Homecare Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 announced inspection took place over two days the 29 April and 4 May 2016. The provider was given 48 hours' notice of the visit because the location provides support and personal care to people living in their own homes. We wanted to make sure someone was at the premises when we visited and we needed to request for arrangements to be made to speak with people who used the service.

Spinal Homecare Services Limited provides two types of home care. One is specialised support provided on a live in basis for adults with spinal cord injury and other physical disabilities throughout the UK. The other is a domiciliary care and domestic support service mainly covering the rural areas of the Lune Valley.

During our previous inspection visit in February 2014 we found the service met all six of the essential standards we looked at. Since then there had been no incidents or concerns raised that have needed investigation.

There was a registered manager in post on the day of our inspection visit. 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. In this service the registered manager is also the registered provider.

We found that people who used this service were safe. The staff knew how to protect people from harm. Staff had completed training in the safety of vulnerable adults and knew the signs to look for and how to report any incidents of concern.

We saw that recruitment procedures were robust this ensured only suitable people worked in the service. We saw that staffing levels according to the rotas were good throughout all areas of the service. Staff training was up to date. We saw that staff were supported by the management team through regular staff supervision and appraisals.

We found that the service worked very well with a variety of external agencies such as social services, occupational therapists, other care providers and mental health professionals to provide appropriate care and support to meet people's physical and emotional needs.

People received support mainly from a regular team of staff who they knew well and who understood the care and support they required. We saw that people were treated with kindness, dignity and respect and they made positive comments about the staff who visited their homes.

Support was given in a manner to people to promote their independence for example supporting them to join in with activities in the community.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice. This helped to protect the rights of people who were not able to make important decisions themselves. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged.

We found that some records relating to the management of peoples medications were not always accurate.

We recommended that the provider ensured the records relating to the administration of people's medications were accurate and reflected their current needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People told us they felt safe.

Staff knew how to protect people from harm. There were good systems in place to ensure people knew the staff that supported them.

People recruited had all the appropriate checks completed before they commenced working.

Some records relating to the management of medications were not always accurate.

Is the service effective?

Good 

This service was effective.

There were good systems in place to ensure that people received support from staff that had the right training and skills to provide the care they needed.

Health care professionals were consulted when necessary.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Is the service caring?

Good 

The service was caring.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

The staff were knowledgeable about the level of support people required and their independence was promoted.

Is the service responsive?

Good 

The service was responsive.

Staff took into account the needs and preferences of the people they supported.

Care plans were based on a comprehensive assessment of people's needs.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

Good ●

The service was well-led.

The staff were well supported by the registered manager and other managers in the team.

The service had good systems in place for staff to identify and report incidents or concerns and for these to be investigated and action taken.

The registered provider had systems in place to monitor the quality of the service provided.

Spinal Homecare Services Limited

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 was 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 29 April and 4 May 2016. This visit was announced and the provider was given 48 hours' notice because the location provides a domiciliary care service. The second visit was also announced as we visited people who used the service, with their permissions, in their own homes. The inspection was carried out by a lead adult social care inspector.

Before the inspection we reviewed the information we held about the service this included any notifications sent to us by the provider. We asked the provider to complete a Provider Information Return (PIR) before the inspection. 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. They provided this information in good time

The inspector visited the office on the 29 April 2015 to look at records of how people were cared for and supported. We looked at eight care plans, ten staff recruitment files, spoke to the registered manager, the recruitment manager, nurse manager and care workers. We also looked at records relating to how complaints and incidents were managed and how the provider checked the quality of the service provided.

On the 4 May 2016 we visited, where we could, people and their relatives in their own homes that were supported by this service. We asked people what they thought about the service and checked to see that care records kept in their homes accurately reflected people's needs. We also sent questionnaires to people who received support from the service, their relatives, social and health care professional who supported people who used service and staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the service provided. One person said, "Yes, I feel very safe with the support I get. I mainly have the same carers that help me and I feel safe with them". Feedback received from people was mainly positive about the safety of the service provided. Some people made negative comments relating to staffing availability however records showed that staff turnover was low and on the day of the inspection ten newly recruited staff had completed their initial induction training.

The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to any senior staff. Records we looked at confirmed they had received training in the safeguarding of adults. There was a whistle blowing policy that was available to all staff and details of how to report concerns.

Staff had completed training in safe handling of medicines. We looked in detail at eight medication records and found for two people information relating to their current medications was not accurate. For example where people's medications had changed this had not been identified in their current care plan. We saw that some care records for the management of people's medications did not accurately reflect whether medications were administered by staff or people were just prompted to take them.

We recommended that the provider ensured the records relating to the administration of people's medications were accurate and reflected their current needs.

For one part of the service we saw that risk assessments had been completed covering life in people's own home and their activities in the community. The provider ensured that positive risk taking was in place and people were supported and encouraged to take part in the activities of their choice. However for the domiciliary part of the service we saw for one person of the records we sampled that not all risks associated with their current needs had been assessed.

Where relevant we saw records showing that staff had been trained to use equipment in people's homes. This helped to ensure they had the knowledge to use equipment safely. Staff we spoke to confirmed they knew the people they supported well as they always worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them.

We looked at the provider's recruitment procedure and saw that this was both appropriate and robust. We saw that all the checks and information required by law had been obtained before new staff could commence employment in the service. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the agency's recruitment policy. Checks with the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had also been conducted.

We saw that according to the rotas there was always sufficient staff identified to meet the individual needs

of the people they supported.

We looked at the records relating accidents and incidents that had occurred. We saw that these were investigated by the Registered manager and nurse manager and where any actions had been required we saw that these had been taken. We saw where necessary notifications to the appropriate authorities had been made. All the records we looked at showed actions that had been taken in response to these incidents to promote the safety and wellbeing of people who used the service.

Is the service effective?

Our findings

People we spoke with made positive comments in relation to the service being effective. One person told us, "The staff are trained, they certainly know what they're doing." Another person said "I have regular staff and that is important to me." People told us this service supported them to lead full and active lives. They said that they followed the activities of their choice and this supported them to live in and be a part of the local community.

The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. One member of care staff told us, "We're always having training, we get updates all the time." We saw new employees completed a thorough induction training programme before working in people's homes.

We saw that specialised training relating to people's individual needs was also provided. Not only did staff receive basic training but that they received training that was specific to the individual needs of the people they cared for and in line with their roles and responsibilities.

We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the dietician. We found that where people required their fluids or food intake monitoring to ensure they maintained good health records had been made. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.

The care staff we spoke with told us that they had regular meetings and could contact the care manager to discuss their practice. Staff said that they knew how they could contact the managers of the agency if they needed advice about a person they were supporting. They told us, "We know we can call the office or on call person if we have any concerns." Records showed that staff were regularly supervised or appraised.

We saw that consent to care and treatment in care records had been signed by relevant people and where feasible people had contributed to their care plans. We noted that this was not consistent in the domiciliary part of the service especially where the registered provider needed to check that people were the legal decision makers where people lacked capacity. The registered manager demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over.

Is the service caring?

Our findings

People who used the service we spoke with gave very positive comments in relation to the service being caring. People told us that they liked the staff that visited their homes and said they provided a high quality of care. One person told us, "We couldn't manage without them. I'm more than happy with the service and all the carers are fabulous."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. We saw from the records for the spinal homecare part of the service that people had been included in planning and agreeing to the support they received. Where it was relevant we saw that people's treatment wishes had been made clear in their records about what their end of life preferences were.

People told us and we saw that care plans were reviewed regularly and people had been asked for their opinion on the services they received. Review meetings with people showed they had been asked if they were happy with their care and if there were any changes they wanted made to the support they received.

The staff team was mixed in their skills and expertise. This meant that people who used the service could be sure that the most appropriate care and support for their complex needs could be put in place. Staff were knowledgeable about the individuals they supported and about what was important to them in their lives.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to people's homes that staff were respectful of their homes and their needs. We observed staff took appropriate actions to maintain people's privacy and dignity. People told us that they valued the support they received from the staff that visited.

The service provided to individuals was focussed on supporting them to maintain their independence as long as possible and supporting them to achieve positive outcomes depending on their needs and their abilities. It also provided people with a regular familiar face during the day as some people rarely had visitors.

Is the service responsive?

Our findings

People who used the service and the relatives we spoke with told us that the service was responsive to their needs and to their wishes. One person told us, "The visits can be flexible to what we want if we need to change them". People told us that when they needed to change their planned care they spoke to one of the managers of the service and this was usually agreed. Another person said, "The staff are all wonderful, they know what they are doing and they do exactly what I ask".

The registered provider had a formal process for receiving and responding to concerns and complaints about the service it provided. The registered manager and nurse manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint by directly calling head office

In the care records we looked at we saw that information provided for staff about how to support individuals was very detailed and up to date. We also saw that in the records we looked at where changes had occurred to the support needed for some people this had been recorded to accurately reflect the level support they required.

We saw that where people had reviews of their care they were asked for their views about the support they received. We also saw that where people had specific or specialised care needs these had been planned for and recorded appropriately within their care records. For example when assessments had required input from the community occupational therapists or community nurses.

We could see that where relevant people's families had been involved in gathering personal information and life stories. We saw that this information was routinely collated in the spinal homecare part of service but was not always as person centred in the records we looked at for the domiciliary service.

Is the service well-led?

Our findings

The service had a registered manager and a nurse manager who were available to people who used the service, their relatives and staff. People we spoke with said they could speak with the managers whenever they required.

The nurse manager told us they spoke to people and their family members often. This provided people with an opportunity to discuss their experience of the service in an informal manner. One person we spoke with told us, "They sort out everything we ask about." We saw during our inspection that the nurse manager was accessible to people by telephone and engaged in a friendly, positive and open way with people.

Staff we spoke with said they got on well with the managers and they felt supported to carry out their roles. Staff also said they felt confident to raise any concerns or discuss people's care at any time as well as at formal supervision meetings.

The service worked in partnership with other professionals to ensure people received the appropriate care and support to meet their needs. The registered manager and nurse manager had established good working relationships with stakeholders and were proactive in sharing any information and seeking guidance from other professionals. We saw that they worked in partnership with other providers for some people and we were told that this worked well for the individual needs of people. The service worked in partnership with other professionals and had a very strong connection with the local GPs and community nurses to ensure people received the appropriate care and support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and identifying the levels of support required.

There was regular monitoring of the quality of the service using ISO Quality Management a nationally recognised system of recording quality. People who used the service were given opportunities to share their views about the care and support they received. The company's last customer satisfaction audit in 2105 identified areas of improvement to the service that could be made. The analysis of the feedback that people made about their experiences of the services showed that client satisfaction rates had improved since the last audit. This showed that they assessed the quality of the service and took action where aspects of the service could be improved.