Care Quality Commission

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Community Spirited

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

Overall summary

This inspection took place on 8 September 2015 and was announced. We told the provider two days before our visit that we would be coming because the service is small and they are often out of the office supporting staff or providing care to people. We needed to be sure that they would be available to speak with us.

Community Spirited is a care agency that provides a wide range of care and support to people living in their own homes. This inspection only looked at the service's delivery of personal care to people, which they had been registered to provide since June 2014. Nine people were receiving this service at the time of our inspection. The service was run by the provider, who also acted as the manager.

The service had a caring culture which underpinned staff practices. One person told us, "I like the objectives of the service. They're not in it for the money." A family member said, "They are community spirited rather than

Summary of findings

self-centred." Staff were well-motivated and enjoyed working at the service. There was a good team spirit and staff supported one another to provide high quality care to people.

People felt safe and comfortable with the staff because they knew them well. They were protected from the risk of abuse, including financial abuse as staff followed appropriate procedures when accounting for people's money. Risks to people's health and safety were assessed and managed effectively.

Enough staff were available to attend all visits to people. Travelling time was built in to the staff rota, so staff were able to spend the full amount of time with each person and were not rushed. People received copies of the rotas, so knew which staff member would be supporting them each day.

Appropriate arrangements were in place to support people to receive their medicines safely. All necessary checks were completed before staff started working at Community Spirited to make sure they were suitable to work with the people they supported.

Staff praised the range and quality of training they received to prepare them for their role. Most had gained vocational qualifications and were supported appropriately by the provider who they described as "supportive" and "approachable". Staff sought consent from people before providing care and the provider took action to make sure they followed legislation designed to protect people's rights.

Staff had formed positive, trusting, relationships with people, who they treated with great kindness and compassion. The provider prided themselves on the "personal touch" and getting to know people and their families well. Staff knew people as individuals and showed an interest in them and their lives. One person said of the staff, "Their heart is really in the work they're doing." Another person told us "I never knew there were such splendid people in the world".

People were treated with dignity and respect and their privacy was protected at all times. They and their families (where appropriate) were involved on planning the care and support they received. People were encouraged to remain as independent as possible.

Staff understood and met people's needs in a personalised way according to their individual needs. They were well-informed about how each person wished to be cared for. They recognised that some people's mobility could vary from day to day and responded to this accordingly, taking more time with people when needed.

The provider sought regular feedback from people, which showed they were highly satisfied with the service. They had no complaints, but knew how to raise concerns and were confident they would be addressed promptly.

The service was well-led and people said they would recommend the service to others. Systems were in place to assess and monitor the quality of care provided. There was a development plan in place to further enhance the service and the provider understood the responsibilities of their registration with CQC.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from abuse and risks to their health and safety were managed effectively.

Enough staff were deployed to attend all visits and meet people's needs. Recruiting processes were safe and helped make sure only suitable staff were employed.

Medicines were managed safely. Arrangements were in place to deal with emergencies, such as adverse weather.

Good

Is the service effective?
The service was effective.

Staff were skilled and able to provide effective care and support to people. The provider supported staff appropriately in their work.

Staff always acted with the consent of people. When needed, people received appropriate support with their meals and to access healthcare services.

Good

Is the service caring?
The service was caring.

Staff talked fondly of people and treated them with kindness and compassion. They knew people well and built positive relationships with them.

People's privacy was protected. They were treated with respect and involved in planning the care and support they received.

Good

Is the service responsive?
The service was responsive.

People received personalised care from staff who understood and met their needs. Staff knew how each person wished to be supported and recognised the value of the social contact they provided.

The service was flexible and visit times were changed to fit in with people's lives. The provider sought and acted on feedback from people and their families.

Good

Is the service well-led?
The service was well-led.

People and their relatives praised the quality of care and the ease with which they could contact the service. The service had a caring culture and this underpinned staff practices.

The provider cared and supported staff who worked well as a team. Staff meetings were used to identify ways people could be supported more effectively.

Appropriate Systems were in place to assess and monitor the quality of care provided. The provider was committed to continually improving the service.

Good

Community Spirited

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.

The inspection took place on 8 September 2015 and was conducted by one inspector.

Before the inspection, the provider 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 also reviewed information we held about the home including the provider's statement of purpose which they submitted when they registered with us. This contained information about the aims, objectives and structure of the service. We also viewed information on the provider's website.

We spoke with two people in their homes and another two people by telephone. We also spoke with relatives of two people who were too unwell to speak with us themselves. We spoke with the provider, the office manager and five staff. We looked at care plans and associated records for five people, staff duty records, staff recruitment files, policies, procedures and quality assurance records.

Good

Is the service safe?

Our findings

Without exception people who used the service and their relatives told us care and support were delivered in a safe manner. People felt safe and comfortable with the staff because they knew them well. One person said, "I used to worry about using the shower, but knowing [staff] are here, in case anything happens, is a real comfort." A family member told us it a staff member was "very reassuring" when their relative became unwell suddenly and an ambulance had to be called. They said, "I was so glad [the staff member] was there, I couldn't have managed on my own."

People were protected from the risk of abuse and harm. Staff had received training in how to identify and report abuse. They said they would have no hesitation in raising any concerns with the provider and were confident the provider would take appropriate action. A staff member told us "I can't imagine not getting a satisfactory response from [the provider]. If she is able to help anyone out, she will. She is so genuine." Appropriate procedures were in place to account for people's money when staff bought shopping for them. We saw these were followed, so people were protected from the risk of financial abuse. Suitable arrangements were in place to allow staff to gain access to people's homes without compromising people's security.

Staff understood the risks to people and we saw these were managed effectively. Risks were assessed, managed and monitored. These included risks relating to people's environments, their risk of falling and other personal risks. In one case, staff had worked with the community nursing service to help protect a person from the risk of developing pressure injuries. When another person was burned by a domestic item, staff reviewed the person's risk assessment and took action to prevent further injury.

The staff rota for the week of our inspection showed there were enough staff on duty each day to attend all the scheduled care visits. Individual staff members were allocated to each visit, and the times of each visit were clearly shown. Travelling time was built in to the rota, so staff were able to spend the full amount of time with each person. Staff told us this worked well and meant they were never rushed. One staff member said, "I have plenty of time with all my clients. I'd never rush; I wouldn't want to do that. I don't think it's fair on the client." People received copies of the rotas, so they knew which staff member would be supporting them each day. One person told us "I always know who is coming. If there's any complication they always phone to let me know." Staff were usually punctual. One person said, "95% of the time they're here on time. A couple of times they've been a little late, but they always phone to let us know."

Cover for sickness, holidays or emergencies was provided by using bank staff members, who could be called in when needed, and by other staff working additional hours. In addition, there was an 'on-call' staff member who could be contacted to cover some visits. A staff member told us "If someone's not been well and a call is taking longer than usual, I contact the on-call and ask them to go to the next call." These arrangements were effective and no visits had ever been missed.

The process used to recruit staff was safe and helped ensure staff were suitable to work with the people they supported. Appropriate checks, including references and Disclosure and Barring Service (DBS) checks were completed for all staff. DBS checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff confirmed this process was followed before they started working at the care agency. Checks were also conducted to make sure the vehicles staff intended to use for their work were insured and roadworthy.

Most people we spoke with managed their own medicines. One person was supported with one of their medicines and staff told us about a person who they supported with all their medicines. Appropriate arrangements were in place to make sure people received their medicines safely from staff who had been trained and assessed as competent to administer them. Medication administration records confirmed that people had received their medicines as prescribed.

Appropriate arrangements were in place to support people during adverse weather when traffic was disrupted. The provider mapped where staff and people lived, so could send the nearest staff member to support the person. They used information from advanced weather warnings to adjust the times people were supported. For example, if severe weather was forecast, they would bring forward visits if necessary to make sure people were attended to. Some staff also had access to 4x4 vehicles so could access more remote areas and cope better when road conditions became poor.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were well trained, skilled and able to meet people's needs effectively. One person said, "Their staff training is up to scratch. They know what they're doing, definitely. You can always trust them to do what you want them to do." A relative said of the staff, "They know what they're doing, which is one reason why I like to have them."

Staff sought verbal consent from people before they provided care and support and knew what action to take if people declined to receive support. One person said of the staff, "If I don't want a shower, they don't make me. They're splendid like that." A family member told us "They always check first, in a cheerful way, and tell [the person] what they are going to do." A staff member confirmed this by saying, "I wouldn't force anyone to do anything they didn't want to do. You have to respect their wishes."

When people started to receive the service, they signed a consent form to indicate their agreement with the care and support planned. However, the consent forms for two people had been signed by family members who did not have the legal authority to make decisions on behalf of their relative. This showed staff had not understood all aspects of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make or consent to a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

We discussed this with the provider who took action to ensure relatives would not be invited to sign consent forms in future unless they had the legal authority to do so. Suitable arrangements were put in place for MCA assessments to be conducted where there was any doubt about a person's capacity to make or consent to decisions about the care and support they received.

Staff praised the quality and range of training provided. One staff member told us "I like the way we do the training. We get together as a group, with people we work with, so it's easy to ask questions." Most training included knowledge checks at the end. These were sent to an external training provider for marking, so the provider could verify that staff had gained the necessary understanding of the topic. When a person needed to be supported with a hoist, the provider arranged for an occupational therapist to train the relevant staff in the person's home, using the equipment that had been supplied. This was good practice as it helped make sure staff were able to operate it effectively in the environment in which it was to be used.

Staff were supported to gain vocational qualifications in health and social care, including four staff who had achieved advanced level diplomas. New staff received an effective induction to the service. Having completed all relevant training, they worked with experienced member of staff until they were considered competent to work unsupervised. One staff member told us, "I shadowed [more experienced] people first; I didn't get sent straight in on my own". When staff attended to people for the first time, they were introduced to the person by a member of staff who already knew the person well. They told us this helped "break the ice", put the person at ease, and helped make sure the new staff member understood fully the care and support each person required.

The provider was approachable and supportive of staff. One staff member said, "I love working for [the provider]. They make you feel good. I can go to them and speak about anything." Staff received regular support meetings with a provider or the office manager. The meetings were used to assess and monitor staff performance, their learning needs, and to seek suggestions for improvement. One staff member said of the support meetings, "They are brilliant. I can talk about anything that's on my mind. In between if we've got any problems, we can contact [the provider or the office manager] and they always respond." A suitable 'lone worker' policy was in place which assessed and monitored the risks to staff of working alone in the community. Staff were aware of the action they needed to take to comply with the policy and to keep themselves safe.

People did not usually need support from staff to prepare or eat their meals. Where this was needed, it was limited to heating up meals that people or their relatives had provided. Staff had received food hygiene training and were able to do this effectively. People and their families arranged appointments with doctors and healthcare specialists directly. However, staff supported them with this where necessary, for example by helping them order repeat prescriptions, and referred people to their doctor if their healthcare needs changed.

Good

Is the service caring?

Our findings

People were treated with high levels of kindness and compassion. Comments included: "I never knew there were such splendid people in the world"; "We're thrilled to bits with Community Spirited. They're lovely people"; "Their heart is really in the work they're doing"; and "They are lovely. They're very gentle with me".

Staff talked very fondly of the people they cared for and told us they had "some lovely clients". This was also reflected in the respectful and positive way they recorded the care and support they had given people. For example, one record stated: "Lovely to see [the person] today. Helped [the person] with….".

During the inspection the provider lit a candle in memory of a person who had died. They said, "I promised [the person's relative] I would do that; I think it's important to remember people. We also celebrate staff and clients' birthdays." Thank-you cards sent to the provider showed staff had built positive relationships with people and their families. One said, "You are all such caring, lovely people that I feel we've made some great friends." Another card said staff had gone "above and beyond the call of duty" on occasions.

The provider told us "We pride ourselves on the personal touch; we know our clients and their families well." This was confirmed by people and their families. One family member said, "They're very caring, lovely people. I chose them because they keep themselves small and you get to know the carers."

Staff knew about people's lives, families and interests. Information about this was recorded in people's care plans and staff used the knowledge to interact with people and communicate effectively. This helped staff get to know people as individuals and build positive relationships. One person said, "I have a good relationship with [all staff] who come." A family member told us staff had "formed a good relationship with me and [my relative]". Another said "They seem to be interested in [the person], how they are and what they're doing." The number of staff supporting each person was kept to a minimum. People told us this helped build trust and understanding. One person said, "You can always trust them to do what you want them to do." A family member told us "Only two carers come, so they can build up a relationship. They know [the person] really well now."

People were treated with respect and consideration. A staff member told us "The ruling when you meet the person is you open with 'good morning Mrs Smith', for example, and take the lead from them if they want to be called something else. I just think it's good manners". People confirmed staff took this approach. A family member told us "[The person they support] used to quite reticent, but [staff] talk to him respectfully and cheerfully and [the person] responds."

Staff described the steps they took to maintain people's privacy and dignity when providing personal care, for example by closing curtains and doors where necessary. One staff member said, "I always keep them covered as much as I can and I'll explain what I'm going to do so they don't feel nervous; I go through things step by step." A family member confirmed this, saying, "They're very good with [the person's] privacy." A person told us the attitude of staff made them "feel at ease".

When people started receiving the service, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. Comments in care plans showed this process was on-going. A family member told us "We all contributed to the plan; we sat around talking about what [the person] could do for [themselves] and what [they] couldn't do." This approach also helped encourage people to remain as independent as possible.

Good

Is the service responsive?

Our findings

People received personalised care from staff who understood and met their needs well. One person said of the staff "They're splendid. I can tell them what I want them to do and they happily do it." Another person told us "I'm very pleased with everything they do." A family said Community Spirited had "pulled every stop out to help". They felt the service had been able to meet the needs of their relative "because of the quality of the carers".

Before people started receiving support from Community Spirited, they and their families took part in an assessment to make sure the service was able to meet their needs. Relatives told us that being involved in care planning was important to them and to the people who received the service. One relative had prepared a highly detailed plan of the person's daily routine and how they wished to be supported, which staff followed. Another relative told us "When we started they came round and saw us and we discussed what we wanted doing and now they just do it." People and their relatives were also involved in reviews of care. This helped make sure care plans were current and continued to reflect people's preferences as their needs changed.

One person had two unusual conditions that staff had not encountered before. The provider researched information about the conditions and made the information available to staff so they could care for the person more effectively. The person's relative told us "Staff were willing to learn. They found out about [the conditions] and are now aware of how it affects [the person]. They are very diligent".

Other care plans lacked this level of detail. However, staff were equally well informed about how each person wished to be cared for. In addition to information contained in the care plan, staff received a briefing from the provider or a senior member of staff to explain how the person wished to be supported. A staff member confirmed this, saying, "We always get a verbal briefing; you never get sent in to anyone without the information."

One person's mobility was unpredictable and varied from day to day. A family member of the person told us staff understood and responded to this appropriately. They said of the staff, "They definitely do it [the person's] way. If [the person] doesn't want to move, they wait; they don't rush [the person]. They are aware that [the person] is better some days than others. The other day, when [the person] was having a bad day, they went over time and waited until he was ready [to be supported]. I can't praise them enough."

People praised the flexibility of the service. One person told us how staff had changed the time of their visit to fit in with a hospital appointment they had and a family member said the provider had recently increased the length of visits as their relative's needs had increased. The provider commented, "We aim to keep people at home as long as possible, but are able to recognise when we can no longer meet their needs safely."

Staff did not undertake any visits of less than half an hour as they felt shorter visits were not effective in meeting people's needs. Staff told us that if they finished their tasks early they would "spend time talking to the person and giving them a bit of company". Staff recognised that social contact was an important aspect of the care and support they provided.

People knew how to complain or make comments about the service. The complaints procedure was given to people when they started receiving the service and was included in documentation kept in their homes. People and family members had no complaints, but felt senior staff were approachable and that any concerns would be listened to and addressed effectively. One person told us "If I needed to, I'd phone [the provider] and she'd put it right; there would be no argument or anything".

Feedback was sought from people regularly through satisfaction surveys and the provider used people's comments to improve the service. One person said of the provider, "They always seem anxious to please. They listen to any changes I suggest and I have noticed that they are adopted." Following feedback from another person the provider had set up a 'Guardian Angel' service. This is a service for people whose needs varied from day to day. Staff phoned the person at agreed times to assess whether they needed additional help that day or, for example, a member of staff to stay with them overnight when they did not feel well. Staff were available to respond to this need at short notice.

Good

Is the service well-led?

Our findings

People and their relatives praised the quality of care delivered and felt the service was well-led. One person said, "I'd recommend them to anybody. I'd give them 10 out of 10." Another person described the service as "very well run. A family member told us "They are very organised. They've never ever let us down or missed an appointment."

People also praised the ease with which they could contact the service. One person said, "I can always ring the office and leave a message. They always get back that day or the following day. They are very reliable." A family member told us "We can always get in touch if we need to and they keep us in the loop if there are any changes."

The service had a caring culture and the provider was not motivated by financial gain. Staff understood this philosophy and it was clear from comments made by people and their relatives that these values underpinned staff practice. One person told us, "I like the objectives of the service. They're not in it for the money." A family member said of the staff, "They are community spirited rather than self-centred." A staff member told us "If [the provider] is able to help anyone out, she will. I like the way she works. She is so genuine." Another staff member said "[The provider] is the best person I've ever worked for; she's really caring."

Staff were well-motivated and enjoyed working for the provider who they described as "approachable" and "organised". Comments from staff included: "I just think they're a really good and caring company to work for. They are not in it for the money. They genuinely care about the clients and the staff"; "I love working for them. They're a good company to work for"; and "It's run really well and I feel supported. [The provider] looks after us well."

There was a good team spirit and staff supported one another for the benefit of the people they cared for. A staff member told us "This is the first time I've worked in a service where everyone is supportive. I so enjoy going to work and working for Community Spirited." Another staff member confirmed this, saying: "We've got a nice little team. I've been with them for a long time and am really happy. I don't intend looking anywhere else."

Staff enjoyed attending staff meetings which were seen as an opportunity to learn from one another and identify ways of quality of improving the care delivered to people. One staff member said, "there's a really really good atmosphere at meetings. It's fun; it's friendly; it's a very close team. Everybody is supportive." Another told us "We discuss the different clients and give each other tips on how to support people better." A further staff member said, "We're all open and honest and [the provider] listens to everybody. For example, we worked with [a person] with dementia whose mood varied. We worked out it was due to too many staff visiting, so we reduced the number and their mood improved."

Appropriate systems were in place to assess and monitor the quality of care provided. These included regular reviews of staff training, care plans, records of care delivered and medicine records which were effective. A senior member of staff contacted people or their relatives on a regular basis to check the service was continuing to meet people's needs effectively. In addition, they conducted unannounced spot checks to help make sure staff were attending visits promptly and delivering safe, compassionate care.

The provider information return (PIR) showed the provider was committed to continually developing and improving the service. For example, a development plan was in place to move to more suitable offices and set up a community café in partnership with community groups.

The provider understood the responsibilities of their registration with us. They were aware of the need to report significant events to us, such as safety incidents, in accordance with the conditions of their registration.