

Think Spinc Ltd

Spinc

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

About the service

Spinc is a domiciliary care agency. It provides personal care to people living in their own homes in the community. On the day of the inspection the service was supporting nine people with a range of health and social care needs, such as people with a physical disability, a learning disability or autism. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People received personalised care and support specific to their needs and preferences. This had been effective in supporting people to achieve goals and encouraged them to learn and grow as individuals. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. People were supported to have 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.

Right culture:

- As well as keeping people safe during the COVID-19 pandemic taking priority, the provider and staff had worked hard to develop strong leadership. Quality monitoring systems had been embedded and morale was good amongst the staff team. We received positive feedback in relation to the care people received and how the service was run. One person told us, "They are the best thing that's happened to me."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 August 2017, but had not been providing a regulated activity. This is the first inspection since the service started supporting people with personal care.

Why we inspected

This was the first inspection for this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Spinc

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 checked 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults with physical disabilities, learning disabilities and autism. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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 24 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. Inspection activity started on 11 June 2021 and ended on 12 June 2021. We visited the office location on 11 June 2021.

What we did before the 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.

During the inspection

We reviewed a range of records. This included three staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed two people's care records. We spoke with six members of staff, including the provider, the registered manager, a care manager and care staff. Some people using the service had complex needs and were unable to speak with us. However, during our inspection we managed to speak with one person and one relative over the telephone.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable. They told us they had no concerns around safety. A relative told us, "I've never felt that [my relative] is unsafe, they have excellent ways of keeping him safe."
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded. Subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- Staff demonstrated their understanding of good hygiene practice and told us how they used personal protective equipment (PPE) such as aprons and gloves to keep people safe. People we spoke with during the inspection told us staff wore aprons and gloves when assisting them in their home. Policies and procedures for controlling infection were relevant and up to date.
- Training records confirmed staff had received appropriate training. There was also a good supply of PPE available in the office for staff to collect.

Staffing and recruitment

- Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Staff received regular rotas and any changes were passed onto them electronically, which staff could access while in the community. This enabled staff to have up to date information on people and the times their care was scheduled.
- Feedback from people and staff was they felt the service had enough staff. A relative told us, "There has never been a time when they haven't provided somebody to care for [my relative]. There is sickness and it was tricky sometimes because of the pandemic, but somebody was always there, even if it was the manager."
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For

example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Assessing risk, safety monitoring and management

- Detailed risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. For example, risks around internet safety, finances and accessing the community.
- People had positive behaviour support plans in place where needed. These set out the support people required to manage behaviours that may challenge staff and other people. The plans included clear information about signs for staff to look out for and actions needed to support people effectively and keep them safe.
- Other potential risks included the environment where people lived. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Risk assessments were up to date and appropriate for the activity.
- The service planned for emergency situations, such as staff shortages and inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff.

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Detailed medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The 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.
- Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible. A relative told us, "They make choices for [my relative] and they assist him to make choices, they work together for what he needs."
- People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

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

- The registered manager and senior staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were very in-depth and used to develop a detailed ongoing care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided, as well as areas for development and outcomes to be achieved.
- Documentation confirmed people and their family were involved as much as possible, in the formation of an initial care plan.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough with choice in a balanced diet

- People received effective care and their individual needs were met. A relative told us, "They truly understand what [my relative] needs and wants".
- We spoke with the registered manager about care matching. They gave us examples of matching people with care staff who would be most suitable to effectively meet their needs. We were given examples of staff being matched with people who had the same interests and tastes in music. The registered manager told us, "As much as it's a professional relationship between people and staff, it still has to be a genuine relationship."
- Staff were supportive to people's nutrition and hydration needs by helping them with shopping and assisting and prompting them to prepare food.
- Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they encouraged some people to eat and drink healthily.

Staff working with other agencies to provide consistent, effective, timely care

- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals.
- Care plans included detailed information on their healthcare needs and how best to provide support. Care records also demonstrated when there had been a need identified, referrals had been made to appropriate health professionals.
- People were supported to access routine health care appointments such as visits to the GP and hospital.

Staff support: induction, training, skills and experience

- Staff received training and were knowledgeable in what was required when looking after people. People told us they thought that staff were well trained. A relative told us, "The staff are very skilled and knowledgeable."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training. They supported people to make choices to live in any way they wished, and ensured their rights were protected.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. Care staff informed us that they always prompted people to carry out domestic and personal care tasks for themselves where possible. We saw examples of people being supported to administer their own medicines and to achieve day to day tasks such as accessing the community and attending college.
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. One person told us, "They are the best. I get on with most of them."
- People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Training about information and confidentiality was given during staff induction, and the provider had a confidentiality policy in place for staff.

Ensuring people are well treated and supported; equality and diversity

- Equality and diversity was respected. Staff adapted their approach to meet people's individual needs and preferences. A member of staff told us, "We are flexible to meet everyone's needs and to support them to live how they wish."
- People were supported with kindness and compassion. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. A relative told us, "The staff are very good, they understand complex needs and both me and [my relative] are very happy."

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

- Staff provided people with choice and control in the way their care was delivered.
- People were supported to make their own decisions. One person told us, "I do what I want and that's up to me."
- Staff were committed to ensuring people remained in control and received support that was about them as an individual. A member of staff said, "We provide very person-centred care, even the tiniest decision made always has the person at the centre of it."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service responded well to people's care needs and it was flexible to meet their preferences. We were given examples of how the service adapted to fit in with a person's changing college schedule and to support social time and activities.
- The registered manager told us that the hours needed for care would be changed on review if needed to ensure the service was flexible to people's needs.
- Detailed person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs and interests. These included people's choices about what they did during the day and their preferences for daily activities and ways of communicating.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "I was fully involved in the care plan and the process for care to commence with Spinc."
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care.
- People received care from a consistent and regular staff team. One person told us, "I get on with most of them, some are better than others."
- Staff supported people to enjoy activities and socialise. For example, care staff took people shopping, went to music classes and spent time getting to know them.

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 identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that communication needs were met for individuals, for example, people received information in easy read format.

End of life care and support; Improving care quality in response to complaints or concerns

- Nobody using the service was receiving end of life care. However, policies and procedures were in place,

and we were told that peoples' end of life care would be discussed and planned, and their wishes would be respected should this be required.

- The procedure for raising and investigating complaints was available for people in accessible formats, and staff told us they would be happy to support people to make a complaint if required.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- We received positive feedback how the service was run. A relative told us, "They are a very good service. The manager is available any time and I am always informed of anything important."
- Staff spoke highly of the service and felt it was well-led. Staff had access to counselling services and regular reflective practice sessions. Staff commented they felt supported and had a good understanding of their roles and responsibilities. A member of staff told us, "It's so nice to work in a service with so much trust and support. I can bring my own ideas and I'm encouraged to do that."
- The registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality care. One person told us, "I'm very happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. For example, people using the service were involved in interviewing potential staff.
- Staff meetings and satisfaction surveys were carried out, providing management with a way for monitoring satisfaction with the service provided. One person told us, "I meet with them every week and we talk about what is happening and what I want."
- The service liaised with organisations within the local community, such as the Local Authority, to share information and learning about local issues and best practice in care delivery. Staff also supported people to obtain and maintain their tenancy and housing agreements and access funding.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included infection control and care plan audits. The results of which were analysed in order to determine trends and introduce preventative measures.
- Senior staff also carried out reviews and spot checks to ensure that standards of care remained high.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing and staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We're a close knit team, we empower the people we support and each other every day." The registered manager added, "We dedicate a lot of time to people and their families, we meet their needs."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.

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

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.