

Carol Spinks Homecare Ltd

Carol Spinks Homecare

Inspection report

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Date of inspection visit:

18 February 2019

20 February 2019

22 February 2019

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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: Carol Spinks Homecare provides personal care to adults living within their own homes. The service covers Saltash and surrounding rural areas.

People's experience of using this service:

People and staff told us the service was well managed. People told us how they were treated with kindness and compassion and felt respected.

There were positive working relationships with external professionals. There was a passion for continuous learning and improvement.

People were kept safe and protected from avoidable harm and abuse.

People received personalised care and support, and had their human rights protected. Staff were competent in their roles.

We have made one recommendation about strengthening governance systems.

More information is in Detailed Findings below.

Rating at last inspection: Carol Spinks Homecare has not been rated. This is the first rating of the service.

Why we inspected: This was a planned inspection in line with our inspection schedule for newly registered services. At this inspection we rated the service Good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Carol Spinks Homecare

Detailed findings

Background to this inspection

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

Inspection team: The inspection team consisted of one inspector, and one expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who lives with dementia.

Service and service type: Carol Spinks Homecare is a domiciliary care agency. It provides personal care to people living in their own homes. The agency supports 27 people.

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

Notice of inspection: We gave the service 48 hours' notice of the inspection. We needed to be sure that managers would be available to facilitate the inspection.

Inspection site visit activity started on 18 February 2019 and ended on 22 February 2019. We visited the office location on 18 and 20 February 2019 to see the manager and office staff; and to review care records and policies and procedures. On 22 February 2019, we contacted people who used the service.

What we did: Before the inspection we used information the provider had sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection we contacted and spoke to:

- Seventeen people using the service
- Seven members of staff

We looked at:

- Policy and procedures
- Three people's care records
- Complaints and compliments
- Two training and personnel records
- Audits and quality assurance reports

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies in respect of safeguarding were in place. Staff received training and had a good understanding of what action to take if they suspected someone was being abused, mistreated or neglected.
- Staff had developed very positive and trusting relationships with people which helped to keep them safe. One member of staff told us, "Sometimes we are the only people they see, I just try and do as much as I can for them".

Assessing risk, safety monitoring and management

- People told us they felt safe when staff entered their homes, with one person telling us, "I feel absolutely safe with them".
- Risks associated with people's health care were not always recorded, for example if someone was diabetic or had a choking risk. However, despite the limited records being in place, staff were very knowledgeable about how to keep people safe and what action they would take in the event of someone becoming unwell. The provider told us they would take immediate action to review all care plans to ensure that risk assessments were in place as required.
- Risks associated with the environment were assessed and recorded so staff could provide safe care to people. One member of staff told us, "If I can see a situation that could happen, I sort it out right away, such as a carpet that could pose a tripping hazard".
- There was a lone working policy in place, which helped to keep staff safe.

Staffing and recruitment

- Appropriate checks were completed to ensure staff were suitable to work with vulnerable people.
- People told us there were enough staff.
- Some people told us if staff were going to be late they did not always call to inform them of a delay. The registered manager had already recognised this and told us they were taking responsive action and continued to work hard to improve this.
- Staffing rotas were geographically mapped out to give staff as much travel time as possible, so they did not feel rushed throughout the day.
- There was a contingency plan in place to help with staffing difficulties, due to sickness or adverse weather.

Using medicines safely

- Policies and medicine administration training were in place.
- People had care plans which clearly described to staff the support they needed. Staff told us they were vigilant during at particular times such as bank holidays, to ensure people had enough medicines in stock.

Preventing and controlling infection

- Staff had received training in infection control, with one person telling us "Gloves and aprons are always worn".
- The staff employed were supplied with personal protective equipment to prevent the spread of infections. One member of staff told us, "There are always plenty in stock in the office to pick up".

Learning lessons when things go wrong

- Management were keen to develop and learn from events.
- Recognition of an increase in people commenting about staff not always arriving on time, had resulted in the provider making 'timeliness' their number one objective for 2019.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was regularly reviewed. One person told us, "My care was reviewed. I am now getting the care I need".
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and carried out their roles effectively. One person told us, "They're definitely well trained".
- Staff received an induction which was in line with national standards.
- Staff undertook training to meet people's specific needs, such as dementia and disability awareness. One member of staff told us, "We do get kept up to date with all our training. I think training is very important, it doesn't matter how long you have been a carer there is still new things to learn".
- Checks of staff practices helped to ensure people received a good standard of care and support.

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

- People's care plans were detailed to ensure they received consistent support with their nutrition.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff told us how they made referrals to occupational therapists for specialist equipment, and worked in conjunction with community nurses to deliver people's care.

Adapting service, design, decoration to meet people's needs

- The provider's office did not have disability access; however, we were told should someone not be able to use the stairs, meetings would take place elsewhere in order to meet people's individual mobility needs.
- The provider's initial needs' assessments ensured people were asked if they needed documents in a different format, such as large print, or pictorial format.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external health and social care services as needed.

- Staff encouraged people to get out of their homes, to enjoy a walk and take in some fresh air.
- Ensuring consent to care and treatment in line with law and guidance
- We checked whether the service was working within the principles of the Mental Capacity Act (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
 - People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
 - Care plans were developed with people. People had agreed with the content, had signed to receive care and treatment and gave their consent.
 - Staff had a basic understanding of the MCA.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring. One person told us, "They are always very kind" and another commented, "I'm really pleased with the service I can't fault it".
- Staff spoke fondly of the people they supported, and went above and beyond to make sure people were happy. One member of staff had baked a cake on their day off for one person. Another told us how they had stayed on in their own time to put a chest of drawers together for a person who was struggling.
- Personal histories in people's care plans had been documented to enable staff to have meaningful conversations with people.
- Staff had received training in equality and diversity. Consideration and respect was shown to people taking into account their diverse needs and cultures.
- Staff recognised people as individuals.

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

- People and their representatives were regularly asked for their views about their care plans and the delivery of their service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "They are very much respectful of my dignity".
- Staff were aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space. One member of staff also told us, "Every client is asked if they want a male or a female, it is their choice".
- People's independence was encouraged. One member of staff told us, "I try to get them to do more things for themselves if they can. Even if it is to wash their own face and hands". Staff also told us how they encouraged people with daily living skills, such as making a cup of tea or washing the dishes.
- People's care plans detailed how staff should empower people as much as possible.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plan included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place.
- People and relatives said that they felt able to speak to the manager at any time. One person told us, "We've only ever had one concern and that was dealt with promptly".
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- We were told the service was not currently supporting anyone at the end of their life. However, the service had provision for staff training in palliative care and would work closely with external agencies, such as GPs, community nurses and hospices, to enable a person to have a good end of life experience.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives were complimentary of the service. One person told us, "I would recommend Carol Spinks, they've treated us very well. They have been good to us".
- Staff told us the service was well managed and they felt valued. Comments included, "I have never worked for such a nice lady. She is one of the best", and "She [the provider] is there for everyone, she's just like a Mum. We are just like one big family". Staff told the service was also more organised since the employment of an office manager. They said communication was much improved.
- There was a person-centred culture which kept people at the heart of the service.
- The registered manager and provider admitted when things went wrong, saying, "We know we have vulnerable people at risk, if we don't have transparency it impacts on the people we provide care and support to". All of which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.

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

- The management team had oversight of what was happening in the service, and when asked questions they were able to respond immediately, demonstrating a knowledge in all areas.
- There were limited systems in place to help monitor the quality and safety of the service. However, the provider recognised there needed to be more, as the current systems had not been effective in identifying when improvements were required in record keeping. At the time of our inspection the provider had researched some new auditing tools and told us these would be implemented and used to strengthen the governance systems across the service.
- The provider was in the process of developing a vision and values for the service statement, which would underpin the leadership of the organisation, and staff practice.

We recommend the provider takes action to strengthen their overall governance systems.

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

- People were asked to complete regular questionnaires to obtain their views. Feedback was used to improve the service.
- There was an open-door policy.
- A quarterly newsletter was being devised as a new way to keep people better informed about the service

and the staff who supported them.

Continuous learning and improving care

- The registered manager and provider were passionate about continuous development and created a culture of learning.
- Recognition of an increase in people commenting about staff not always arriving on time, had resulted in the provider making 'timeliness' their number one objective for 2019.

Working in partnership with others

- The service worked in partnership and collaboration with other organisations to support care provision and improve service development. For example, care sector organisations for promoting good practice.
- The provider was working with the local authority and had a short action plan in place for ongoing improvement, in line with their contractual agreements. The provider told us, "We don't always get it right", but explained how they were strongly committed to continuous learning and improvement.