

## Spire Home Care & Training Limited

# Spire Home Care & Training

### Inspection report

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Date of inspection visit:  
08 February 2023

Date of publication:  
01 March 2023

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Spire Home Care & Training is a domiciliary care agency. It provides personal care to people living in their own homes. The service was supporting 62 people at the time of inspection. CQC only inspects where people receive personal care.

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

Staff understood what abuse was and the actions to take if a person using the service was being abused. Risks to people were identified and care was planned to mitigate the risks. The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff. There were enough staff working for the service to meet people's needs. People were protected from the risks associated with the spread of infection. Staff assisted people to have their medicines as prescribed.

Staff received training, supervision and support to give them the necessary skills and knowledge to help them care and support people effectively. People were supported to have maximum 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. People maintained good physical and mental health because the staff team worked closely with other health and social care professionals. People were supported to eat and drink sufficient amounts to meet their needs.

People received care and support in accordance with their preferences, interests and diverse needs. Care plans contained information about people's needs and were reviewed regularly to ensure people received the care and support they needed. The provider had a complaints policy in place, which included who to contact to raise a complaint and how it would be dealt with.

The registered manager operated an open and inclusive culture where people, relatives, staff and other professionals were encouraged to help improve the service provided to people. Staff had access to a range of policies and procedures and this helped them to carry out their role. People were treated equally regardless of their abilities, background, lifestyle, values, beliefs and their cultures were respected. The registered manager worked in partnership with other organisations to support and care for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

At the last inspection the service was rated Good (report published 16 December 2021).

### Why we inspected

The inspection was prompted in part due to concerns received about how risks to people were assessed, what actions staff had to take in an emergency, how staff helped people to move around, pressure area care, staff training, incidents and accidents, care planning and record keeping. A decision was made for us

to inspect and examine those risks.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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** ●

# Spire Home Care & Training

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 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 8 February 2023 and ended on 14 February 2023. We visited the office location on 8 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed notifications that the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and care coordinator. We reviewed a range of records. This included 8 people's care records, 3 staff files, training records, staff supervision records and medicine administration records. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures. Following the inspection, we spoke with 6 people who used the service and 4 relatives to seek their views of the service. We also contacted 6 members of staff to ask them questions about their roles and to confirm information we had received about the service during our inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse or harm and staff understood how to keep them safe and report any concerns they had.
- People told us they felt safe using the service and did not have any concerns about the way they were supported by staff. A person said, "I am happy with the ladies (staff) that come. I feel safe with them." A relative told us, "My [family member] feels safe with the carers."
- Records showed and staff confirmed they had undertaken training to support their knowledge and understanding of how to keep people safe.
- Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. They understood their responsibilities to protect people from harm. A member of staff told us, "I will report any kind of abuse to the manager." We noted this subject was discussed during staff supervisions.
- The registered manager recorded safeguarding concerns and took action to investigate and also inform the local authority.

Assessing risk, safety monitoring and management

- Risks were assessed and managed to prevent people coming to harm. Risk assessments covered specific health conditions such as diabetes, risk of stroke and high blood pressure.
- There was clear guidance for staff, which included signs and symptoms of conditions and what action to take if people became unwell. For example, if people were at risk of blood clots and were experiencing headaches or had a cut from an injury that caused bleeding, the risk assessment contained advice for staff on the best course of action to keep the person safe.
- People's risk assessments were reviewed on a 6-monthly basis; however, it could be sooner if there was any change or a new risk had been identified.

Staffing and recruitment

- There were enough staff employed by the service to meet the needs of the people.
- People and their relatives told us the same staff or group of staff supported them. A person told us, "I have regular carers." This helped with consistency and continuity of care as staff were aware of the needs of people they were caring for. A relative told us the staff would phone them if they were running late.
- The provider used a system to monitor if people had been visited when they were scheduled to. A person told us, "The carers come on time and stay for the duration of their visit, I don't feel rush." Staff told us they had enough time to travel between visits.
- The provider had an effective recruitment procedure to ensure staff had the appropriate skills and

experience for the role.

- Staff recruitment files contained checks that the provider had carried out on the suitability of potential staff before employing them. The checks included the required professional references, application form, criminal record check, identification, terms and conditions of employment and right to work in the United Kingdom. These checks helped to ensure people were not exposed to staff who were not suitable to work with them. □

#### Using medicines safely

- The service had suitable arrangements to protect people using the service against risks associated with the unsafe management of medicines. Where people needed assistance to take their medicines, staff helped them accordingly. A person told us, "Usually the carers help me with my medication, the ones in the blister pack, but I do the other ones, my painkillers, I manage that myself."
- Staff had received appropriate training to ensure they were competent to help administer medicines. The service had a medicine policy which outlined the safe handling of medicines.
- Medicines administration records (MAR) were completed accurately with no gaps in signatures. Where people had refused their medicines, this had been noted. Staff would inform either the person's next of kin or the office staff at the service so that appropriately advice would be sought.
- MAR records were audited to identify any concerns and address any shortfalls and to ensure people had received their medicines as prescribed.

#### Preventing and controlling infection

- The provider had systems to ensure people as well as staff were safe regarding the spread of infection.
- Staff knew what their responsibilities were, such as proper hand washing procedures. They had received training in this area. They were provided with personal protective equipment (PPE), such as gloves and aprons.
- People and their relatives told us staff wore appropriate PPE on when they visited. A person told us, "They (staff) wore the right PPE, but not the apron as it's not necessary."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence and learn from lessons.
- There were procedures for staff to follow in an emergency, such as when to call for an ambulance if a person was not well. A member of staff told us, "If I find someone had fallen when I arrive there, I will make them comfortable but not move them, then I will call 999 for an ambulance. I will stay there till the ambulance arrive and will also inform the next of kin and the office."
- There was an on-call system in place, there was always a member of the management team available for advice to staff in case of any emergencies.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People's health, care and support needs were assessed to ensure staff could meet them and the service was suitable for people.
- Before a person started using the service, an initial assessment of their needs was undertaken. This involved the person and/or their representatives. The assessment covered areas such as person's care needs, wishes, and past histories. A person told us, "Yes, I did (have an assessment). They (a member of the management team) did an assessment and they often do re-assessments."
- The registered manager also contacted other health and social care professionals involved in people's care and support, to make sure they had the most up to date information on the person.
- The registered manager told us that on rare occasion they had to start a service at very short notice due to the local authority looking for a service that would be able to support a person's needs. In this case, the registered manager would gather as much information from the placing authority and would use the assessment done by them until the registered manager carried out their own assessment.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate and relevant training.
- People and their relatives felt staff had the training to carry out their roles. A relative told us, "They (staff) are (trained), they use a hoist for [family member]. They know how to use it." A person said, "I expect that they are trained fully."
- Staff received appropriate training and professional development. They were informed on a regular basis of any training they needed to complete.
- Staff commented the training courses were good and informative. A member of staff told us, "We have different training and this helps me with my work."
- New staff received an induction, which covered their familiarisation with the service, people who used the service and the provider's policies and procedures. They also undertook some training during this period as well as shadowed more experienced staff until they were confident to work independently.
- Staff received regular one to one supervision to discuss their role and development needs. A member of staff said, "I have regular supervisions with my manager, we discuss different topics such as training and the needs of the clients (people who use the service)."

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

- People who required support with meals were provided with food and drinks which met their nutritional needs. A person told us, "They (staff) do my breakfast, lunch and tea." Another person said, "They (staff) make me a tea or coffee if I want one."

- Staff knew what people's likes and dislikes were or if they had any special dietary requirements due to their medical condition. A member of staff told us, "[Person] likes porridge for breakfast." People were given choices about their food and drink.

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

- People were supported to maintain good health and to access health care services and professionals when they needed them.
- The management team worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. They sought advice and support from them as needed. For example, we saw an email from the provider to another professional requesting an assessment due to a person having difficulties to get in and out of bed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff understood the importance of people having the right to make their own decisions. They were familiar with the processes and principles of the MCA. Staff had received training on the MCA.
- People were able to make day to day decisions about their lives. For example, they were supported to choose what they would like to eat or how to spend their time as they wished.
- Staff ensured they gained consent from people before carrying out any tasks for example when assisting them with personal care and there were policies and procedures for them to follow. People told us staff always asked them for their consent before providing care and support to them.
- People or their representatives had signed the care plans to indicate they agreed with the care and support being provided.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received care and support in accordance with their preferences, interests and diverse needs. Care plans were personalised. This helped to ensure staff had the information they needed to meet people's needs.
- Care plans contained information about people's preferences for their care, their likes, dislikes, needs, preferences and cultural requirements. People were respected and treated equally regardless of their abilities, lifestyle and beliefs.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs. They completed a record detailing the care they had provided during their visits. This helped staff to be aware of any changes in the person's needs. However, we noted some daily notes completed by some staff were not always easy to read or not clearly written. The registered manager took action on the day of our inspection itself to discuss this issue with staff concerned.
- People said the service responded to their needs and commented positively about the care and support they received from staff. A person told us, "Absolutely 100%, as far as I'm concerned, they (staff) are absolutely marvellous. I have no complaints. I've been with them for a year or more." A relative said, "The carers are Ok, we have no trouble at all."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and there was guidance on how to communicate with them. This information was included in people's care plans.
- Information was made available in accessible format, for example, we saw where people who were unable to speak, staff used pictures to communicate with the person.
- Some staff were able to speak a number of other languages and this helped them to speak with people who did not speak English.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and this provided information to people and their relatives about how to make a complaint.
- People and relatives told us that if they had any concerns about the service, they would tell staff or contact

the registered manager. A person told us "So far, I have not had any concerns."

- We noted the service had received a number of compliments from people or their relatives about the service. A person wrote, "The carers are all excellent, in whatever they do for me, always respectful."

#### End of life care and support

- The registered manager informed that they were not supporting anyone who required end of life care at the time of our inspection.
- Staff had the knowledge and skills to care for people who were approaching the end of their life as they had received training in this area.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and their representatives told us they felt the service was managed well and they could speak to the carers or a member of the management team when they wanted. A person told us, "It (the service) seems to be fine," when we asked them if they felt the service was managed well. Another person said, "They (the service) are absolutely marvellous."
- Staff told us the registered manager was approachable and supported them in their roles. A member of staff told us, "The manager is very helpful." Another staff said, "The manager is supportive, I can talk to them about anything, we all have their mobile number and can contact them at any time for advice."
- The registered manager operated an 'open door' policy where people, relatives and staff could speak to them at any time. This helped to ensure the service ran smoothly.
- Staff felt supported to carry out their duties, and said that the management team was always available to support them in their roles.

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

- The registered manager was aware of their responsibility to inform CQC of events and incidents that happen within the service or when people received care and support from staff.
- All notifications were submitted to us in a timely manner. The registered manager kept us up to date with any changes that happened at the service and provided us with information promptly when we had requested them.

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

- The provider ensured staff were kept up to date with any changes to ensure they updated their knowledge and kept their practice current.
- Staff demonstrated a clear understanding of what was expected of them. They were aware of their responsibilities and work they were accountable for.
- Staff had access to a range of policies and procedures to guide them in their roles.

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

- The registered manager encouraged people, relatives and staff to be involved in the day to day running of

the service as much as possible.

- There were regular meetings held for staff and these enabled them to raise any issues or concerns they had. We saw a number of areas were discussed during those meetings, such as any changes in people's needs and training courses.
- The provider continually sought feedback from people, relatives, staff and other professionals. This was gained by satisfaction surveys. The management team visited people on a regular basis to ensure that they were well supported and satisfied with the care they received.
- People's equality characteristics such as their race and religion were recorded in their care plans. The cultural and spiritual needs of people were taken into account when providing a service. For example, people could practise their religion.

#### Continuous learning and improving care

- There were a range of monitoring and audit tools to assess and monitor the delivery of care and support to people.
- The management team undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration and health and safety checks audits.
- The registered manager identified areas for improvement and discussed them in team meetings, such as recording incidents and call logging. Important information was shared with staff to ensure they maintained a professional approach and good standards of care.
- The management team also carried out regular spot checks on staff in the people's homes to monitor their practice. If any improvement was needed, this was discussed with the member of staff concerned. Staff confirmed they had had spot check before and felt it was a good way of learning for them.

#### Working in partnership with others

- The registered manager worked closely with other professionals to ensure people were supported with their healthcare needs. Where people required it, the registered manager sought healthcare advice and support for them from external professionals such as occupational therapist.
- The registered manager kept themselves up to date with best practice as far as health and social care was concerned. They attended regular provider's forums.