

Spot-on Healthcare Limited

SPOT-ON Healthcare

Inspection report

Unit 3, St. Marks Business Centre
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30 August 2023

01 September 2023

04 September 2023

05 September 2023

25 September 2023

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19 October 2023

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

SPOT-ON Healthcare is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 52 people using the service.

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.

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

People were cared for safely. Staff knew how to keep people safe from abuse or harm. Risks to people's health had been assessed and plans were in place to reduce any risks identified. People received their medicines safely and there were effective practices to protect people from infection. Safe recruitment practices were in place and people were assured they had a team of staff who supported them.

People's needs were assessed prior to them receiving support and their independence was promoted. People were confident staff knew how to support them; staff were skilled and had undertaken training to enable them to fulfil their roles. Staff were supported in their roles.

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.

Staff were described as kind, caring and respectful. Care was provided in a dignified and respectful way. Care was person-centred. People made choices about the way they wanted their care provided and were encouraged to do things for themselves to remain as independent as possible.

People knew who to speak with if they had any complaint or concern. There was a complaints procedure in place so any complaint would be dealt with appropriately.

People and staff had confidence in the registered manager to manage the service well and were encouraged to give feedback. The registered manager had a good understanding of the regulatory requirements of their role. There were systems in place to monitor the quality and performance of the service to help drive improvement.

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

Rating at last inspection The last rating for this service was good (published 26 October 2018)

Why we inspected

The inspection was prompted in part due to concerns received about the administration of medicines. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

The overall rating for the service has remained good based on the findings of this inspection.

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 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 ●

SPOT-ON Healthcare

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 undertaken by 1 inspector 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 houses and flats.

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 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 30 August and ended on 26 September 2023. We visited the location's office on 30 August and 26 September 2023.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives of people using the service to find out their experience of the care. We spoke with 8 members of staff including 6 care workers, a care coordinator and registered manager who was also the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records which included 4 care plans, 3 staff recruitment files and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. One person said, "I absolutely feel extremely safe with the carers visiting me. I really don't know what I would do without them."
- Staff knew what signs to look for to keep people safe. One staff member explained what they would do if they had any concerns, for example, seeing unexplained bruising on a person. They would record the detail on a body map and report to the management team.
- Staff received safeguarding training and knew how to recognise and report any concerns of abuse. There were up to date procedures and information available to support them.
- The registered manager understood their responsibilities to keep people safe and knew to notify the relevant authorities if any safeguarding issues arose.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and plans were in place to mitigate the risk. There was detailed information for staff to follow, for example in relation to managing diabetes and epilepsy.
- Staff had the knowledge and skill to recognise signs when people experienced emotional distress and knew how to support people to keep them safe.
- Environmental risks had been assessed by the registered manager to keep staff safe at work and reduce any unnecessary risks to people.

Staffing and recruitment

- People told us they were happy with the staff who came to support them. They generally came on time and informed them if they were running late. However, people did not always know which staff were coming. One person said, "I don't know the carers who will be visiting me and within reason they arrive near enough to time; but if they are running late, they do let me know. They do stay for the length of time agreed." A relative said, "[Loved-one] has a vague rota, and it's not regular. They do have 6 carers a day 2 in the morning and evening visits, and they are regular carers. They do stay the time allotted to them and do all the things that need to be done. There has never been a missed call as far as I am aware."
- There were enough suitably qualified, experienced and skilled staff to provide people with safe care and support.
- People were safeguarded against the risk of being supported by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work for the service.

Using medicines safely

- People's medicines were managed safely. Staff received training in administration of medicines and checks were in place to ensure medicines were being administered as prescribed.
- People's ability to manage their own medicines had been assessed. Guidance for staff was in place to support people safely should they need it.
- People were happy with the support they received. One relative told us, "The carers do very carefully administer and prompt my [Loved-one] to take their medications 3 times a day and they record it on their phone apps."

Preventing and controlling infection

- People were protected from the spread of infection. The service had effective infection prevention and control measures to keep people safe.
- People told us staff wore personal protective equipment (PPE) when they visited. One person said, "The carers are very careful and always wear gloves, aprons and masks."
- Staff followed current government guidance when using PPE.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and ensure appropriate action was taken. Information for staff was shared through a daily message service and in regular staff meetings to ensure lessons were learnt and improvements made. For example, in relation to medicine administration staff were reminded to ensure they complete detailed body maps.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 needs were assessed before the service took on their care and support. People along with their families were fully involved with the assessment process. One person said, "[Care coordinator] came out and sat down and talked me through the care plan and my relative was also here and involved in the discussions."
- Care records showed all aspects of a person's needs were considered including their preferences, choices, cultural and spiritual requirements. This ensured their care was provided in line with the principles of best practice.
- Care plans were reviewed regularly with the person and adjusted to meet people's needs and expectations.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training appropriate to their roles and responsibilities.
- Staff completed an induction which included shadowing more experienced members of staff, to ensure they had the knowledge and skills to carry out their roles and responsibilities. One staff member said, "This is my first care job, I did some on-line training first which gave me some knowledge as to how to do things then I shadowed staff. It was good."
- Staff received regular supervision and were encouraged to develop their knowledge and skills. One staff member said, "When I asked to have more training in relation to dementia I was given more courses to complete."

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

- Where this was an identified need, people were supported to eat and drink enough.
- People and relatives' feedback confirmed this. One person said, "The carers always provide a meal of sorts at all my visits. Breakfast for morning visit, sandwiches at lunch time and a microwave meal at teatime." A relative said, "The carers make [loved-one] breakfast, sandwich and soup for lunch and an evening meal at their teatime visit and a hot drink before bedtime."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Effective communication systems were in place for staff to share information and escalate concerns. Technology was used, which included an instant messaging service, and online application which allowed staff to raise alerts. These were monitored by the care coordinators who could take any necessary action quickly.

- Staff knew to contact health professionals in an emergency.
- The service was pro-active in seeking advice and support from health professionals to ensure they had the information required to support people with specific health conditions.

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 MCA 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.

- People's consent was sought before any support was given. People confirmed this. One person said, "The carers always ask me if it would be ok to do a, b or c".
- People's care records contained signed consent forms, and when appropriate, people and their relatives were involved in any decisions about the support they needed.
- People were encouraged to remain as independent as possible.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring and treated people with respect. This was reflected in the consistent positive feedback from people about the care they received. Comments included 'Carers are very friendly and chatty', 'They are all lovely. There isn't a nasty carer among them.' The carers have a very caring attitude. 'They are always happy.' 'Treat my relative with respect.'
- Staff met people's equality and diversity needs. These were identified in people's care plans, so staff knew how to respect people's preferences.

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

- People told us they were involved in the decisions about their care. One person said, "I am involved in my care." A relative said, "I was involved in the discussions about the care package and my [loved-one] was involved in this meeting and makes daily decisions about their daily routine."
- Staff had access to information about people's preferences, likes and dislikes this ensured care was delivered consistently.
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, staff told us they would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their dignity and encouraged their independence. One person said, "I have 8 carers visit me each day to help me be independent. Today is the first day I have actually walked to the toilet and the carers are very supportive in my journey to gain as much independence as possible."
- Staff described to us how they encouraged people to do as much for themselves as possible and to protect people's privacy they closed curtains, doors, lay a towel over people as they were being washed. People confirmed this, one person said, "I live in a bungalow and they (carer) always ask if they can pull the curtains and put a towel over me when I have a wash."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's care was personalised. Care plans detailed people's preference as to how they wished their care to be delivered.
- People were actively involved in their care and discussed with staff their preferences.
- Staff confirmed the care plans were detailed enough to ensure they provided the care people wanted.

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 identified at the initial assessment and plans put in place to meet those needs.
- Information could and would be provided in the format people needed.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint and told us they were confident any complaint would be appropriately addressed.
- All complaints were handled promptly, with formal records kept of any issues raised. People received responses and explanations of any outcomes to their complaints by the registered manager.

End of life care and support

- At the time of the inspection no one was being supported at end of life. There was a policy and procedure in place for staff to follow and staff undertook training in end of life care.
- The registered manager told us they worked closely with District Nurses and staff from Marie Curie to provide the care and support people needed.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The service was well-led. We received positive feedback from people and staff regarding the registered manager and management team. For example, "I am very happy with the service and would recommend it. It is well managed." "We are most definitely happy with the service and we think it is well managed." "The management team are very good, always there if you need them."
- The registered manager and staff were focused on providing individualised care and achieving good outcomes for people.
- Staff felt supported and able to raise any issues or concerns they may have without fear of what might happen as a result. Staff told us, they felt well supported and listened to at work.
- Staff were given additional recognition through an Employee of the Month award system.

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 understood their duty of candour responsibility. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information. Policies and procedures were in place.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People were protected by quality assurance and governance systems. There was oversight of systems such as medicines management and risk assessment to ensure people's needs were safely met.
- The registered manager had submitted statutory notifications to keep CQC informed of relevant information and how it had been dealt with by the service.
- Staff said that training was good and covered all issues of care. Refresher training was always provided to ensure they could always meet people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager sought feedback from people using the service. One person said, " We have been asked to complete a couple of questionnaires about the service and someone has come out to observe the

staff and speak with us."

- Care plans demonstrated people's equality characteristics were considered and respected.
- Staff said they were able to give feedback and make suggestions. There were regular staff meetings, a suggestion box for staff to make suggestions and daily contact via an electronic message service."
- Throughout the inspection the registered manager was open and responsive to any suggestions as to how they could improve their systems.

Working in partnership with others

- The registered manager worked with the local authority. Feedback received confirmed the service was open and responsive to ways of developing and improving the service.
- Staff understood they needed to inform the management and people's families if people were ill or had an accident. They liaised with other health professionals such as the district nurse.