

On The Spot Homecare Services Limited

On The Spot Homecare Service

Inspection report

11 Water Street
Skipton
North Yorkshire
BD23 1PQ

Tel: 01756703715

Date of inspection visit:
10 August 2018
17 August 2018

Date of publication:
02 October 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

On The Spot Homecare Service, is a domiciliary care agency. It provides personal care to people living in their own homes. People being supported are predominantly older people who live in Skipton and the surrounding area. This announced inspection site visit activity started 10 August 2018 and ended 17 August 2018. At the time of our inspection 43 people used the service.

The registered provider and owner of the service, is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Not everyone using On The Spot Homecare Service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from the risk of abuse and harm. Staff had received safeguarding training and understood about the types and signs of abuse. Risk assessments identified any potential hazards to their well-being and medicines were administered safely where people needed this support. There were enough staff to meet people's needs and safe recruitment practices helped to prevent unsuitable staff from working at the service. Spot checks were completed to monitor their practice.

Where people needed support with their nutritional needs they were supported to make choices in relation to their food and drink and to maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring and people received a service that responded to their needs and any changes in their health or personal circumstances. The care and support people received was person centred and staff maintained people's dignity and respect. Staff knew people well and understood their preferences, routines and the support they needed to maintain their independence.

People were confident any comments or complaints would be listened to and actions taken to prevent recurrence. Documentation was in place to record accidents and incidents.

There were good working relationships with professionals and staff said the registered manager was approachable and supportive.

Although the manager checked on the quality of the service provided, we have made a recommendation they develop more robust quality assurance systems to ensure the service continually improves.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service has deteriorated to Requires Improvement.	Requires Improvement ●

On The Spot Homecare Service

Detailed findings

Background to this inspection

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

This comprehensive inspection was announced and took place on 10 and 17 August 2018. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We contacted relevant agencies such as the local authority safeguarding team and commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

During the inspection, we spoke with five people who use the service, two relatives and three social care professionals by telephone, to gather their feedback about the service. We also visited and spoke with three people in their homes and a friend of a person who used the service.

We looked at a range of documents and records related to people's care and the management of the service. We looked at five care plans, two staff recruitment records, training records, quality assurance audits, minutes of staff meetings, policies and procedures.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People were supported by a small group of regular staff who they knew well and were comfortable with. One person told us, "I get an excellent service from the staff." Another person told us, "I am more than delighted with the staff. I feel very safe with them."

People's needs were assessed before they started using the service and risks associated with their care and support were recognised and managed. For example, environmental risk assessments were completed for hazards in the home. One plan we looked at did not have a risk assessment regarding the use of bed rails. Although the person had requested and consented to these, we asked that a risk assessment was undertaken to ensure they were cared for safely. Following the inspection, we were provided with evidence which showed this had been completed.

Staff were safe and suitable to work with vulnerable people. Disclosure and Barring Service (DBS) checks were carried out before staff started working at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that previous employer references had been obtained and a full work history was provided within the application form.

Staffing levels were based on people's needs and the amount of time required to support them. We looked at rotas which showed there was enough staff to meet people's needs. The registered manager explained they would not accept new care packages if they did not have the capacity. Social care professionals we spoke with confirmed this.

Staff had a good understanding and knowledge of safeguarding people and knew how to recognise possible abuse or neglect. The staff understood their responsibilities to report any concerns and one member of staff told us, "If I noticed anything wrong I would tell the manager. They would listen. They are always on the ball."

Medicines were managed safely and people received their medicines as prescribed. Records showed staff were assessed and regularly observed to ensure they were competent to administer medication.

People told us they were protected from the risk of infection. The service had Infection control policies and procedures in place. Staff told us they used personal protective equipment such as gloves and aprons and the registered manager made sure they always had a supply of them.

Systems were in place to record accidents or incidents, but they did not include actions taken to understand any lessons which could be learnt. We asked the registered manager to develop these records to include this

information. We found no evidence people had been harmed and no accidents or incidents had occurred. Following the inspection, the registered manager provided us with revised documentation which included the action taken which meant any lesson learned could be reviewed.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff received regular supervisions, observations and appraisals. We asked the registered manager to develop documentation to record the content of supervisions in more detail and record observations separately. Following the inspection, the registered manager sent us documentation which showed how they had recorded a supervision using a revised template.

People's needs were assessed and care and support was delivered effectively. People were involved in the development of their care plans which included information about activities and communication needs. People also had a 'task sheet' which included detailed information and guidance for staff on how to support them at each visit. Records we looked at identified if people had religious or cultural needs. For example, one showed how important it was for a person to be supported to get ready for church they regularly attended.

New staff were supported to complete an induction programme before working on their own. One member of staff said, "My induction was really good and I shadowed more experienced staff." Staff had completed training which included topics such as, infection control, dementia, equality and diversity, safeguarding and first aid.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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.

Records we looked at showed people had the capacity to consent to their care and had signed their care plans to agree to them. The registered manager and staff understood that where people were no longer able to make decisions for themselves, other people could help make the decisions in their best interests. People told us they were offered choice when staff visited. One said, "The staff never take over, even though they know my routine. I am always asked what I want to do

People's nutritional needs were met where people required this support and staff were aware of their dietary needs. For example, one care record showed that a person was on a low calories diet and gave guidance to staff. One person told us, "The staff present the food nicely and give me choice."

People were supported to maintain good health. One person told us how they were encouraged to phone

their GP as staff had noticed they were not looking their 'usual self'. Visits by healthcare professionals, or discussions with them were not consistently recorded in people's care records. We saw no evidence that this had impacted on people's well-being. We spoke with the registered manager who agreed that they would address this. One social care professional said, "Communication is very good. The registered manager contacts us for advice."

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People received care from staff who were kind and compassionate. People and their relatives told us they were listened to and felt involved in making decisions about their day to day care. Comments included, "I think they are all great because they are very caring" and "The staff are kind and we have a good banter together." A relative said, "We are involved and the manager keeps in touch with us."

People's diverse needs were respected. Discussion with the registered manager and staff demonstrated that the service respected people's individual needs. The registered manager said, "The staff team are diverse, they come from different backgrounds" and "There is no difference in the way we support people who are gay for example or have different faiths."

People were supported to remain independent. One member of staff said, "I encourage people to do as much as they can for themselves. I will help wash a person's back, but encourage them to wash their top part. A person we spoke with said, "The staff will pass me a flannel so I can wash my face myself."

Staff told us they had enough time to carry out their tasks. One said, "I never feel rushed when supporting people." One person told us, "Staff don't dash about. They have time for a chat, which is important to me as I don't go out much." Another explained that their anxiety reduced when staff were with them. They said, "The staff give me confidence. 'On The Spot' is just the right name for them."

People told us they were treated with dignity and respect. Comments included, "Staff are respectful definitely and keep things private" and "They cover me over with a towel when seeing to me." When staff spoke about people to us they were respectful and they displayed affection for people they supported. People's personal and medical information was protected. Care plans and other personal records were stored securely in the office.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People received personalised care that was responsive to their needs. Comments included, "Staff know me very well and know how I like things to be done" and "Staff always ask if there is anything else they can do before they go." A social care professional said, "The manager will contact us for advice to make sure they are doing things right and let us know if a person's needs change."

People's care plans were reviewed and written in a personalised way that included information about what was important to them. For example, one person had requested that they were asked about their daily needs. The registered manager and staff regularly updated each other on people's changing needs at staff meetings and by telephone or text messages during the day.

Staff understood about the communication needs of the people they supported from the information in their care plans. For example, one documented how a person had good communication skills, but they needed to wear their hearing aid to ensure their ability to communicate was promoted.

People had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). This standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We could see that large print was available for people with sight difficulties.

Staff understood the negative effect social isolation could have on people. One told us how they had encouraged a person to use a voluntary organisation to take them out whilst they were recovering from a period of ill health. This person was now meeting up with friends in the local area. A friend of a person who used the service told us how staff adapted the times of the support visits to enable them to attend church and meet people.

No complaints had been received by the service and arrangements were in place to respond to any that were raised. People we spoke with told us they knew how to complain, but had no reason to. People told us the registered manager was approachable and were confident they would take action. We saw compliments had been received from families expressing their appreciation of the care provided. These included comments such as, 'You were without exception always smiling and so very gentle' and 'We really appreciate all your kindness and friendship.'

At the time of our inspection no one was receiving end of life care. The registered manager explained that if this level support was required, they would work with healthcare professionals to ensure people's needs were met.

Is the service well-led?

Our findings

The provider's quality assurance systems had not always been effective in monitoring the quality of the service provided. The registered manager showed us five completed quality assurance questionnaires used to gather feedback from people who used the service. We also saw that feedback from people was a standard topic discussed at team meetings. All the comments we looked at were positive. However, the information was not collected or recorded in a way where it could be analysed and action taken if there were negative responses.

We could see that staff were receiving regular observations, supervision and training, but these were not documented to show when the next was due to take place or when training needed to be refreshed. This meant that there was a risk of them being missed.

All the people and relatives we spoke with told us they had never experienced a missed support visit. Staff and the registered manager told us they were confident that as the rotas were organised carefully no missed visits would occur. People told us that staff mostly arrived on time and would contact them if they were running late. However, the registered manager had not developed audits to identify missed or late visits and ensure if these events took place, the action taken and lessons learnt was recorded.

We recommend that the service improve and develop their quality assurance process to ensure care practices were reviewed to identify areas that could be improved.

The registered manager explained that a senior staff member who had supported them with administration tasks had left the service and accepted that some day-to-day and quality assurance practices were not thorough. They recognised they needed to commit time to maintaining and developing quality assurance systems and had recently appointed a new senior member of staff to support them in this task. The registered manager said, "They wanted to be the best service in the area and look at ways to improve." They had also contacted a firm to enquire about how the service could use technology to monitor and record the support visits. This showed us the registered manager was committed to developing and improving the service.

The manager promoted an open and friendly culture within the service and had developed good working relationships with the local authority to share information. Staff we spoke with described how the caring culture of the service was supported by the registered manager. Comments included, "The service is very friendly and more like a family" and "We all work really nicely together and have a good bond." Another told us that providing a person-centred service was important. Staff also said they felt involved and were able to contribute to the development of the service. One said, "I love working here. The manager is a good leader. They are fair but firm when they need to be and take on board suggestions."

The registered manager kept up-to-date with important changes in legislation and guidance on best

practice. They subscribed to a variety of magazines relating to specific medical conditions and new developments or interesting articles were discussed at team meetings.