

SPDNS Nurse Care Community Interest Company

SPDNS Nurse Care Community Interest Company (CIC)

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

SPDNS is a domiciliary care agency which offers nursing care, personal care, end of life care and companionship to support people living in their own home. At the time of this inspection the service was supporting approximately 90 people with personal care.

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

The registered manager had developed excellent links with local charities, hospice teams and health and social care professionals and this enhanced the quality of people's lives.

The service had strong vision and values which placed the importance on people being fully involved in all aspects of care, where independence was promoted.

People told us staff were outstandingly caring, proactively identifying unmet needs and supporting these to be met in creative ways. They told us staff often going the extra mile to support them.

People were protected from abuse by staff who had a good understanding of how to protect vulnerable adults.

Medicines were managed safely. Care managers carried out comprehensive assessments of people's needs and risks to people's health were identified and managed safely in line with people's preferences.

The service made sure there were enough staff in place to manage people's needs. All staff had undergone a robust recruitment and induction process to ensure they had the skills needed to care for people well.

Staff promoted people's independence in line with people's choices. People who lacked capacity to make decisions had undergone appropriate assessments involving loved ones and other nominated people such as power of attorney for health and welfare.

Staff made sure people had access to fluids when they were not present. All staff had been trained in good food hygiene.

The service provided an excellent training programme to staff by a dedicated training manager. People commented staff had the right skills. Additional training was sourced when needed.

Care plans were task orientated, however small care teams which knew people well, ensured care provided

to people was person centred and daily notes demonstrated this.

Staff supported people to maintain relationships with loved ones, and the local community to avoid social isolation.

The registered manager had robust systems in place to manage complaints. People told us they felt confident that any concerns would be managed well.

Staff were trained in end of life care. The service worked alongside carers groups to offer respite to loved ones. This meant people were supported to remain at home if they wished.

Staff and people told us the service was well managed.

Robust governance processes were in place which informed the quality of the service and when improvements were needed.

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.

Rating at last inspection

The last rating for this service was good (published 10 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

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 ●

SPDNS Nurse Care Community Interest Company (CIC)

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

Notice of inspection

We gave the service 48 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and three relatives about their experience of the care provided. We visited four people in their own homes. We spoke with eleven members of staff including the registered manager, governance manager, two care managers, seven care workers and the training manager.

We reviewed a range of records. This included eight people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly had contact with the service.

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

- Staff had been trained to safeguard vulnerable adults and received regular training updates.
- Staff told us how they would report safeguarding concerns, including speaking to their manager and when to take concerns further. People told us they felt safe. Comments included, "Yes I feel safe."
- The registered manager ensured the service was compliant with notifying the appropriate organisations of any safeguarding concerns brought to their attention. These were investigated and where lessons needed to be learnt these were shared with staff.

Assessing risk, safety monitoring and management

- People had robust risk assessments in place which identified their individual needs. These informed care interventions and staff we spoke to had a good understanding of how to manage people's risks.
- Some people had complex health conditions, such as requiring food and medicine to be given through a PEG. A percutaneous endoscopic gastrostomy (PEG) is a feeding tube used to give food, fluids and medicines directly into the stomach. Staff had received additional training and observations to ensure these procedures were completed safely.

Staffing and recruitment

- Staff had undergone safe recruitment processes and all necessary pre-employment checks had been completed before they could start working with people.
- The service operated a values-based recruitment programme, which identified if potential staff had the necessary values and behaviours to care for people. We found this process to be robust.
- Staff told us there was enough staff to care for people. One said, "Yes we aren't overloaded or rushed to carry out the care people need." One person said, "Carers are rarely late, but if they are they let us know."
- Care calls were monitored to ensure staff arrived at people's homes within the allocated time spot. If staff had not arrived office staff contacted them to check, they were safe. This system meant care managers understood where staff were and when they might need to increase or decrease the time people received.

Using medicines safely

- Peoples medicines were managed safely within their homes by staff who had been trained and underwent regular competency observations.
- The care managers carried out regular medication audits to ensure practices had remained safe. When errors were identified, such as staff not signing for medications given, these were followed up to ensure people were safe.
- The service had reviewed the PRN "as required protocols." These are medicines which can be given to

someone that do not form part of their regular prescription, such as additional pain relief. These protocols were robust.

Preventing and controlling infection

- Care staff had access to appropriate protective wear, such as gloves and aprons. These were replenished as needed.
- People told us staff cleaned up after themselves and left their homes in a clean and tidy condition. One said, "They always tidy up after themselves."

Learning lessons when things go wrong

- The service used quality audits and satisfaction surveys to identify if improvements were needed. Systems in place including management oversight had ensured risks to people were mitigated and managed.

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 remains good.

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

- Staff understood people had the right to make choices about all aspects of their care.
- Some people had chosen to live their lives in a way which had the potential to be detrimental to their health. Staff worked in small teams to building a close rapport and offering health promotional advice, informed by external health professionals when needed. We saw this had positive effects on some people's lives without taking away their choice.

Staff support: induction, training, skills and experience

- Staff told us the induction they received was thorough. One said, "It was the best training I have ever had from a care company."
- The induction process included face to face training on a variety of relevant topics and a period of shadowing existing senior staff. Once staff felt confident and had been signed off as competent, they were then able to have their own care rotas.
- Staff supporting people with complex conditions had additional training to manage these. The governance manager had been on a special training course to support people who had hoarding tendencies. Staff told us, "We only have to ask for training if we think we need it and they provide it. The training manager is brilliant."
- The training manager had recently had additional training on maintaining people's mental health in the workplace. They had plans to incorporate this within training for care staff who could also use this knowledge to identify people at risk of poor mental health in their homes.

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

- Staff had been trained in food hygiene and people told us they prepared food in line with their preferences.
- People who were at risk of choking had care plans in place to inform staff how to prepare and present their food to minimise the risk.
- Staff knew people well, adapting their approach to support people's nutritional needs. One gave examples of how they had promoted a balanced diet for one person living with dementia by changing the way their food was left out for them and rearranging the fridge.
- Staff always asked if people wanted a drink and left them with drink in reach if the person would be on their own for a period of time, and unable to mobilise to get the drink themselves. One person told us, "They always leave me a big drink of squash."
- During the hotter months, the registered manager had sent out memos to staff to remind them to encourage people to drink enough fluids and ensure they had fluid available. They also reminded staff to keep hydrated.

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

- The registered manager, care managers and care staff worked well with other agencies to ensure people had consistent care. This included hospices, local authority and commissioning teams and district nurses.
- Staff told us, "If a person hasn't got a relative with them and feeling unwell we will call the GP and explain what's happening." Another said, "There have been times when we have concerns about people and have called an ambulance. We would also wait with the person and notify the office. Then they can ensure the next person we are due to see still gets a call."
- During one visit with staff, a person explained their hearing aid wasn't working properly. The member of staff checked it and then made sure they contacted the persons relative to let them know they needed a referral to the audiology department.

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.

- People who lacked the mental capacity to make decisions in their best interest had been appropriately assessed in line with legislation.

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

- Staff had been trained to understand the principles of the mental capacity act and how best to support people. They were able to describe this in detail.
- One member of staff told us, "Even if people don't have the capacity to make a decision, we still always ask and offer a choice. Even if they don't have capacity you don't want to force something on someone where there is another way, such as getting to know people and building a rapport to help them make the right decisions."

Is the service caring?

Our findings

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People told us the kind and compassionate care they received from staff exceeded their expectations. One said, "Nothing is too much trouble. Sometimes I can get low and staff always know what to do to cheer me up. they are always thinking of better ways to support me."
- Staff displayed real empathy with people. One member of staff took a photo album of their loved one who is in the RAF to a person who used to be in the RAF and he enjoyed looking at the photos and how things have changed. This brought back memories for them and made their care visit even more meaningful.
- There had been occasions when staff would stay in their own time to support people to get ready for big family occasions such as weddings, helping them to apply their make-up.
- Staff told of times when they would stop and get people fish and chips if they had previously requested them. They also stayed a little longer to help them write and post letters and Christmas cards to people.
- Staff spoke about people in a caring way and were proud to support people to stay at home for as long as possible. One said, "We supported a very elderly person with respite care for a long time, and I feel so proud of what we did for them. The relatives and whole family still send me updates about how they are doing."

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

- Staff were particularly skilled in resolving potential conflict and distress, where people required additional empathy, care and support to achieve good mental and physical care outcomes. They were creative in how they paired staff with people to create meaningful relationships.
- Care managers arranged rotas in a manner which provided people with a core of regular staff. This meant people were supported to develop meaningful and trusting relationships with care staff who understood their needs. One person told us, "I mostly see the same people, they are like family now and know my needs well."
- All staff encouraged people to explore their care and support options and support them to explore sources of additional help and advice within the community.
- Managers communicated to care staff various support networks available to people. This included advocacy groups, carers groups and various voluntary and social groups. Staff told us, "We get loads of information from the managers about what is out there to support people."

Respecting and promoting people's privacy, dignity and independence

- Care managers ensured reviews identified people's unmet needs. One person had lost self-confidence after staying for some time in residential care before moving to their own home. The service was able to

advocate for more hours to support the person to regain the confidence and independence within the local community. Consequently, they no longer needed care support.

- Staff supported people to be as independent as possible. One said, "Staff never rush me, and never take away things I can do myself. It's important I can stay independent."
- The service had strong core values where dignity and respect were embedded in all aspects of care provided. People, without exception told us they were encouraged to share their views, that these were respected and acted upon, and all staff treated them with dignity and respect.
- One said, "They are always very polite and respectful." Another said, "We get on so well and have a bit of banter, it brightens my day, I love my carers."

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

- Peoples care plans were task orientated and were not written in a person-centred way. However, we found the care provided was person centred and people were supported by small consistent care teams who knew the people they supported, very well and understood their likes and preferences and how they preferred to be cared for.
- Two people we visited told us they had asked for support from the service because they had previously supported their loved ones. They told us, "They were very good with my [relative] so when I needed help there was no other choice." And, "They are so good, everything as I like it."
- Staff, including care managers who visited people less frequently told us in detail about how people liked to be supported. We visited some of these people in their own homes and found this information had been accurate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they were able to provide adapted documentation to people where they might need support to understand the care received. This referred to care plans printed in larger print.
- A member of staff had reported due to a disability they struggled to read medicine records. The manager had ensured their medicines records were reviewed and changed. The size and shape of the font, so the member of staff could read it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff actively sought to encourage people to engage in meaningful activity with the community, recognising the importance this had for peoples well-being. Staff told us, "We receive memos all the time from the office of events and things happening in the community which our service users might like. It's really good. We had one person who was over a 100 and they ended up doing chair yoga. They really enjoyed it and got them out."
- The service worked closely with carers organisations and signposted relatives to these services when this was needed. Carers organisations told us, "SPDN are prompt to respond to referrals, queries and any concerns, have excellent customer service from all the team and are very focussed on client wellbeing. They often go the extra mile to support carers."

- One person's relative had become unwell and options had been suggested for the person to go into a care home, however this was not the persons or relative's choice. SPDNS were able to work with carers organisation to provide enough respite care to allow the person to continue to be cared for at home.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and this information was available in people's homes. One person told us. "Oh yes, I've read it, but I have never had to make a complaint. I would know who to call if I did need too."
- One health professional told us, "We have a very positive view of SPDNS and rarely get complaints or safeguarding's raised against them."

End of life care and support

- The service often supported people's carers to have necessary respite when they were supporting loved ones at the end of their lives. One professional said, "SPDNS consistently deliver outstanding carer support through ad hoc respite and end of life respite services."
- The service had previously identified people at the end of their lives who had insufficient care and support. They had worked quickly to ensure all the support the person was entitled too was arranged to make sure they were supported to remain at home and pain free.

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; Working in partnership with others

- The registered manager worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences.
- Without exception, staff told us the managers encouraged a very person-centred way of working. One said, "They encourage us to provide the best care to the customer, going beyond a basic level of service i.e. going the extra mile if it makes a difference to people." Another said, "I never feel hurried or am made to feel hurried. Managers allow us to put our people first and I like that."
- The service consistently sought feedback from people, their relatives staff and professionals to drive improvements to the service offered.
- One member of staff told us, "Managers listen and feedback. If we feel someone needs more equipment or more time to look after someone, they will contact social services or the occupational therapist or district nurses."
- External organisations were sent yearly feedback questionnaires to measure the quality of the service provided. All feedback received was very positive. Comments included, "I feel assured that the adults we commission care for with SPDNS receive an excellent service," and, "I would like to make special mention of the staff and the service delivered; their willingness to go the extra mile."

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

- Staff were incredibly proud to work at the service. All staff we spoke to told us they loved working for the service, and they felt they made a difference to people's lives. Staff stated, "SPDNS is a great company to work for, training is brilliant, we are well supported in our role. Any problems with our work load are sorted promptly and visits reduced if needed."
- All staff told us the management team kept them up to date and involved them in changes. One told us, "We have regular supervision and are sent staff surveys. Our suggestions are acted upon. We have monthly newsletters which is really good and informative."
- The registered manager carried out yearly staff surveys. The information gained from these was communicated to the staff team, along with the highlights and how the service would make improvements if these were identified as needed.
- The registered manager understood the need to empower people to live fulfilling lives by ensuring they were aware of various community groups and charities. They were part of the Southend Dementia Alliance group which meant they had a good understanding of what was available to people in the community.

Managers shared this information with staff in memos.

- The provider ensured all staff were trained to become dementia friends. This was part of staff induction and was provided by Southend Dementia Support Team.

Continuous learning and improving care

- The provider had a particularly strong emphasis on continuous improvement, regularly keeping staff up to date with best practice guidance through newsletters, emails and memos. Staff told us, "They [managers] are really good at keeping us updated with new developments so we can improve the care we provided. I have never felt so well informed."
- The training manager adapted best practice as additional face to face training for staff. They had recently attended a mental health in the workplace training course and had plans to ensure staff had the skills to identify if people were at risk of poor mental health.

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

- People told us they felt well informed about any changes in the service. We found the registered manager had an excellent understanding of duty of candour. Staff told us if they raised any concerns, they were kept informed by management staff.

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

- The registered manager made appropriate notifications to the relevant professional bodies when things went wrong or when they had found concerns.
- Staff understood the process for reporting incidents and accidents and updates. "We are given updates around legislation, new staff and any policies that may have changed."