

Spire Home Care & Training Limited

Spire Home Care & Training

Inspection report

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Date of inspection visit:
29 November 2021

Date of publication:
16 December 2021

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Ratings

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

Summary of findings

Overall summary

About the service

Spire Home Care & Training is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service was supporting 70 people at the time of inspection. Most of them were older people living in their own homes or flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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

There were systems in place to protect people from the risk of harm. Staff knew how to identify abuse and where they should report their concerns. People were protected from the risk of avoidable harm by having appropriate risk assessments in place. There were sufficient staff to meet people's needs and recruitment processes were safe. People were protected from the risks associated with the spread of infection. They received their medicines as prescribed by the GPs.

There was an on-going training programme in place for staff to ensure they were kept up to date and aware of current good practice. Staff received regular supervision to monitor their performance and development needs. 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 did support this practice. People maintained good physical and mental health because the staff team worked closely with other health and social care professionals.

People were treated with kindness and respect. Staff promoted people's independence and their privacy was respected. Staff demonstrated a good knowledge about the people they were supporting. People were listened to and their views respected when planning their care. The importance of confidentiality was understood and respected by staff.

People's care was individualised and reflected their routines, preferences and wishes. People's health and care needs were assessed on a regular basis. The provider took account of complaints and comments to improve the service. Informal concerns raised by people were addressed through discussion with staff on a day to day basis. Information about advocacy services was available to people who used the service.

People, relatives and staff told us they found the management team approachable. There were systems in place to monitor and check the quality of care provided to improve the service and take action when required. The management team worked closely with other external organisations to ensure people's needs were met.

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

Rating at last inspection

This service was registered with us on 13 September 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service was unrated.

Follow up

We will continue to monitor information we receive about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

Inspection team

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. 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 29 November 2021 and ended on 8 December 2021. We visited the office location on 29 November.

What we did before the inspection

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. We reviewed information we had received about the service since it was registered. This information helps support our inspections.

During the inspection

When we visited the office, we spoke to the registered manager. We reviewed a range of records. This included people's care records, risk assessments, medicine administration records, satisfaction surveys report, audits, staff files and staff supervision records. We also looked at a variety of records relating to the

management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four people who used the service and two relatives to obtain their views of the service. We also contacted four members of staff who provided care and support to people to ask them questions about their roles and to confirm information we had received about them 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in relation to safeguarding the people who used the service. Staff knew what their responsibilities were in ensuring people were protected from the risk or potential risk of harm.
- People said they did not have any concerns with the staff who visited them. One person told us, "I so feel safe with the carers, yes, definitely safe when they are here."
- Staff had regular training in safeguarding and the subject was discussed during team meetings. One member of staff told us, "If I see any abuse, I will report it to the manager or the office."
- The provider also had a whistle blowing policy in place. Staff knew they could raise any concerns and were confident in whistleblowing. Whistleblowing is the term used when a member of staff passes on information concerning wrongdoing.

Assessing risk, safety monitoring and management

- Risks were identified and systems were in place to minimise these and to keep people as safe as possible.
- Care plans showed staff assessed the risks to people's health, safety and welfare. The assessments included details of a person's mobility, nutrition and skin viability. This gave staff clear guidance on how best to support people in different situations.
- The provider also checked the safety of the environment staff worked in to ensure they were safe. Risks to people were reviewed to ensure they remained as safe as possible.

Staffing and recruitment

- There was a system in place to assess and monitor staffing levels in relation to people's needs and the number of people who used the service. People were supported by the same staff team as far as possible to help give continuity of care.
- From staff rotas we found people were allocated the same care staff so they were familiar to them. This helped with consistency and people knew who would visit them.
- The provider had an effective recruitment and selection processes in place. From staff's recruitments files, we noted the provider had requested information such as references and criminal records checks as part of the recruitment process. This helped ensure that staff were recruited safely.

Using medicines safely

- People received their medicines as prescribed and medicines were managed safely. Where people needed assistance to take their medicines, staff helped them accordingly. One person said, "They [staff] help me with taking my tablets when they come."

- Medicines administration records (MAR) we looked at, were all signed appropriately and there were no gaps in signatures.
- Medicines administration records were audited to ensure people had received their medicines as prescribed.

Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection. Staff were provided with Personal Protective Equipment (PPE) to protect against any health and safety risks at work.
- Staff were aware of their responsibilities to promote a safe working environment to prevent the spread of infection. They had received training in infection control.
- People and their relatives told us staff had the appropriate PPE on when they visited. One person said, "The staff always wash their hands and they wear masks before doing anything."

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. The registered manager investigated any accident or incident and took action to reduce the risk of further occurrence and keep people safe.
- Staff were encouraged to report any concerns promptly so appropriate action could be taken by the management team to minimise or prevent any further occurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 they started to use the service. The assessment covered different aspects of care and support of the person such as on mobility, nutrition, personal hygiene, medicines, communication, and social lifestyle.
- The management team also obtained as much information from people, their relatives and also from the information provided to them by the placing authority. All this helped to ensure people's needs were assessed.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs.
- People and their relatives felt staff had the training to carry out their roles. One person said, "The carers (staff) look after me very well and they know what they are doing."
- The provider had a training programme in place. From the training records we saw staff had completed training in areas, such as safeguarding adults, medicine management, moving and handling, infection control, first aid, food hygiene, dementia care and health and safety. One staff member said, "The training is good."
- All new staff received an induction when they started working at the service. This included training and 'shadowing' a more experienced member of staff. The induction also covered a number of areas which included staff roles and responsibilities and key policies and procedures.
- Staff had regular one to one meetings with their line managers. This gave staff an opportunity to discuss any concerns, their workload, and any training needs.

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

- People were assisted to have enough to eat and drink where this was part of their care needs. They were supported and encouraged to have a balanced diet. One person told us, "They (staff) help me with my food."
- Staff knew what each person's dietary needs were, for example what people should avoid eating. One member of staff told us, "[Person] likes to have toast for breakfast." Staff had received training in food hygiene.

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

- People were supported to maintain their health. The registered manager worked closely with health and social care professionals. For example, we saw an email from the provider to another professional regarding

the best equipment to use to help with the transfer one person.

- Staff reported any concerns about people's health and welfare to the management team.

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 was aware of the MCA process and told us no applications had been made. We found the management team as well as the staff were aware and understood their responsibilities under the MCA.
- People and their relatives told us staff always asked them for permission before they provided people with care and support and they acted in accordance with the people's wishes.
- Staff received training on the MCA. There were policies and procedures for them to follow. Care records showed people's capacity to make decisions was considered and recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated 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;

- People told us staff treated them respectfully. One person said, "They are always polite and respectful to me." A relative told us, "The staff are always nice to [person]."
- Care plans included information about people's equality and diversity needs. Staff treated people equally regardless their background or their lifestyle. One member of staff told us, "I treat everybody equal." For example, the service catered for people's different cultural and religious needs. Staff knew what people's beliefs and cultural needs were and ensured these were met. They had built a good relationship with people and their relatives.

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

- People were supported to exercise their choice in areas such as how they wanted to be supported, what they liked to eat or drink or what clothing they would like to wear.
- People confirmed to us that they were given a choice when staff supported them and were involved in decisions about their needs.
- Staff had a good understanding of the needs and preferences of people who used the service. They respected people's choices on how they wanted their care delivered.
- Relatives told us they were made aware when there were any changes in their family member's needs.
- Information about advocacy services was available to people if they wanted to use them. An advocate helps people to express their views and wishes and makes sure their voice is heard. This showed people were able to get support from a third party to make sure their voice was heard.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and encouraged them to do as much as possible for themselves. For example, people were encouraged to brush their teeth and comb their hair where they were able to. This helped to ensure they maintained their abilities in some areas of their care which they used to manage independently.
- Staff were very aware of the importance of maintaining people's confidentiality and not sharing people's personal information with anyone, unless they had the right to have that information. We noted people's personal details and other documents were stored securely, to help keep all information confidential. Information stored on personal computers was password protected.
- Staff respected people's privacy and dignity. People and their relatives confirmed that staff were good at maintaining privacy and dignity.
- Staff understood the importance of working with people in a kind and caring manner. One member of staff said, "I always treat the service users [people] as a member of my own family."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 told us the staff looked after them well and they were very helpful in meeting their needs. One person said, "The carers are very good and hard working." A relative said, "They (staff) do a very good job."
- People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances.
- We saw that people's care plans provided detailed information about their care and support needs. They were easy to read and were divided into different areas making information easy to find. Staff told us the care plans provided them with enough information regarding people's needs.
- We saw people or their representatives had been involved in drafting their care plans and had signed them. Care plans were up to date and regularly reviewed to reflect changes in people's care needs. Relatives felt they were kept up to date with regards to the care of their family members.
- During each visit, staff completed a daily record to indicate the care and support they had provided to each person and if there were any concerns. These records were kept in the person's home and helped to ensure all staff were aware of the person's condition and what support they had received.

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.

- People's communication needs were assessed and information on how to communicate with them was included in their care plans. We noted that some staff were able to speak a number of other languages. This helped them to communicate with people who did not speak English.

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

- People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated.
- Staff encouraged people to carry on with things they like if it was part of their care package. For example, one person liked to listen to music and staff ensured that happened.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedures which included the timescales in which a person would receive a response.

- People told us they felt able to raise any concerns or complaints. They told us they would complain "to the manager" or tell their relative if necessary.
- People and their representatives were encouraged to raise any issues with either the registered manager or a member of the management team.
- We saw the service had received a number of compliments from people and their relatives about the service. One relative wrote, "We just wanted to say thank you, so very much, for all your hard work, caring and support."

End of life care and support

- The registered manager informed that none of the people using the service required end of life care at the time of our inspection.
- However, they had a dedicated number of staff who had received training in this area to ensure people were supported appropriately should they develop end of life care needs.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives commented positively about the service and the staff. One person told us, "I am very happy with the agency, I don't have any concern." One relative said, "It is a very good agency."
- The registered manager and their management team were in regular contact with people who used the service and their relatives and encouraged them to discuss any concerns they might have. They also carried out visit to people's homes to ensure people's needs were met."
- Staff and the management team worked to ensure people received the care and support they needed.
- Staff told us the service was a good place to work. One member of staff said, "The manager is very helpful and all the office staff too."

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 demonstrated they were aware of when Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager.
- The registered manager operated an open door policy. Staff told us they were able to talk to the registered manager or a member of the management team if they had any issues or concerns.

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

- The registered manager acknowledged good practice and ensured staff were aware they were important part of the service.
- There were systems in place to monitor care visits and processes to help make sure visits were met. This was monitored by a dedicated staff in the office and this helped to ensure that staff were arriving and leaving people home at the agreed times.
- There were various quality assurance systems were in place, some of which included seeking the views of people who used the service.
- The most recent completed survey contained mostly positive feedback about the service. Where issues were identified steps the registered manager had been taken to address them.
- Staff understood their roles and responsibilities to ensure people's needs were met and who they were accountable to. They were provided with a range of policies and procedures to guide them in role.

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

characteristics

- People and their relatives told us they were consulted and felt listened to. The management team visited people on a regular basis to ensure that they were well supported and satisfied with the care they received. One person said, "They (management team) come and see if I am fine and if anything needs changing."
- People and their relatives described the registered manager and office staff as very approachable. Staff were also able to contribute to the continued improvement of the service through team meetings and during their one to one meetings. They told us the team meetings were a good place to share ideas.
- The management team carried out audits in a number of areas to monitor the quality of the service. For example, we saw medicines charts, logging in and out records and staff files were reviewed. They also carried out regular spot checks on staff in the people's homes to monitor their practice.

Working in partnership with others

- The service had good links with the wider community and worked in partnership with other agencies to help ensure a joined up approach to people's support. We saw advice from other professionals was included in the people's records.