

Sparkles Healthcare Ltd

# Sparkles Healthcare Ltd

## Inspection report

Riverbridge House  
Guildford Road, Fetcham  
Leatherhead  
KT22 9AD

Tel: 01372365793

Date of inspection visit:  
24 March 2022

Date of publication:  
04 May 2022

### 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

Sparkles Healthcare Ltd provides personal care support to people in their own homes. 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. At the time of our inspection the service was supporting nine people with personal care needs.

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

People felt safe in the company of staff. Staff had completed safeguarding training and were aware of how to report concerns. Risks to people's safety was assessed and guidance provided for staff to minimise these risks. People were supported to take their medicines in line with prescriptions. Sufficient staff were available to cover all care calls and people and their relatives confirmed staff arrived on time. Robust recruitment processes were in place to help ensure staff were suitable for their roles.

People were supported by skilled staff who had received training and support relevant to their roles and to people's needs. Staff had received training infection prevention and control and systems monitored to keep people safe. Staff were aware of the importance of good nutrition to people's health and well-being. 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 knew people well and demonstrated a caring approach. People and their relatives told us staff were kind and respected their dignity and independence. People's care was highly personalised and staff demonstrated a will to ensure people were comfortable with their care. Detailed assessments of people's needs were completed. This information was used to complete care plans and risk assessments relevant to the person's needs.

There was a positive culture within the service. Relatives and staff were complimentary about the support they received from the registered manager. Staff were clear about the values of the organisation and the expectations of the service. The registered manager completed regular audits to monitor and improve the quality of the care provided. The registered manager attended a range of forums to ensure they were aware of best practice guidance.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they would meet the underpinning principles of Right support,

right care, right culture should they provide care to an autistic person or someone with a learning disability should they support someone in the future.

Right support: The model of care provided support in people's own homes which maximised people's choice, control and independence. People were given choice and were involved in decisions around their care.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights. Due to the highly personalised care and staff's knowledge of people, there was evidence to suggest people would receive person-centred care.

Right culture: There were systems in place to help ensure that the values and culture was such that people could automatically expect a high quality, person-centred service.

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

Rating at last inspection

This service was registered with us on 14 January 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 ●

# Sparkles Healthcare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector and an Expert by Experience who made telephone calls to people and relatives. 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 21 March 2022 and ended on 1 April 2022. We visited the location's office on 22 March 2022.

#### What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service and met with the registered manager. We reviewed documentation in relation to the running of the service and policies and procedures. We reviewed recruitment information for two staff members. We reviewed three care plans, staff training records and audit information. We spoke with one person, five relatives and two staff members to gain their views of the service.

# 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 of 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

- People and their relatives told us they felt safe. Comments included, "She's always safe with the carer. She looks forward to them coming in.", "She feels extremely comfortable with the care staff." And, "It feels safe knowing my relative is with them."
- Staff received training to support them in identifying potential abuse and reporting procedures. One staff member told us, "If we suspect any abuse from anyone, we are responsible for informing our manager. If I was not satisfied with the action they take I would contact the safeguarding team and maybe the police."
- The provider understood their responsibilities in reporting safeguarding concerns to the local authority safeguarding team. Policies and procedures were in place which highlighted responsibilities and contact details for relevant authorities were available to staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and their relatives felt staff were aware of risks to their safety and well-being. One person told us, "I am very safe (with staff). I do certain things like having a shower on my own but having someone there means I'm safe."
- Comprehensive risk assessments had been completed in areas including mobility, environment, nutrition, skin integrity and medicines. Where specific risks were highlighted care records contained guidance on the steps staff should take to keep the person safe. For example, care plans for one person highlighted the support they needed to mobilise and the equipment they required.
- People's history was taken into account when reviewing risks to their safety. One person had previously experienced a pressure sore. They were encouraged to mobilise regularly to maintain their skin integrity and minimise risks of this reoccurring.
- Staff reported any accidents or incidents. Records showed that these were reviewed by the registered manager. Details were analysed to check if any action was required to minimise the risk of the incident happening again.

Staffing and recruitment

- People and their relatives told us staff arrived at the agreed time and stayed for the full duration of the call time. One person told us, "There are no problems with that (timekeeping). They do everything they need to do." One relative reflected staff were flexible when adjustments were requested. They told us, "We asked them to come early once. They agreed and did it as a one off because of a hospital appointment."
- People received support from a consistent staff team. One relative told us, "We have the same carer. That's good for mum. The consistency is important." The registered manager told us they always tried to match people with staff with the right skills and approach. Staff confirmed they visited the same people which meant they were able to get to know them well.

- Staff were recruited safely. Pre-employment checks had been carried out including obtaining references, ensuring the right to work in the UK and completing Disclosure and Barring Service (DBS) checks. Staff Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely. Staff had received training in the safe administration of medicines and their competency had been assessed. Staff were also observed supporting people with their medicines during spot checks of their practice.
- Care plans highlighted how people preferred to take their medicines and provided staff with any information they needed to know. Medicines records were maintained which demonstrated people received their medicines in line with their prescriptions.

#### Preventing and controlling infection

- Staff had received training in infection control and the safe use of personal protective equipment (PPE) during the COVID-19 pandemic. Staff told us they always had PPE available and had completed training on how to use and dispose of this safely.
- The provider ensured they had up to date information available in relation to the COVID-19 pandemic. Government guidance was followed and the registered manager attended regular update calls with a range of local groups.
- Staff completed regular testing for COVID-19. The registered manager ensured systems were in place to monitor staff testing and that results were recorded.

# 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

- Relatives told us the assessment process was thorough. One relative said, "Part of the initial assessment was a desire to get to know (person) and understand their experiences."
- Assessment information was gathered from the person, their loved ones and professionals involved in their care as appropriate. This helped to ensure staff were able to meet people's needs prior to them receiving a service.
- People were introduced to staff members to give time to get to know each other. One staff member told us, "(Registered manager) will come with me to any new clients and we can work out any problems between us all to make sure they have the care they want."

Staff support: induction, training, skills and experience

- Relatives told us they felt staff were well trained. They gave examples of staff knowledge in relation to their loved ones' specific needs and how they were able to meet them.
- Staff told us they felt the training was informative and supported them in understanding how to support people effectively. One staff member told us, "The training was really useful. Particularly the practical training like experiencing going in a hoist. It made you realise it could be a frightening experience and how much you need to build the persons trust."
- During induction staff completed training in areas including health and safety, fluids and nutrition, basic life support, person-centred care and safeguarding. In addition, new staff shadowed more experienced staff members prior to working on their own.

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

- Staff understood the importance of good nutrition in supporting people to maintain their health. One staff member told us, "We're lucky we have time to make their meals from scratch. You've got to keep the nutrition going. Not eating properly can really affect people's health."
- People's choices and preferences were known to staff. One person required support with meal preparation due to a health condition. As a qualified nutritionist the registered manager was able to devise a menu for the person which took this into account along with their cultural preferences and lifestyle. This had led to improvements in the persons health and them again being involved in preparing their own meals. Something they had previously enjoyed.
- People's care records contained information regarding the support they required to eat and drink. This included prompts to ensure people always had a drink and snack with them prior to staff leaving.

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 access support from healthcare professionals when required. One relative told us, "They remind mum to contact the GP and would ring the GP on her behalf." One staff member told us, "If I was worried about someone I would go to (registered manager) first and we would look at the options before taking action. We would always do the right thing to get them the help they needed."
- People were encouraged to maintain their health. Through support with diet and exercise one person had lost weight. This had led to them being more mobile and increased their motivation to undertake daily living tasks.
- People's care records contained details of their medical history and any health support needs. Staff received training in specific health conditions where they were required to provide support and monitor aspects of people's health. The registered manager had developed positive relationships with GP practices, community nurses and pharmacies.

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.

- Staff sought people's consent prior to providing their care. One relative told us, "Yes, they do (obtain consent) from what I've observed. They inform her of every step they are going to undertake."
- Staff confirmed they had received MCA training. They were able to describe how they sought people's consent and how choices were offered when supporting people. One staff member told us, "I personally request consent and give them choices such as what they wear, what they eat and in everything. Sometimes people might change their mind from what they usually want. They are adults and we respect their choices."
- At the time of our inspection everyone receiving support from Sparkles Healthcare was able to consent to their care. Signed consent forms were present in people's care files which covered areas including consent to care, records being kept within their home and support with medicines.

# 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 and their relatives told us staff were caring in their approach. One relative said, "Their attitude is professional and respectful and warm at the same time. I immediately felt comfortable. Staff are always respectful."
- People were supported by staff who knew them well. Staff were animated and demonstrated a caring approach when speaking about the people they cared for. People received support from the same small teams of staff which meant they got to know each other well.
- Staff understood what was important to people. One person felt it was important for them to maintain their mobility and independence. They said, "One of the carers takes me out for a walk. We do this every day."

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

- People and their relatives told us they were fully involved in making decision about their care. One relative said, "Mum is able to choose whatever she wants. She still likes her voice being heard. The carers listen."
- Staff understood the importance of people being at the centre of their support. One staff member spoke of a person who was initially reluctant to accept care. The staff member told us, "I can understand that so I make sure I do it how they would like it. I'm there to help her do what she would normally do in her way."
- Care plans contained information regarding people's preferences and how they wanted their care to be provided. Guidance showed that people had been consulted about their preferred routines and choices such as the gender of carer and call times which would suit them best.
- There was frequent contact between people, their relatives and the registered manager. This meant any adjustments to people's care could be actioned promptly.

Respecting and promoting people's privacy, dignity and independence

- We asked people and their relatives if they felt they were treated with dignity and their privacy respected. One person told us, "I have no worries on that issue." One relative said, "They were able to help (loved one) with personal care and make sure she didn't feel bad about it. Her dignity was not compromised."
- Staff were able to describe how they supported people whilst maintaining their privacy and dignity. One staff member told us, "Everyone should be treated with dignity. I make sure the doors are closed for privacy and make sure I cover them to protect their dignity."
- Staff encouraged people to be involved in all aspects of their daily living. One staff member told us, "I make sure it's their decision and they can still do what they want to do. I only help with the things they need me to help with. I don't take over and always give them encouragement to do things themselves."

# 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; End of life care and support

- People and relatives we spoke with felt the support they received was highly personalised and the registered manager and staff worked hard to ensure they received the service they wanted. One person told us, "They make me feel secure is the best thing, and the help they give me, particularly the cooking." "The personal support is special. The carer thinks of her. The carer makes a connection with her. The carers are pleased to see her. To see the joy in my relative's eyes (when they arrive) is wonderful."
- People were supported by staff who were motivated to provide personalised care and get to know people well. One person told staff they loved to sing and would like staff to sing with them. Staff learnt the person's favourite song so they were able to join in. This had a positive effect on the person who also started to dance and mobilise better with the support of staff. One staff member told us, "I work with one person all the time and we both love singing and dancing together. It is such a joy for us both."
- People's care was regularly reviewed to ensure this remained relevant. In addition, the registered manager ensured they visited and wherever possible, supported people with their care. This ensured they were able to monitor people's needs and adjust their care when required.
- People's end of life care wishes were recorded or notes made should they not wish to discuss this. Contact details were recorded to ensure relatives and those important to the person could be contacted promptly should this be required.

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 and their relatives told us communication with the service was good and in line with their preferences. One relative told us how staff were able to communicate positively with their relative who was living with dementia to encourage them to do things.
- Care records contained information from assessments regarding how people communicated and the information they wished to be shared with relatives.
- The provider had a communication policy in place in line with the Accessible Information Standards. Following discussions during the inspection the registered manager implemented a specific form which provided quick access to guidance regarding how people preferred information to be communicated and shared.

### Improving care quality in response to complaints or concerns

- We asked people and their relatives if they would feel comfortable in raising concerns. One relative told us, "I've got the contact of the Sparkles manager. I'm able to call her at any time if I feel there's any concern about the way the care is provided." A second relative told us, "If there were any concerns, my relative would tell me. She's really satisfied. There is no cause to raise a complaint."
- The provider had a complaints policy in place. This highlighted how a complaint could be made, timescales for a response and information regarding how concerns would be addressed. The registered manager told us they had not received any complaints regarding the service.

# 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; Continuous learning and improving care;

- People and their relatives told us the registered manager was approachable and promoted a positive culture within the service. One person told us, "(Registered manager) is always very nice, very approachable and easy to talk to." One relative told us, "We liked (Registered manager) right from the beginning. She's really professional, has a good attitude and is asking the right questions. Her cooking is amazing. We're really impressed."
- The provider had a clear vision for the service. They told us, "To give the best care is my top priority. We will only take on more clients if we have everything in place and are sure we can meet their needs." They were clear that any expansion of the service would be planned with key roles recruited to in order to ensure the service was managed effectively.
- Staff understood the ethos and values of the service. One staff member told us, "We know (registered manager) has high standards and what the expectations are. That's why I stay. The care is good." The registered manager told us they values of the service were discussed at interview stage. They told us, "They (applicants) need to know what type of service we want to provide."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 completed a range of audits to review the quality of the service provided. These included audits of medicines management, care plans and infection control. In addition, spot checks of staff competence were regularly completed. These were unannounced visits where the registered manager observed staff providing support. Staff received feedback on areas of good practice and guidance for continued improvement.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Notifications were forwarded to CQC as required to ensure risks within the service could be monitored.
- The provider had a policy in place regarding duty of candour. The registered manager demonstrated an understanding of the need to be open and transparent with people and their representatives. At the time of our inspection no incidents had occurred which met the duty of candour criteria.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were regularly asked for feedback about the service they received. Comments received included, 'Outstanding service provided.', 'Thank you Sparkles Healthcare, we are very happy with the service you give.' And, 'Excellent well trained team.'
- Staff told us they felt valued in their roles and were regularly asked to provide feedback regarding the service and their support. One staff member told us, "(Registered manager) is always there if I need anything. She's always following up on you and the customer. If I didn't feel valued, I would move but she treats us well so I stay."
- Regular staff meetings were held to ensure staff were updated on changes. Meetings minutes highlighted discussions around the use of PPE, care plans, timekeeping and expectations of the standard of care provided.
- The registered manager attended a range of groups and forums in order to ensure they were updated on current guidance and best practice. They told us, "You can't just stay in your own corner, you have to be out there connecting. You learn from the stories of others."