

# Carol Ann Spinks & Robert Michael Peck

## Carol Spinks Homecare

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 15 and 21 December 2015 and 3 and 29 January 2016, and was announced.

Carol Spinks Homecare provides domiciliary care services to older and younger people within East Cornwall. On the days of the inspection the service was providing personal care to 90 people, including those with physical disabilities, sensory impairments, mental health needs, and people living with dementia. The service also provided palliative care to people who were at the end of life.

The service had a registered manager in post. 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.

People felt safe when care staff entered their homes. The staff and the provider had a good understanding of how

# Summary of findings

to report any safeguarding concerns. People described staff to be kind and caring. Staff had a good understanding of how to respect and promote people's privacy and dignity.

People felt they could complain and that their complaints would be investigated and resolved. People's main complaint had been in respect of late visits and about not being informed when staff were running late. The provider acknowledged people had experienced this, and was in the process of making improvements. People were asked for their feedback about the service they received, and it was valued and used to facilitate improvements. There was an on call and out of hours facility in place for people to access.

People's changing care needs were referred to relevant health services when concerns were identified. People were supported and assisted with their meals to help maintain a balanced diet. People's had care plans and risk assessments in place, however, they were not always detailed and reflective of people's needs and how they wished to be supported. This meant staff did not always have sufficient information about how to support people. At the time of our inspection, the provider was taking action to make improvements.

Staff obtained people's consent before providing personal care. Staff had a limited understanding of the Mental Capacity Act 2005 (MCA), which meant decisions being made by staff may not have been in the person's best interests.

People were supported with their medicine; however people's care plans relating to medicines to give guidance to staff were not always in place. Staff administering medicines had not always received training which meant staff may not be safely administering people's medicines.

People were supported by staff who had been recruited safely and were suitable to work with vulnerable people. Staff confirmed they received training, however records showed staff did not always complete training applicable to their role, which meant they may not always have the correct knowledge and skills to meet people's needs. There were enough staff to meet people's needs but people told us they were not always informed when staff were running late.

Staff enjoyed working for the organisation and told us the provider was supportive. There were quality assurance systems in place to help drive improvements and raise standards. However, the systems were not always effective in helping to ensure the service being delivered was of a good quality and met people's needs.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 not always safe.

People were not always protected from risks associated with their care because documentation relating to their care did not always reflect their individual needs.

People did not always have care plans in place which detailed how they would like to be supported with their medicines. Staff were not always trained to administer medicines to help ensure people received them safely.

People told us they felt safe. Safe recruitment practices were followed.

People told us there were enough staff but were not always informed if staff were going to be late.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff obtained people's consent before providing personal. Staff had a limited understanding of the Mental Capacity Act 2005 (MCA) which meant, decisions being made by staff may not be in the person's best interests.

Staff confirmed they received training, however records showed staff did not always complete training applicable to their role, which meant they may not always have the correct knowledge and skills to meet people's needs.

People's changing care needs were referred to relevant health services when concerns were identified.

People were supported to eat and drink to help maintain a balanced diet.

Requires improvement



### Is the service caring?

The service was caring.

People told us staff were kind and caring.

People had good relationships with the staff who supported them.

People's privacy and dignity were respected.

Good



### Is the service responsive?

The service was not always responsive.

People's care plans recorded their health and social care needs; however, they were not always up to date, which meant staff did not always have information about how to support people correctly.

People's views were valued and their feedback was used to make improvements.

Requires improvement



# Summary of findings

Concerns and complaints were investigated and solutions were found.

## Is the service well-led?

Aspects of the service were not well-led.

The registered manager had quality assurance systems in place to help drive improvements and raise standards. However, the systems were not always effective in helping to ensure the service being delivered was of a good quality and met people's needs.

Staff told us there was a positive culture; they enjoyed working for the organisation and felt supported.

**Requires improvement**



# Carol Spinks Homecare

## 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.

The inspection took place on 15 and 21 December 2015 and 3 and 29 January 2016, and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents

the provider had sent us since our last inspection, about important events, which the service is required to send us by law. The provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we visited four people who used the service and spoke with the administrator, six members of care staff, the service manager, the registered manager and the registered provider. After our inspection we contacted 29 people by telephone. Thirteen people and two relatives spoke with us. We also contacted the district nursing team, the local authority service improvement team and the local authority brokerage team for their feedback.

We looked at 10 records which related to people's individual care needs. We viewed five staff recruitment files, training records and records associated with the management of the service including policies and procedures, visit logs and quality monitoring.

# Is the service safe?

## Our findings

People had risk assessments, in place to provide guidance and direction to staff about how to meet their needs and minimise risks associated with their care. For example, moving and handling risk assessments provided staff with information about how to support people safely. However, people's risk assessments were not always up to date, reflective of the care being provided or effectively reviewed. For example, one person used equipment to help them mobilise, however, there was no guidance about what type of equipment, how many staff were required to support the person and whether the person was at risk of falling. People who were diabetic did not have risk assessments in place to assist staff about what action to take, in the event the person may become unwell. One person we visited was in bed and had bed rails in place. However, there were no risk assessments in the person's care plan regarding these. At the time of our inspection the provider was taking action to make improvements.

Risk assessments were not always in place as necessary, updated, and reviewed to ensure people were kept safe and to mitigate any ongoing risks associated with their care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before the agency provided support to people, environmental risk assessments were completed to help ensure the service would be able to safely meet the needs of the person and took account of risks associated with lone working, ensuring staff would be protected.

People when required, were supported with their medicines, one person told us, "They give me my pills on time every morning and night". However, people did not always have care plans in place which detailed their medicines and the role staff were to take. This meant people may not be supported correctly.

Staff were expected to undertake medicines training, however, only eight out of 28 staff had completed the training. A medicines error had occurred for one person, which had not been identified by staff, but by an external health professional. New medicine protocols had been put in place following the error, however, eight days later

another mistake had been made. The service manager told us she was disappointed with what had occurred, had spoken with the staff involved and had arranged medicine training for all staff to attend.

People did not always have care plans in place which detailed their medicines and the correct support required. Staff were not always trained to administer medicines to help ensure people received them safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt there were enough staff to support them but told us staff availability and reliability was variable. Whilst some people told us they were mostly satisfied, others told us staff sometimes ran late and they were not always informed of their delay. One person told us, "Their timing is appalling. I'm thinking of changing them because of this," another person told us, "They started off very well but they've got so big now, care wise is excellent, but timing is a problem. I think she's (the provider) too big now, she's (the provider) not got enough staff to deal with the numbers of patients she's got", and "They do their job well but the timing is poor".

A quality survey carried out by the provider in September 2015 and October 2015 had also identified people were unhappy, expressing comments such as "I think you are sorely understaffed" and "sometimes up to 45 minutes late" and "better arrival time and notification when going to be late". The provider recognised that due to recruitment difficulties and a demand for the service, people had faced delays, but felt there had been some recent improvements. Visit log sheets did not show significant delays and we were told staff were informed when they joined the organisation, about what action they should take, if they encountered a delay.

People had risk assessments relating to their environment, for example one person's care plan described the importance of staff ensuring the person's doors and windows were locked prior to leaving. Staff confirmed environmental risk assessments were in place and adhered to.

People felt safe in the presence of the care staff. One person commented, "I've been with them eight years and I've always felt safe". Staff uniforms and photo badges were worn to help people recognise the member of staff on arrival.

## Is the service safe?

People were supported by staff who were safely recruited. The registered manager assessed an applicant's previous experience in determining whether they were suitable to work with people who used the service. Recruitment practices such as disclosure and barring service checks (DBS)

were carried out to help ensure the right staff were employed to keep people safe. The service supported younger people, so checks to ensure staff were suitable to work with younger people, were also carried out. However, records did not demonstrate disclosure and barring service (DBS) checks had been risk assessed to help ensure staff were suitable to work at the service. The service manager told us action would be taken to address this.

There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

There were protocols in place to protect staff when they were working independently; the lone working policy protected staff when they may be in difficult situations. Staff were also trained in first aid, however, only five out of 28 staff had completed this training. Following our inspection, the registered manager had arranged for all staff to complete this training urgently.

The registered manager and staff understood their safeguarding responsibilities and were able to explain what they would do if they suspected someone was being abused, mistreated or neglected. The service manager gave an example of when staff had been concerned about a person's welfare and explained the local authority safeguarding team had been contacted. There was a safeguarding policy in place, however, this required updating to reflect the current local authority processes. The service manager told us she would take action to rectify this.

# Is the service effective?

## Our findings

People who lived with memory loss or dementia did not have care plans in place to provide guidance and direction to staff about how to support the person effectively, whilst having regard to their mental capacity. For example, one person's care plan stated they had a brain injury and another person's care plan recorded "cannot always tell which clothes he has on".

Staff had a limited understanding of the Mental Capacity Act 2005 (MCA). For example, staff explained if they were concerned about a person's health and felt a GP should be contacted, they would make the decision for the person; regardless of the person's ability to be able to make the decision for them self. This action did not reflect the principles of the Mental Capacity Act 2005 (MCA). 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.

The Mental Capacity Act 2005 (MCA) was not always being followed. This meant decisions being made by staff may not be in people's best interests. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they always ensured consent was obtained from people, prior to supporting them or sharing information with external professionals. However, people's consent to care and support had not always been documented in their care plans.

The provider had an induction process to help ensure new staff were supported within their role. The care certificate was in the process of being implemented. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

Staff confirmed they received some training, however records showed staff did not always complete training

applicable to their role. The provider's training spreadsheet which recorded all training undertaken by staff, showed significant gaps. For example, out of 28 staff, only seven staff had completed safeguarding adults training, four staff had completed safeguarding children's training, eight staff had completed dementia training, and seven staff had completed moving and handling. Staff caring for people who were younger or had specialist needs, such as epilepsy, dementia or autism had not undertaken training to ensure they were able to effectively and safely meet their needs. Following our inspection the provider advised us immediate action was being taken, provided us with an updated copy of their training records and explained training would be incorporated into each member of staff's rota. The provider had also detailed in their PIR that over the next 12 months they would strive to "Continue to train its staff to be competent and skilled to provide the care being planned and delivered. Carry out more spot checks on staff and care delivery".

Staff did not receive training appropriate to their role to enable them to carry out their duties. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received supervision to help ensure they were working to high standards. Supervision was an unannounced observation of their practice. Staff told us these were useful in enabling reflection of their practice.

People told us staff had the skills to be able to meet their needs, comments included, "They are all well trained in what they are doing", "They always do their job well" and "The carers I have, all know what they are doing, they're lovely".

People, were satisfied with the support they received with their meals. People's care plans, when necessary, described how staff should assist or support people. Although care plans were not always descriptive about people's nutritional likes and dislikes. Staff were confident about what action to take if they were concerned someone was not eating and drinking enough.

People were supported to access health care services such as GPs and district nurses if they were not feeling well or if staff felt their health and wellbeing were deteriorating.



# Is the service caring?

## Our findings

People, overall spoke highly of care staff and told us “I have never met a better carer, they have lots of patience with me”, “The care is absolutely superb”, “They do a good job, they’re very good really”, and “I wouldn’t want to change any of my carers”. One person told us staff were always very polite towards them, but moaned amongst themselves about their conditions of service. People told us they did not always have the same staff team, but explained this was not a problem to them, as they understood it may be difficult to achieve.

People had taken time to write thank you cards in recognition of the kindness shown by the staff, comments included, “Just to say thank you for looking after my Mum and for the care and support you gave her, in her last couple of months”, “Thank you all for the kindness and compassion given during the last two weeks of her life” and “Thank you for all the care that Dad received from the Carol Spinks agency...for their patience and understanding and the support”.

Staff described how they showed care in their role and towards the people they supported. They told us of the importance of being cheerful and tactile, such as holding a person’s hand to provide them with reassurance. One member of staff described how they supported a person

who had become upset and embarrassed because they had not reached the toilet quickly enough. The member of staff described how they had put their arm around the person to comfort and ease their anxieties.

People told us staff respected their privacy and dignity and staff gave us examples of how they did this. For example, they ensured people’s curtains and doors were always closed, and when people were being assisted with personal care, staff always covered people to protect their dignity. The provider had also detailed in their PIR how they ensured people’s privacy and dignity was promoted, they told us “Care is carried out with dignity and respect and takes into account protected characteristics as set out in the 2010 Equality Act. The service user’s privacy and dignity are always respected and preserved. Carers are trained to provide care in a dignified manner, respecting the service users’ privacy and being mindful for the need for client confidentiality at all times”.

People were provided with opportunities to feedback about the service they received. The registered manager asked people to complete a quality survey. The survey encouraged people to share their views and for their opinion about where the service could improve. People were also able to feedback about the service they received when staff were supervised during unannounced spot checks.

# Is the service responsive?

## Our findings

People had care plans in place; however care plans did not always provide guidance and direction for staff about how to meet a person's needs. For example, one person's pre-assessment detailed they had breathing difficulties and were living with dementia. However, the person's care plan did not contain information about these needs. Another person had had a stroke; there was no information in the person's care plan about how staff were to effectively support the person. When a person's care needs had been recorded, guidance was limited for staff to follow. For example, staff had been instructed to "check skin integrity", but there was no information about what staff were looking for, or about what action they were expected to take if they were concerned.

People's care plans were not effectively reviewed with the person and or their relatives. People's care plans, which were kept in their own homes, were not reflective of the care plans kept in the office. This meant people's care needs may not be consistently met by the staff team. At the time of our inspection the provider was taking action to make improvements.

Care plans were not effectively reviewed and reflective of the care being delivered. This meant staff may not always have the correct information about how to support people. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a pre-assessment process which helped to ensure staff were able to meet people's needs prior to the service being offered. The pre-information was shared with staff prior to them visiting a new person. In an emergency, when a person required the use of the agency quickly, people's care needs were shared verbally with staff until a care plan could be put in place.

People's changing health care needs were communicated within the team by telephone or mobile text messaging. These were then reported to senior staff and health professionals were contacted when required.

People were given a copy of the provider's complaints procedure when they started using the service and were confident who to speak with. The provider's records relating to complaints showed what action had been taken to investigate and rectify a person's complaint. However, records did not always demonstrate the person had been spoken with to ensure they were happy with the outcome. The service manager told us she would record this in future. People's main complaint related to missed or late visits, with one person who told us, "I keep telling them about the late visits I have, it's awful". The provider recognised this was not acceptable and told us improvements had and were continuing to be made within the service.

# Is the service well-led?

## Our findings

The provider's quality monitoring systems were not always effective to help ensure the service being delivered to people was of a good quality and met their needs. For example, improvements were required in respect of the planning of people's care, the management of medicines, the management of risks, and staff training. The provider was receptive to our feedback, and by the end of our inspection had already begun to take action to make improvements. The provider had also detailed in their PIR that "The agency will continue to monitor and improve its recording processes to ensure they maintain the same high quality that the care provided achieves. The agency will continue to develop its quality control procedures".

The provider's quality monitoring systems were not always effective to help ensure the service being delivered to people was of a good quality and met their needs. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a management structure in place and an out of hours call system in place, which consisted of the service manager, care supervisors, senior care staff and an office administrator. Staff knew who to speak with if they required support and felt the service was managed well.

The provider had a monthly newsletter to keep staff informed of any changes within the organisation. However, some staff told us communication was not always effective.

Staff meetings were not always held and minutes of meetings were not always shared, which meant staff did not always have the most up to date information about their role and responsibilities.

The provider explained they kept their knowledge up to date by reading health and social care magazines, and by accessing websites such as CQC and Skills for Care.

There was an annual quality survey which was used to obtain people's feedback; people's feedback was then used to improve the service. Some people told us they had not been asked to complete a questionnaire, whilst others told us they had.

The provider had organisational policies and procedures which set out what was expected of staff when supporting people. Some of the policies required updating to ensure they were reflective of current legislation. Staff had access to these and were given key policies as part of their induction. The whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected. Staff told us they felt the provider would take responsive action if they did raise concerns.

The provider had detailed in their PIR that they would "Continue to develop its 'open and transparent policy to make sure there is the maximum dialogue between the service user, the care staff, supervisors and the agency". This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9 (1) (a) (b) (c) (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were not effectively reviewed and reflective of the care being delivered. This meant staff may not always have the correct information about how to support people.

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) was not always being followed. This meant decisions being made by staff may not be in people's best interests.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were not always in place as necessary, updated, and reviewed to ensure people were kept safe and to mitigate any ongoing risks associated with their care.

This section is primarily information for the provider

## Action we have told the provider to take

People did not always have care plans in place which detailed their medicines and the correct support required. Staff were not always trained to administer medicines to help ensure people received them safely.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's quality monitoring systems were not always effective to help ensure the service being delivered to people was of a good quality and met their needs.

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not receive training appropriate to their role to enable them to carry out their duties.