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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service in January 2017. During that inspection we found the service was failing to comply with Regulation 12 Safe care and treatment and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In relation to Regulation 12 Safe care and treatment, we found people's risk assessments did not identify and ensure risks were minimised. Staff administering medication and assisting people with their mobility had not always been trained to do so. Not all staff had been recruited robustly before commencing employment and some people did not receive visits at times they needed them. In relation to Regulation 17 Good governance we identified that some systems or processes in place to assess, monitor and improve the quality and safety of the service were not always effective. For example, recognising the above issues and ensuring actions were taken. Staff call times were not audited to ensure staff visited at the required times and care records were not audited. Following this inspection in January 2017 we issued two warning notices relating to Regulation 12 and 17 requiring the service to become compliant with the relevant requirements by 21 April 2017. We received a satisfactory action plan from the provider detailing the actions they had taken to meet the regulations.

We then carried out this focussed inspection on 6 July 2017 to check Regulations 12 and 17 had been met. The evidence in this report only relates to the compliance of the warning notice and not the remaining key lines of enquiry for safe. We are unable to change the rating on this key question until the next comprehensive inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carol Spinks Homecare on our website at www.cqc.org.uk. We found that all areas referred to in the warning notices had been addressed and Regulations 12 and 17 had been met.

Carol Spinks Homecare is a domiciliary care service that provides care and support to adults of all ages in their own homes. The service provides help with people's personal care needs in Saltash, Liskeard and Callington and the surrounding areas. At the time of this inspection 80 people were receiving support with their care needs.

The service had a registered manager in post who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

All the people and relatives we spoke with told us they were very happy with the service. They felt safe and were very complimentary about their care workers and expressed confidence in the way the service was managed. Three people who had been out when we telephoned, phoned back because they wanted to record their appreciation. One person said, "I really hope they do well in the inspection. They certainly deserve top marks as far as I'm concerned!" Other people commented, "They [staff] chat away to him when they shower him – and it takes his mind off it. I've been amazed at how well he has accepted having carers

in. He was dead set against it at first but he recognises that they have made life so much better for both of us", "They [staff] are like gold-dust. They are all so good – I do have my favourites though. They are so well trained, so consistent" and "They [staff] treat me wonderfully. I was apprehensive at first of course. But they are so discreet, so understanding. They don't get embarrassed, so I don't get embarrassed."

Staff rotas showed that there were enough staff to meet people's needs. No-one had experienced a missed visit in the last 12 months and visits were monitored to ensure people received visits on time. People said they were always supported by staff they had been introduced to. Everyone said they felt the care workers were totally reliable. Everyone said they felt their care workers knew them/their relative well and they completely trusted the carers. People said they felt completely safe with the care workers and there were many compliments on their professionalism. People felt the care workers had the skills to do their jobs properly. The friendliness, compassion and kindness of the care workers were also frequently mentioned, and everyone felt they and their relatives were treated as individuals.

People's care records had all been reviewed since the last inspection and held comprehensive information about how people wished to be supported. Records were regularly updated to reflect people's needs. Risk assessments had been developed with the local safeguarding team and reflected people's risks with clear information for staff about how to ensure these were identified and minimised.

The service training matrix showed all staff had received relevant and sufficient training to enable them to carry out their role effectively. A specialist external trainer in medicines administration and management in the community had ensured all staff who administered medication had received training. An updated medication policy was in place. Staff had received training in manual handling and there was an updated lifting and handling policy.

Recruitment records were robust and ensured that staff had received the relevant checks before commencing employment to ensure that people were safe.

There were effective systems in place to monitor the quality and safety of the service and drive on-going improvement in relation to the warning notices as the service had reviewed these. Where people raised concerns these were taken seriously and acted upon in a timely way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were protected from the risk of harm as risks, including medication and mobility, had been identified and well managed.

People's needs were met by sufficient numbers of skilled and experienced staff at the agreed times.

People could be sure they received care from suitable staff through thorough recruitment and training processes.

Requires Improvement ●

Is the service well-led?

There were effective systems in place to monitor the quality and safety of the service and drive on-going improvement.

Where people raised concerns these were taken seriously and acted upon in a timely way.

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 focussed inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 as stated in the warning notices relating to Regulation 12 Safe care and treatment and Regulation 17 Good governance.

One adult social care inspector undertook this focused inspection of Carol Spinks Homecare on 6 July 2017. We gave the provider 48 hours notice so we could be sure a manager was available to assist us. We inspected the service against two of the five questions we ask about services: is the service safe? And is the service well led?

Before our inspection we reviewed the information we held about the service, including notifications received and information from the local authority.

We spoke with the providers, one being the registered manager, the support manager and two care workers in person. We visited one person with their permission in their own home and met their relative. We spoke to one relative in person and an expert by experience spoke to 15 people on the telephone and a further two 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. We looked at four people's care records and risk assessments and records relating to the management of the service such as staffing rotas, training, incident reports and audits.

Is the service safe?

Our findings

We carried out an announced comprehensive inspection of this service in January 2017. During that inspection we found the service was failing to comply with Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In relation to Regulation 12 Safe care and treatment, we found people's risk assessments did not identify and ensure risks were minimised. Staff administering medication and assisting people with their mobility had not always been trained to do so. Not all staff had been recruited robustly before commencing employment and some people did not receive visits at times they needed them.

At this focussed inspection in July 2017 we found the service was compliant with the issues relating to Regulation 12 as stated in the warning notice. The evidence in this section only relates to the compliance of the warning notice and not the remaining key lines of enquiry for safe. We are unable to change the rating on this key question until the next comprehensive inspection. Staff rotas showed there were enough suitably trained and experienced staff to meet people's needs. No-one receiving a service had experienced a missed visit in the last 12 months and visits were monitored to ensure people received visits on time. For example, care workers told us how their visits were monitored as they used a telephone log in when they arrived and left people's homes. During our inspection one care worker's phone was not logging their arrival. The office staff were aware and rang the care worker to check they had visited the person, which they had. Staff were able to choose the area where they wished to work and the service was divided into two teams, Saltash and Liskeard and Callington to minimise travel time.

The support manager told us how sometimes when the council rang to see if the service could accommodate supporting a new person, there may not be a time slot available for a visit at the preferred time. The service and the council sometimes made agreements to visit at the available time slot and when the preferred time became available this would happen. The support manager had included information about timings of visits in the service brochure and statement of purpose to ensure people had realistic expectations and knew when their visits would take place. For example, care workers aimed to visit people within 30 minutes either side of the agreed visit time. They also made it clear that they may not be able to arrange visits to suit the person's preferred times initially, but they would endeavour to do so as soon as possible.

People said they were always supported by staff they had been introduced to and who knew their needs. Everyone said they felt the care workers were totally reliable and they felt safe. People told us, "I live on my own and I rely on them. They have never once let me down", "They [staff] are all such lovely people. I feel very safe with all of them" and "It's not just that they [staff] are professional and smart, although they are. They [staff] always look clean and tidy when they come. It's more that they are so thoughtful and caring."

People's care records had all been reviewed since the last inspection and held comprehensive information about how people wished to be supported. For example, if one person was in the lounge when care workers arrived there were instructions which differed when the person was still in bed. Records were regularly updated to reflect people's needs. Risk assessments had been developed with the local safeguarding team

and reflected people's risks with clear information for staff about how to ensure these were identified and minimised. For example, care plans included a summary of the person's background, likes and dislikes and reasons for requiring support. This aided care workers in initiating conversations in a person centred way, for example chatting about people's hobbies such as antiques. Visit detail forms described the tasks required for each time slot in a person centred way and there were comprehensive risk assessments. These covered all aspects of risk such as the environment, how to access premises safely, maintenance of equipment, manual handling, mental health and behavioural risks. For example, one person was very tactile so staff knew to avoid the person's personal space and be mindful when providing support to avoid conflict. One care plan reminded staff to ensure food in the person's fridge was in date as this had been an issue in the past. Staff had also been reminded through the staff newsletter.

The service training matrix showed all staff had received relevant and sufficient training to enable them to carry out their role effectively. A specialist external trainer in medicines administration and management in the community had ensured all staff who administered medication had received training. An updated medication policy was in place. Staff had received training in manual handling and there was an updated lifting and handling policy. People were happy with how staff supported them and their needs were met by competent staff. They commented, "It could be quite nerve-racking if staff weren't sure how to do it properly – but they [staff] always make sure I am secure and comfortable - and the bottom line is I trust them. I'm a very happy customer", "Of course, some are more experienced than others but they all know what they are doing. They check my care plan if there is something they are not sure about and, of course, they ask me as well. I really can't find any fault with any of them" and "They [staff] are all such lovely people. I feel very safe with all of them."

Staff said they had time to complete training and there were lots of opportunities to gain further knowledge relevant to the people they cared for. The training matrix summary had been re-designed to show which staff had completed training and when they were due refreshers. All staff were up to date or had training booked. This included topics such as handling medication, first aid and manual handling. Most staff had begun the care certificate as well as mandatory training. This is a nationally recognised qualification for care workers. Staff also completed a course of e-learning provided by the local council in topics such as safeguarding and dementia.

Recruitment records were robust and ensured that staff had received the relevant checks before commencing employment to ensure that people were safe. All staff had disclosure and barring police checks before they commenced employment or worked unsupervised. The support manager was now starting on staff recruitment files to ensure they record the date new staff actually commenced lone working, rather than start of employment, to ensure recruitment checks were completed by that date.

Incidents were recorded on the central computer system within individual's files. All communications were initially recorded directly onto the database. Any that occurred out of hours were communicated to the on duty manager and passed to the office for recording. Depending on the issue/incident, any immediate action required was taken at the point of call, or minor instances were dealt with by the office. Staff were aware of what to report as an incident, for example if a person hurt themselves during a visit or if there had been police involvement. Actions taken were recorded, for example, when one person had been very confused and the police were involved, the care worker had contacted family to support the person following their support visit.

Is the service well-led?

Our findings

We carried out an announced comprehensive inspection of this service in January 2017. During that inspection we found the service was failing to comply with Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In relation to Regulation 17 Good governance we identified that some systems or processes in place to assess, monitor and improve the quality and safety of the service were not always effective. For example, recognising the issues relating to Regulation 12 and ensuring actions were taken. Staff call times were not audited effectively to ensure staff visited at the required times and care records were not consistently audited.

At this focussed inspection in July 2017 we found the service was compliant with the issues relating to Regulation 17 as stated in the warning notice. The evidence in this section only relates to the compliance of the warning notice and not the remaining key lines of enquiry for well led. We are unable to change the rating on this key question until the next comprehensive inspection. There were effective systems in place to monitor the quality and safety of the service and drive on-going improvement in relation to the warning notice because the service had reviewed their quality assurance. People expressed confidence in the way the service was managed. One recent thank you card stated, "Thank you for all the care and compassion you showed [person's name]. Once again thank you so much, your bosses should be very proud of you all." People were clearly satisfied with the management of the service. Many people referred to three senior members of staff by name and said they would feel confident they would be listened to if they had any concerns. Only one person had complained about anything within the last twelve months and had been satisfied with the service response. One person said, "One of the reasons it works so well is it's a family business – small and personal."

There were robust systems in place to monitor staff visit times. The computer system was linked to the local council who could access staff rotas and timings to produce invoices. The support manager had ensured that when the council made changes, they were also informed as this could affect staff rotas. Visit timings were included in staff supervision sessions as the service could access visit times to audit reliability. People all thought the service was reliable and there had been no missed visits as these would be raised in an alert to office staff at the time. Area managers were allocated care workers to provide supervision, support, spot checks and manage any issues. Area managers completed all assessments for new people wishing to receive a service and met each person in their home or in hospital prior to providing care and support.

Care records had been audited previously but not always in a consistent way. A care plan review tracker system now enabled the service to monitor which care plans had been or were due for review. This included all risk assessments. Care plans we saw were relevant to the person's needs and showed when they had been reviewed. For example, a care plan update page in individual's care files showed changes following spontaneous reviews where visit times had been increased or decreased depending on people's needs. This showed care workers identified any changes and informed the office who would update care plans electronically at that time so care plans were up to date. The support manager said they would include more detail in the care plan update page to show more detail of any changes made in the body of the care plan so it was easier for staff to identify. Staff were also sent text messages for any immediate changes to

care planning. Area managers had allocated administration time to complete care plan reviews.

During any care plan review, the person's communication notes were exported from the computer system and added to the review file. This enabled a review of all communication including any incidents for discussion. This process ensured that all events were recorded, dealt with and made available to staff providing care and support. Staff also received regular communication via a staff newsletter. A recent newsletter, for example, reminded staff to check that food was in date and to record any people who refused care so this could be addressed appropriately.