

Mrs Jane Belinda Goddard

Community Spirited

Inspection report

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Tel: 01983296592

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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

Community Spirited is a domiciliary care agency providing care and support to people living in their own homes who have a range of needs. CQC only inspects where people receive personal care. Not everyone who used the service received 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 the inspection five people were receiving personal care.

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

People were happy with the care they received and felt the service was run well. A clear management structure was in place. Feedback about the service was sought from people, their relatives and staff. Quality assurance systems were in place to assess monitor and improve the service.

Appropriate safeguarding procedures protected people from the risk of abuse. There were enough staff to meet people's needs and they had been recruited safely. Individual and environmental risks were managed appropriately. People received their medicines safely and as prescribed.

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 sought people's consent and supported people to make choices about their care.

Staff received appropriate training and support to enable them to carry out their role effectively. Staff treated people with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what was important to them. People were treated with respect and dignity. Staff encouraged people to remain as independent as possible in their daily routines.

People received personalised care which met their specific needs, Care plans were clear, detailed and person-centred, which guided staff on the most appropriate way to support them. A complaints procedure was in place, which ensured concerns were investigated and acted upon appropriately. Where required, arrangements were in place to support people in a dignified manner at the end of their life.

Rating at last inspection

The last rating for this service was Good (published 12 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was 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 ●

Community Spirited

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 carried out 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.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider and key staff would be available to support the inspection.

Inspection activity started on 13 January 2020 and ended on 15 January 2020. We visited the office location on 13 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the provider (who was also the manager) and the deputy manager. We reviewed a range of records which included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with four people and their relatives, who were receiving care and support from the service. We also spoke with six members of care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe and protect them from the risk of abuse.
- People and their relatives told us they felt safe with staff in their own homes.
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse.
- A process was in place to ensure that any safeguarding incidents were investigated thoroughly. The provider was clear about their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records and risk assessments clearly identified how staff should support people to reduce the risk of harm.
- People had risk assessments in place in relation to; moving and handling, mobility, allergies, dietary needs and health conditions.
- Environmental risk assessments had been completed to promote the safety of people in their own homes and of the staff that visited them. This included information about people's living environment and the security of the property.
- Staff were knowledgeable about people's individual risks and were attentive to taking steps to keep people safe.
- Staff completed timesheets when they arrived at a person's home and when they left. As well as helping to ensure staff safety, this system also allowed the management team to monitor call times were met and staff stayed for the appropriate length of time with people.

Staffing and recruitment

- There were enough numbers of staff available to keep people safe. The provider was clear they would only accept new care referrals if they had sufficient staff available to ensure they would be able to meet people's needs.
- Recruitment procedures were robust to help ensure only suitable staff were employed.
- People told us they generally had the same 'group' of staff, which provided them with consistency in their care. Short term staff absences were covered by existing staff members including office staff who were suitably trained to provide care for people.
- People and relatives spoke positively about the staffing levels and confirmed that staff usually arrived at the time expected. One relative said, "They turn up on time, but if they are going to be late, they will always alert [the person] so they are aware."

Using medicines safely

- Where people required support from staff to take their medicines, this was completed safely. One person said, "Yes, they sort [my medication] out for me. They see to whatever I need doing with my tablets."
- Where people were prescribed 'as required' medicines, important information such as what the medicine was for, when it should be taken and any possible side effects it may cause, was not recorded. We discussed this with the provider and deputy manager, and by the end of the inspection, a process was in place to ensure detailed information was recorded in people's care plans about their 'as required' medicines.
- Where people were taking a medication that required them to have regular blood tests, this was monitored effectively and safely by staff.
- Staff had received training to administer medicines safely and as prescribed. People and their relatives were confident in how they were supported by staff.
- Staff completed medicines administration records (MAR), which were reviewed by the management team. These showed that staff had administered medicines as prescribed. The MAR chart provides a record of which medicines were prescribed to a person and when they were given.

Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection. Staff had received training in infection control and were supported to receive a flu vaccination.
- Personal protective equipment (PPE), such as disposable gloves and aprons were provided to staff to minimise the spread of infection. Staff told us that stocks of PPE were available for them to collect from the office when required. A staff member said, "I keep all my gloves and PPE in my car and I can collect more from the office. I've got hand gel and a first aid kit too."
- People and their relatives confirmed staff wore gloves and aprons when completing care tasks and washed their hands appropriately.

Learning lessons when things go wrong

- Accidents and incidents were recorded and regularly reviewed to ensure that any learning could be discussed and shared with staff to reduce the risk of similar events happening.
- Staff recorded and informed the management team of any incidents when things might have gone wrong. The provider had a system in place to analyse accidents and incidents and identify any patterns or trends.
- Where people had experienced a fall whilst on their own at home, this was recorded by staff and action was taken to help reduce the risk of another fall occurring. For example, for one person, the provider had worked with health professionals to implement alternative mobility equipment and aids around their home.
- The provider knew how to seek support from external professionals when they required additional guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection, this key question had improved to 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 were supported by staff who understood their needs and were committed to delivering effective care. One relative told us, "They definitely know [my relative's] needs and understand them as best as they can."
- People's needs were assessed before the service started supporting them. This included considering any risks and assessing for any specific equipment that people may require.
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care, where relevant.
- People and their relatives told us they were satisfied with the quality of care they received. One person told us, "I am well looked after, definitely" and a relative commented, "We as a family are very pleased with Community Spirited and how they fit in around [my relative's] day to day routine."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Checks of staff practice helped to ensure people received high quality care.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable, skilled and well-trained to carry out their roles effectively.
- New staff received an induction into their role, which included mandatory training courses and working alongside more experienced staff until they felt confident and were competent to work independently with people.
- Staff received a good standard of regular training which helped them to effectively support people and meet their needs. Training included safeguarding, moving and handling, infection control, food hygiene and first aid. Staff told us that additional training was also available to them and the provider encouraged staff to enrol on higher level qualifications in health and social care if they wished too.
- Each staff member received regular supervisions and annual appraisals, which aided their professional development and supported their wellbeing.
- Staff told us they felt supported in their roles. One staff member said, "I feel completely supported and backed up by [the management team] and another commented, "The door is always very much open, so I know I can go in when I need too, or I can always ring up and ask for a chat or a supervision."

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

- Most of the people we spoke with said they or a relative prepared their meals. Those people whom staff

prepared meals for were happy with the way this was done.

- Staff promoted good nutrition and hydration and supported people to eat and drink enough. Where required, staff used recording charts to monitor people's intake of food and fluids. This helped to ensure people maintained a balanced diet.
- People's care plans contained information about any special diets they required, food preferences and support needs.

Staff working to provide consistent, effective, timely care

- Staff worked together to ensure that people received consistent, timely and person-centred care.
- Staff told us they were given enough travel time to get to people's houses at the agreed time and carry out their job effectively. One staff member said, "I don't believe in leaving a person's house in a rush, I need to make sure there is plenty of time between each client that I see, I never feel rushed working here."
- There was good communication between all staff to ensure that messages were passed on appropriately to the next staff member visiting a person to provide care.
- Staff delivered care in a way that met people's individual needs and was considerate of their personal routines. For example, one person's care plan contained specific detail about their washing routine, such as where they got undressed and making sure the temperature of the bathroom was adjusted to their preference.

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

- People had care plans in place which contained essential information about their general health, current concerns, abilities and level of assistance required.
- Where people's health needs deteriorated, staff supported them to access medical support as required. For example, where staff had noticed a person developing sores on areas of their body, this was raised appropriately to medical professionals in order to prevent their condition from worsening.
- Staff worked hard to support people in alternative ways to ensure they received a good standard of personal care. For example, where concerns were raised, staff used different types of equipment to support people until they felt most comfortable and safe.
- Staff worked well with external professionals to ensure people were supported to access health and social care services when required. People and their relatives were confident that support would be available to them in the future should their needs change. A relative said, "I'm confident that if [my relative] needed more help in future, they could do that."

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.

- Staff had received training in the Mental Capacity Act 2005 (MCA) and their knowledge was tested on this area regularly to ensure they stayed up to date.
- People were supported to make every day decisions and staff had a good awareness of the MCA and how

this impacted on the people they supported. This ensured people's rights in relation to decision making were protected. One staff member said, "It's important to respect people's choices. I always say to them, 'Please tell me if you would prefer for something to be done differently' and I give them that choice. It's their home and their routine after all."

- The provider was aware of their responsibilities to complete appropriate MCA assessments and best interest decisions where people lacked capacity.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were 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 were supported by staff who were kind, caring and compassionate. Feedback included, "They are absolutely brilliant, I couldn't speak highly enough of them, they are so caring," "I cannot tell you how much they all mean to me and all involve me with my day to day living" and, "[Staff member] supports [my relative] in a gentle and kind manner."
- We saw thank you cards from people and their relatives which highlighted the caring nature of staff.
- Staff had developed positive relationships with people and knew what was important to them. Staff we spoke with demonstrated a genuine affection for the people they cared for. One staff member said, "I really enjoy it, it's really rewarding, I have a good relationship with all of my clients."
- People were introduced to staff members through an introduction process, which enabled people to get to know staff and ensure staff had a clear understanding of the person's routine. A relative told us, "[The deputy manager] comes in with a new person and introduces them. They shadow the other staff member, so [my relative] does not just get a new person 'cold' without meeting them first."
- Before visiting a new person, staff were provided with information about the person's care needs. This meant they would know important information about the person to ensure they were able to meet people's individual needs.
- Staff had received appropriate training in equality and diversity and were open to people of all faiths and belief systems. There were no indications people protected under the characteristics of the Equality Act would be discriminated against.

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

- Staff showed a good awareness of people's individual needs, preferences and interests. People's care records included information about their life histories and what was important to them.
- People and where relevant, their relatives, told us they were involved in making decisions about the care provided.
- People and their relatives told us they were frequently asked by staff if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required.
- The provider and management team had regular contact with people on the telephone, visiting them in their own homes, or when carrying out spot checks of staff. This enabled them to seek people's views, review if any changes were needed and check if they were happy with the service they were receiving.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff, who encouraged them to be as independent as possible in their daily routines. A relative said, "They always encourage [my relative] where they can."
- Care records had detailed descriptions of people's needs and abilities to make sure staff supported them to maintain their independence. For example, one person's care plan described the items to leave in the person's reach before staff left, so they were able to carry on with tasks independently.
- Staff described how they supported people to maintain their abilities. For example, one staff member told us, "I only help people as much as they need my help to make sure I promote their independence. I always try and go through their care plan with them, we talk about their preferences and choices and look at how we could do things to make it easier in some way for them."
- People told us staff treated them with respect and provided care and support in a dignified way. Staff understood their responsibilities when respecting people's dignity and showed consideration for people's privacy when completing personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support, specific to their needs and preferences.
- People were given choice and control of their care and staff understood the empowering affect this had on people's day to day lives. One staff member described how they supported a person with daily choices, they said, "In the evening I give [the person] a ready meal. I take a few options out and let [the person] choose which one they would like. I ask about which clothes they would like to wear and leave them out, so they can pick. Sometimes they change their mind, but that's okay as long as I make sure I always give the choice first."
- People's care plans were clear and person centred. They contained information in relation to people's likes and dislikes, personal preferences, health, social needs, communication requirements and tasks they required support with during each visit from staff.
- Daily records showed people received care and support according to their assessed needs.
- Staff were given time to read through people's care plans when they first met them and checked them regularly to ensure they stayed up to date with any changes. A staff member said, "When we start seeing a new client, we tend to shadow the existing carer for the first few shifts and while we are there, we read care plan so can understand about the person and their routine."

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 identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication.
- The provider was aware of available resources to support people with a sensory loss, such as providing large print books and text.

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

- The provider was passionate about supporting people to develop new friendships and maintain existing ones to avoid social isolation. The provider told us they encouraged people to widen their social support networks by attending social clubs and activities.

- In addition to providing people with personal care, the service held their own wide range of social clubs and events, which were based at their offices. Activities included crafts and games, lunches, tea parties and an 'older person's youth group'. People were encouraged to join the groups and were supported by staff to attend where required.
- People were supported to follow their interests and their achievements were celebrated by staff. For example, the provider told us about a person with an interest in reading and writing who had written a poem. Due to their visual impairment, staff had typed up the poem in larger print and presented it to them to enjoy reading. For another person, staff had arranged a surprise visit for them to their previous workplace. We saw pictures of the person being shown around and enjoying their day.
- Where people expressed a faith or belief, the provider was open and supportive of this, ensuring that people's religious and cultural needs were met.
- Staff were aware of the friends and family that mattered most to people and took action to ensure these relationships were maintained. Where people had family who did not live nearby, staff emailed them regularly and shared pictures of the person with them, with their consent.
- The provider promoted the development of relationships by ensuring regular care staff were allocated to people. People and their relatives confirmed they received care from a consistent group of staff, which allowed them to build good relationships. One person said, "They are all lovely. It's always the same faces I see."

Improving care quality in response to complaints or concerns

- The provider had a complaint policy and process in place to act on any complaints that had been received.
- Relatives told us that they had confidence in the service and if they raised minor concerns, these were acted on promptly.
- Staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly. One person said, "I feed it back to [the office] personally, we text each other all the time about anything that needs to be sorted."

End of life care and support

- No people using the service were receiving end of life care at the time of our inspection.
- The provider provided us with assurances that people would be supported to receive good end of life care. They told us of how they had worked closely with relevant healthcare professionals in the past, provided support to people's families and ensured staff were appropriately trained and supported.
- The provider had sought information about people's end of life wishes and recorded this in their care plans. This included details of the person's wishes, as well as guidance for staff on how to care for the person to ensure a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems and audits had been developed to assess, monitor and improve the service.
- Personal care documentation such as daily notes, MAR charts, food and fluid charts and timesheets were returned to the office from people's homes regularly. The provider advised that documents were checked by a member of the management team in order to identify any errors or follow up action required.
- We found there was no system in place to document or evidence these checks had occurred for all documentation returned to the office, however daily notes viewed showed that people were receiving care and support as required. Following the inspection, the provider sent us an updated audit tool to ensure reviews of documents were recorded when returned to the office.
- There was a clear management structure in place, consisting of the provider, the deputy manager and senior staff. The management team was also supported by an administrator.
- The management team worked together to ensure the smooth running of the service and regularly held management meetings to discuss any concerns or areas for improvement.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and equality and diversity.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were happy about the service they received from Community Spirited and gave positive feedback about all staff members.
- People and their relatives were complimentary of the provider and the way in which the service was run. Comments included, "Because it's a smaller company, there is much more of a family feeling to it," "They are great, I've got no complaints at all" and "It's a good service."
- Staff told us they enjoyed their roles and felt supported by the provider. One staff member said, "I absolutely love the company I work for, best I've worked for in care," and another said, "[The provider] is great, I feel like it's one big family. It's nice to have a relationship like that with your workplace, [the office team] are easy to talk too."
- Staff were recognised for doing a good job and told us they felt valued in their roles. One staff member said, "They all appreciate what we do, but especially [the provider]. It gives you a boost, it's really nice now and again, you feel like you are recognised for doing well."
- Where staff received compliments from people, the provider made sure these were passed on to the staff member and thanked them for their hard work.

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 provider understood their responsibilities under the Duty of Candour.
- Where any incidents or accidents occurred, relevant people were informed, in line with the duty of candour requirements.
- A duty of candour policy was in place, which supported staff and management to act openly and honestly in their roles.

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

- There was an open-door policy. People and their relatives told us there was good communication and the management team were easy to contact when needed. One relative said, "[The provider] is brilliant. We meet up with them to go through whether we are happy with [my relative's] care. We are very pleased." Another relative told us, "The management team are absolutely great. They are always on the end of the phone at any time."
- Feedback about the service was gathered from people and their relatives in a range of ways including annual surveys, one-to-one discussions and telephone contact.
- Regular newsletters were sent to people and staff members to update them on any news or changes within the service.
- Staff were given the opportunity to share their views about the service and have an influence on the way people received care. The management team liaised with people's individual team of carers via a secure messaging group and regular staff meetings were held to discuss any updates or concerns with the service. A staff member commented "We get to have a say if we need too."
- Staff confirmed they were confident in raising any issues and felt listened to by management when raising issues. One staff member said, "If I didn't know how to do something, I would go to them and they would help me out with no problems" and another said, "I do enjoy it, everyone helps each other out, it's a nice atmosphere to work in."

Continuous learning and improving care; working in partnership with others

- The management team completed regular care visits within the community, which meant they had regular contact with people and good oversight of how the service was running. This also helped to ensure staff worked safely and displayed a respectful attitude.
- The provider had subscriptions with key organisations in the care sector. This helped to ensure they stayed up to date with best practice and guidance.
- The provider monitored complaints, accidents, incidents and near misses frequently. If a pattern emerged, action was taken to prevent a reoccurrence.
- All learning was shared with staff during staff meetings, handovers and supervision.
- The staff and management team worked in partnership with other agencies and professionals to ensure people received the support they required.
- People's support plans showed the involvement of health and social care professionals including community nurses and GPs, which ensured effective joined-up care.
- The provider worked with people's relatives where appropriate, to help support people's day to day routines effectively.