

Salutem LD BidCo IV Limited

Ambito Community Services Calderdale

Inspection report

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11 April 2019

12 April 2019

18 April 2019

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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: This service provides care and support to people in their own homes. The service provided personal care to nine people at the time of the inspection.

People's experience of using this service:

Risks to people's health and wellbeing were comprehensively assessed with a wholly person-centred approach. Positive risk taking was promoted and used extremely effectively to make sure people were not prevented from taking part in life enhancing activities. Everybody we spoke with said they had absolute trust in the service. One relative of a person who used the service said they would trust their relative's support worker with their life.

Strong systems were in place to make sure staff were suitable to work with vulnerable people. Staff received appropriate training and they told us the training was good and relevant to their role but said they would appreciate more face to face training. Staff were supported by the management team, but some said they did not receive supervision as regularly as they would like.

People using the service benefited from an extremely caring and responsive service. People we spoke with were unanimous in their praise of the service they received and of the staff. They described staff as "amazing", "just brilliant" with one relative saying, "They make you feel as though you are the only thing important to them." A member of staff said, "It's a privilege to be involved in the lives of the people we support". All the relatives we spoke with used the word 'outstanding' to describe the care and support their family members received.

Imaginative and highly effective systems were in place to make sure people were supported to have as much choice and control of the care and support they received as possible. Care documentation was entirely based around people's choices and promotion of independence.

Staff knew when and how to access healthcare professionals involved in people's care. Advice from healthcare professionals was included in care planning.

Care and support plans were developed with an exceptional holistic and person-centred approach. People's relatives told us staff "couldn't do enough" and "spent hours" on getting care plans right.

People were supported to explore opportunities to engage in life enhancing social and recreational activities. Relatives told us how staff had made a real difference, not just to the lives of people using the service, but to their whole families.

People told us they would not hesitate to raise any concerns they had about the service and had absolute confidence in the service to manage these well.

There was a registered manager and systems were followed to make sure management was effective. The quality and safety of the service was audited. The registered manager and all staff demonstrated a commitment to continuous improvement of the service.

Rating at last inspection: This was the first inspection of this service since their registration in May 2018.

Why we inspected: This was a planned inspection based on the date of registration.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was exceptionally safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was exceptionally responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Ambito Community Services Calderdale

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit. This was because we wanted to make sure the registered manager would be available.

Inspection site visit activity started on 11 April 2019, when visited the office location to see the manager and staff; and to review care records and policies and procedures. During our visit to the office we were able to meet a person who used the service as they were attending the provider's day centre based at the same location as the office. On 12 April we spoke, on the telephone with relatives of people who used the service. We spoke with relatives because most people who used the service were not able to speak with us on the telephone. We also spoke with four members of support staff on the telephone between 12 and 17 April.

What we did:

We reviewed information we had received since the service registered. We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We checked information held by the local authority commissioning and safeguarding teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with one person who used the service and four family members, by telephone. We spoke with four members of support staff on the telephone and met the registered manager, a care co-ordinator and the area manager during our visit to the office.

We looked at three care records for people who used the service, three staff files including recruitment, training and supervision records and records relating to the quality assurance 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

Outstanding: ☐ People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives

Systems and processes to safeguard people from the risk of abuse

- Staff told us they were trained in safeguarding adults and children and felt confident any concerns they raised would be dealt with appropriately. They told us they had information about who to go to if they had any concerns about a person's safety including alerting safeguarding teams or notifying the CQC. Staff were asked at supervision if there were any safeguarding concerns about people they support. This meant ensuring people were always safe was strongly embedded into working practices.
- A relative of a person with complex conditions which posed significant risks to their health and wellbeing told us they had such confidence in staff to keep their relative safe that they were ready to let staff support the person outside of their home without a relative present. They said this would be the first time they had ever done that.
- Another person's relative told us "I would trust (name of support worker) with my life".

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been comprehensively assessed with a wholly person-centred approach. Positive risk taking was promoted and used extremely effectively to make sure people were not prevented from taking part in life enhancing activities. Care plans for keeping people safe were titled 'Keeping risk person centred' and said, 'It is very important for me to feel and be safe. However, there are things that I want to do in my life and some of these might pose a risk. This does not mean that I should not look into it, especially if it is something that would make me really happy. To keep risk assessments person centred they need to be carried out with me and anyone I choose or who represents me to look at all possible options and then make a decision'. Risk assessments asked 'Where are we now? Where do we want to be? What have we tried and learned already? What shall we do next? and Who is going to do what? Detailed responses to all the questions asked were recorded. This meant all aspects of people's safety had been considered, solutions to potential problems found and lessons learned from previous experiences to wholly support people's wellbeing and happiness.
- The 'Keeping risk person centred' section of one person's care plan had a picture of a cartoon character on the front. This was because the character was significant to the person and gave them comfort.

Staffing and recruitment

- Staff were recruited safely, with appropriate checks to protect people from the employment of unsuitable staff. Strong systems were in place for applicants whose criminal record check had detailed any historical offences. This included obtaining statements and development of a risk assessment to evidence no risk to

people using the service. The review of the risk was passed by the area manager and a director of the service before applicants' employment was progressed.

- Staff were introduced to people before they started to support them. This was to make sure people felt confident and safe with the staff member.
- To promote continued safety of staff and people who used the service, staff were asked during regular supervision if there have been any changes to their criminal record status since the last check had been completed.

Using medicines safely

- The medicines care plan for one person said "Staff do not administer medication for me but it is important for them to know what I take and how I can present so they can identify any adverse side effects. If staff suspect any issues to ring my (relative) and my GP. The care plan included a full list of the medicines the person took along with clear jargon free explanations of what the medicines were for and what side effects the person might experience.
- One person's medicines care plan gave very clear guidance for staff to administer medicine to the person when they had a seizure safely. The care plan detailed how the person may look or act after administration of the medicine saying it could make them tired and disorientated.
- When staff supported people to go out they took with them a 'Grab and go' sheet which included details of the medicines the person took.
- The registered manager told us all staff had completed advanced training in managing medicines
- The evidence detailed above demonstrates a robust and comprehensive approach to making sure staff knew what to do to manage and recognise risks to people in relation to the medicines they needed.

Preventing and controlling infection

- Staff received training in preventing and controlling infection and had access to such as gloves and aprons as needed.

Learning lessons when things go wrong

- Risk assessments were reviewed regularly and updated to reflect changes in the level of risk to people's safety. Reviews maintained a focus on positive risk taking to make sure people were not prevented from engaging in activities they enjoyed.

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

Good; 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

- All of the relatives we spoke with told us how thorough staff were in assessing the needs of their family member and in making sure the person's care plan fully reflected their needs. One person told us "They couldn't do enough to make the care plan right. If they don't get it right the first time they come back and come back". Another relative said "They both (staff members) came back twice to set up the care plan."
- Care plans were concise but detailed. They provided staff with all the information they needed to provide high standards of care and support to people which met their needs safely, effectively and in the way they chose.

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.
- Assessments of people's capacity had been made where appropriate, although one person's assessment did not include details of who had been involved. The 'Being in control' care plan for a person who had been assessed as not having capacity said, 'I am able to make day to day choices concerning what I would like to do if you ensure I have the relevant information.' Decision making profiles detailed how the person needed to be presented with information to be able to make a decision. The profile included detailed responses to 'How can you help me understand? When are the best times to ask me to make a decision? When is it not a good time for me to make decisions?'

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. The registered manager said the provider was reviewing their induction procedures which involved looking at best practice across the company to build a new programme. Staff told us they did plenty of on-line training but some felt they would benefit from more face to face training, and one said they would like to have more training at a higher level.
- Systems were in place for staff supervision and we saw the format included asking staff about their wellbeing, the wellbeing of the people they supported and if they had any training needs. Some staff told us they received regular supervision, but others said it was not as regular as they expected it to be.

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

- Where people needed support to eat and drink, care plans were in place which gave thorough detail of their needs in a wholly person-centred way. For example, one person's care plan gave detail of all the foods which contained ingredients they were allergic to, where they liked to sit to eat, what cutlery they used and what staff should do to prevent them being distracted for eating.

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

- Care files and 'Grab and go' sheets included details of professionals involved in supporting people with their healthcare needs. Care plans gave clear instruction to staff about what to do and who to contact in the case of medical emergency. Advice from healthcare professionals had been included in care plans where appropriate.

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

Outstanding: ☐ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with were unanimous in their praise of the service they received and of the staff. The relative of one person told us "The service is amazing (support worker) is just brilliant (they) know (person) so well". Another relative told us their support worker was "Just like one of the family" and "really worked hard to make us feel comfortable". A third relative said "They make you feel as though you are the only thing important to them. They give me support as well as (family member), they are just lovely".
- All care documentation demonstrated the exceptional approach to care and support people described to us. Each care file included a detailed profile of the person which celebrated their individuality. For example, one person's 'What people like and admire about me' section read 'My sense of humour, my stubbornness - I like to be very independent and will not do anything I do not want to, my laugh'.
- Care files were extremely comprehensive and included a 'What is important to me now' section. This detailed people's family members and friends, people involved in their care, social network and places the person liked to be. Detail was given of what a good day and a bad day looked like for the person and went on to describe what support the person needed to have more good days than bad. This included what support staff needed to do to make the person realise their goals, however big or small, throughout the day. For example, one person's goals to make a good day included the achievement of putting their own bag in the car when going out and spending time with their support worker researching and planning activities.
- Records made by support workers of the time they had spent with people demonstrated an exceptionally caring approach and reflected how much both the person and the support worker had enjoyed their time together. For example, one support worker had written "We set off to go and see a great band, (person) thoroughly enjoyed (themselves). Returned home a very happy, loud young (person)."
- A staff member told us "It's a privilege to be involved in the lives of the people we support".
- All of the relatives we spoke with used the word 'outstanding' to describe the care and support their family members received.

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

- Care files included a 'Being in control section' which demonstrated the ways in which people had been supported to communicate their needs and make decisions about their support. For example, one said 'Although I do not communicate verbally I can communicate my wants and needs well using a variety of facial expressions, body language, and with the use of my GoTalk application on my iPad'.
- A relative said staff had been "Incredibly thorough" in making sure they found effective ways of communicating with their family member to make sure they understood how the person wanted their

support. Another relative told us staff "spent hours" making sure the care plan clearly reflected the decisions the person had made and how they wanted their support.

- To make sure staff provided support as the person wanted, 'Read and sign' sections of care plans stated 'All staff who support me need to read this plan in full to know how to do it best. You need to sign this sheet to confirm you have read my support plan and that you agree to follow it'. One relative told us staff "absolutely" followed this agreement and demonstrated "absolute commitment" to making sure their family member was in charge of their care.

Respecting and promoting people's privacy, dignity and independence

- Care records reflected a very strong ethos of respect and commitment to supporting and promoting people's independence. One person's goal in relation to independence said 'I would like my support worker to continue to promote my independence. My support worker must encourage me to complete leisure activities independently whenever possible'. The action plan in relation to this goal emphasised promotion of independence and clear communication strategies that would help the person be independent and achieve their goal. It also gave a timescale for reviewing the person's progress.

- Another person's care records said, "I have a cooking support plan because it helps for people to know how to set up my work station, so I can cook independently". The support plan included photographs of how support staff needed to set up the workstation and details of equipment the person needed to support their independence.

- A relative of a person who used the service said of support staff, "They are so respectful, they learn from (name of person)".

Is the service responsive?

Our findings

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

Outstanding: ☐ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- All care documentation was entirely centred around people being supported to have the highest possible level of choice and control, and prioritised the need for wholly effective communication to enable this. Care plans were extremely individualised, and person centred to the extent that pictures of people or items that were significant to the person were used alongside written information.
- One person's care plan included the statement 'This plan is to help others to know me well so that they can support me to live my life in the way I want'. Where people were not able to verbalise their choices, clear descriptions were included within the care plan of how the person communicated and stated, 'This is how I communicate and what you need to do to communicate well with me'. One care plan included the heading 'How I communicate with my actions' and gave exceptionally clear and detailed information under the sub headings of 'When this is happening, And I do this, We think it means, And we should do this.' The care plan went on to detail how physical problems affected the person's communication and what staff needed to do to make sure the person did not feel 'left out' or anxious.
- Another person's care file included pictorial details of how to support the person to access their computer programme to assist with communicating. The section included a summary of the speech and language therapist advice about how staff could continue to support the person to use and progress the programme to support them in their daily life.
- A care plan for a person who needed absolute consistency in approach and intervention from staff to ensure their wellbeing was headed 'The support I need to have choice and control in my life.' The care plan went into extremely high levels of detail, all of which was confirmed as completely accurate by the person's relative when we spoke with them. The relative told us that many hours had been spent on making sure care plan was as detailed and reflective of the person, their needs, choices and interests as it could possibly be.
- People's interests, goals and aspirations were identified, and plans put in place to make sure they received the support they needed to follow their interests and achieve their goals. The relative of one person told us they had "never imagined" their family member would be able to engage in the activities they had been supported to do.
- One person's relative told us how much they appreciated the flexibility and "outstanding support" the service had shown after the needs of the person had changed suddenly following an accident. Another relative said "It's an inclusive service that involves the whole family".

Improving care quality in response to complaints or concerns

- All of the people we spoke with told us they knew what to do if they had any concerns about the service. One said, "I would be very confident to give them a ring and I know they would be absolutely responsive".

The service had not received any complaints.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post who provided leadership and support. The registered manager was supported by a care coordinator who took a lead role in care planning. We found the management team open and they demonstrated a commitment to making a genuine difference to the lives of people using the service.
- Effective quality assurance systems were in place to monitor the quality and safety of the service. This included audit of care documentation, medication records and staff training. Weekly management meetings were held to discuss the support people were receiving and identify any required revisions to care plans.
- Regular reviews of the service were completed by the area manager. However, we found these reviews did not differentiate between this and the day centre run by the provider from the same location.

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

- There was an open and transparent culture in the service. Staff told us they received good levels of support from the care co-ordinator, but some felt they did not always get the support they expected from the registered manager.
- The registered manager understood their regulatory requirements. They understood their responsibility to inform CQC of events that happened in the service as required by regulation.
- The registered manager, care co-ordinator and care staff were clear about their roles and responsibilities and all demonstrated the same commitment to providing high quality, safe care and support.

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

- Staff told us they would appreciate more staff meetings. They said only one meeting had been held in the year since the service registered.
- Systems were in place to gain the views of people involved in the service. Staff and service user surveys were in the process of being completed. The registered manager said the results of the surveys would be collated. Examples of responses received so far included, "The care and support and also the office staff are absolutely fantastic." "I and my family have been treated with respect" and "The staff and Ambito care are

absolutely ACE."

Continuous learning and improving care

- The registered manager and care co-ordinator told us they felt care planning could be even better. They said they wanted them to "radiate warmth" and had further plans to improve them.
- Minutes of weekly management meetings showed how consideration was given to current practice and identified ways in which care could be improved.

Working in partnership with others

- The service had an agreement with a Leeds-based University to provide placements to students from different healthcare professions. This has included Speech and language therapy and social work students. The registered manager told us the service learned from these students.