

Salutem LD BidCo IV Limited

Ambito Community Services Cornwall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Ambito Community Service Cornwall provides care and support to children, adults and families living in their own homes with a range of physical and learning disabilities. The service's office is based in a community centre in Mevagissy. Packages of care and support ranged from a few hours to twenty-four-hour packages. The service was supporting seventeen people who needed support with personal care who were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service: Reduced staffing levels had resulted in some calls being missed or cancelled by the service.

There was no formal call monitoring system which would support the service to monitor and manage calls more effectively. We have made a recommendation about this.

Staff were recruited in a safe way. There was a recruitment programme taking place at the time of inspection to extend the staff team.

Some people did not feel confident in how the service responded to concerns. We have asked the service to consider and improve this.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.

Systems were in place to protect people from the risk of abuse.

Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

People received their medicines safely.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff were respectful of the fact they were working in people's homes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Some people had 'Best interest' decisions in place to keep them safe. This had been done in line with the requirements of the legislation as laid out in the Mental Capacity Act (2005).

The registered manager and management team used a variety of methods to assess and monitor the quality of the service. These included staff meetings, spot checks, auditing of the service and surveys to seek people's views about the service provided.

Why we inspected: This was the first planned inspection since the change of registration in 2018.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to staffing and good governance. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will ask the registered manager to provide an action plan outlining how they will make the necessary improvements. We will continue to monitor the service and will re-inspect in line with our inspection programme.

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

Details are in our Safe findings below.

Requires Improvement ●

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.

Requires Improvement ●

Ambito Community Services Cornwall

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: This inspection was carried out by one adult social care inspector 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.

Service and service type: Ambito Community Services Cornwall is a domiciliary care service. Staff deliver personal care support to people living in their own homes and support people to access community services. The service is registered to provide services to both children and adults in the following groups, Learning disabilities, autistic spectrum disorder, Older People, Physical Disability, Sensory Impairment and Younger Adults

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 48 hours' notice of the inspection visit because it is a domiciliary service and the manager may not be available. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service.

The inspection took place between 29 April and ended on 30 April. We visited the office location on 29 April to see the manager and office staff; and to review care records and policies and procedures.

What we did: The provider had not received the 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. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

We looked at the care and medicine records of three people who used the service. We also examined records in relation to the management of the service including four staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

During the inspection we spoke with the registered manager and two team leaders. We spoke with a member of support staff and a someone who used the service. Following the inspection, we spoke with two people using the service and five family carers. We also spoke with five support staff.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

- Reduced staffing levels were having a negative impact on people's visits. Records showed that during April there were eight reported 'missed visits' and four where it was reported 'no cover'. People told us this meant they were not receiving the support they were contracted to receive. Comments included, "Missed visits is a really big problem." "They often can't do shifts and that is hard" and "It's quite simple, when they can't come, I have to provide [relative's] care and I am not a professional, I do my best, but you need two people." We observed the service was actively recruiting staff with interviews being arranged. Staff told us, "There are some staff shortages but we try and get the customers calls covered."
- People told us they had the right support and staff understood their needs.
- The recruitment process was effective. Staff recruitment records were consistent and held required information. This included professional references and criminal record checks from the Disclosure and Barring Service (DBS). There was a full employment history and gaps explained. This showed the management team followed safe procedures to ensure staff were suitable to work with vulnerable adults.

Because of the concerns around staffing levels we have found the service was in breach of Regulation 18 of the Health and Social Care Act (2008) 2014.

Assessing risk, safety monitoring and management

- There was no call monitoring system to show when calls were being made and for the length of time staff stayed with a person. The system relied on staff, people using the service or relatives calling the office to say if they were going to be late or missed a visit. We discussed the use of a call monitoring system which would be more effective in the management of visits. The registered manager agreed to consider the options.
- Risks to people's safety and wellbeing were assessed and reviewed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risks of harm.

We recommend the service considers the options of systems to ensure visits are carried out as planned.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- New staff received safeguarding training as part of the induction process. This was refreshed regularly.

Using medicines safely

- The service supported some people with their medicines. People told us they were satisfied with how their medicines were managed.
- Staff were trained and administered medicines safely.
- Medicines records were accurately maintained.

Learning lessons when things go wrong

- The registered managers reviewed accidents and incidents and, once investigated, put actions in place to minimise future occurrences.
- Discussions took place to make improvements and ensure the service learnt from any incidents that occurred.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff always had enough protective equipment to support them when delivering personal care.

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.

- People's needs were assessed before they began using the service to identify the necessary level of support.
- Care plans showed expected outcomes were identified and ensured promoting people's independence was a priority.
- Support plans were regularly reviewed and updated when circumstances changed. Staff told us, "The customer information is always being updated" and "We [staff] get updates all the time."
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments.

Staff support: induction, training, skills and experience

- Staff received a full induction following their recruitment to help them settle in their new roles.
- People were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role. The provider monitored staff training to ensure it was up to date and effective. People we spoke with told us staff were skilled and competent. One person told us, "They know what they are doing. I can't fault them at all." The inspection identified there were key staff who had specific training skills to meet individual needs.

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

- People were supported to access health and social services including GP visits. and other health and social care appointments.
- People told us that staff were vigilant in ensuring they took their prescribed medicines on time and always asked about their wellbeing during visits.

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

- Care plans identified people's dietary needs had been assessed and support and guidance recorded as required.
- People told us they were supported by staff to maintain good nutrition and hydration.
- Staff told us, and records showed they had completed food and hygiene training to ensure they were confident with meal preparation.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.

- People were supported by staff that knew the principles of The Mental Capacity Act 2005.
- People were asked for their consent before they received any care and treatment. Staff involved people in decisions about their care and acted in accordance with their wishes.

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

Good: ☐ 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

- Care records included information in relation to each person's dignity and privacy. It was evident through information in care records and the attitude of staff that the aim was to ensure support planning was personalised and focused on retaining and promoting people's independence. A staff member said, "We [staff] know the importance of making sure customers are as independent as possible. [Supported person] has such a quality of life and gets about so much it's great for them."
- People and relatives told us staff were kind, respectful and sensitive to their needs. For example, we received only positive responses about the attitude and performance of staff they included, "They are caring, considerate and very professional," "The carers are lovely, caring, respectful and surprisingly happy to do their jobs, which must be a really difficult one" and "One day, my [relative] was having a bad day and needed quiet so I asked the carer not to put the TV on, and she didn't. I appreciated that because it's quite a long shift, but the carer put the needs of [relative] first."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. The service recognised the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.

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

- Records contained information about people's current needs as well as their wishes and preferences.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. One person told us, "I've got an excellent staff team. They do a fantastic job supporting me."

Respecting and promoting people's privacy, dignity and independence

- Staff and the registered manager were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

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

- Care plans were personalised and reflected people's individual needs and preferences. This included guidance for staff about what they needed to complete at each visit and how people liked things to be done. This enabled people to make informed choices and decisions about how they were cared for and at what times suited their individual circumstances. One person told us, "[Manager] came out and spent probably half a day here doing the care plan. It was lovely because they put loads of photos in which [relative] likes."
- Staff had built positive, caring relationships with people and knew them well, including their likes, dislikes and preferences. One person said, "It's important that I know who is supporting me and understands what I like and don't like."
- Care was personalised and centred on the individual. For example, details in care records highlighted how people wanted to spend their time and what their interests were and choices they preferred.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and satisfaction surveys. Only one person had responded to the most recent survey and the management team were looking at alternative ways of gaining the views of people to get a better response.
- People were asked about their views during individual meetings including care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have if they were unable to tell staff about this.
- Some people expressed their dissatisfaction with late calls but had not always raised their concerns formally using the services complaints procedure. Some people told us they felt their concerns were not always listened to. We shared this information with the registered manager who agreed to ensure all issues were documented formally and that there was evidence of action taken.

End of life care and support

- At the time of our inspection the service was not providing end of life care to anyone. The provider had systems in place to work closely with other agencies to ensure it enabled people to have a dignified ending to their life.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- 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.
- The management of visits was not always effective. As reported in the Safe domain of this report some calls were missed or reported as 'no cover'. The service was taking action to employ more support staff and since the inspection notified the commission that four recruitment offers had been made. However it was too early to say whether this has been effective.
- The registered manager and team leaders were involved in the day to day running of the service including working hands on, alongside staff where required. They positively encouraged feedback and were keen to develop the service based on good guidance about current best practice.
- The registered manager and team leaders worked in collaboration to plan and respond to operational tasks. This included monitoring staffing levels to ensure all care visits would be fulfilled, the on call, rota and feedback about the people they supported and any actions they may need to take. However, the evidence found at this inspection showed the system was not always effective. The registered manager had carried out a full audit of the areas found at inspection and provided evidence that supported immediate action was being taken. However it was too early to demonstrate whether this was effective.
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager and staff. Staff told us, "I can call in the office if I need to and know there will be someone there or on call."

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

- Some people were not completely satisfied with the way the service was operating. They told us the impact of inconsistent visits was not being addressed. The registered manager was taking action to recruit more suitable staff but the impact on people in the interim was negative.
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns.
- The provider/registered manager understood their role and responsibilities in ensuring they were open and transparent when things go wrong.
- The registered manager and management team demonstrated a commitment to provide person-centred,

care by engaging with people using the service and outside agencies who were involved in Ambito A comment from a professional told us, "The service has been very good so far. They have done everything that they said they would do and the family inform me that "it is going very well" and "Both packages of care are run really well. There was a recent medical emergency and staff could not give care. During the emergency the staff and the management went above and beyond to ensure the service user was kept safe and well. They responded to the crisis in a professional and compassionate way and I was very impressed".

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

- The registered manager had developed a new approach in engaging with staff. It was proposed a telephone conference call would be used which would be less disruptive for staff. It would provide staff with an opportunity to share any ideas or raise any issues about the service. Team leaders had regular meetings with the care staff, to provide an opportunity to raise any issues.
- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.
- Some people felt the service could improve the way it sought views from people. We shared this with the registered manager. The registered manager was working with senior managers to look at other ways of gaining people's views. This was in response to the most recent survey having a poor response.

Continuous learning and improving care

- The registered manager used a range of resources to ensure the service kept up to date with best practice guidance and was supported by health and social care professionals.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development. For example, working with health professionals to ensure people's health needs are met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always sufficient numbers of staff deployed in order to meet the requirements of this part of the regulation.