

A & T (Salisbury) Limited

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Inspection report

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20 November 2018

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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

What life is like for people using this service:

People continued to receive caring and compassionate support from kind and committed staff. The registered manager and director led by example and successfully created a stable and reliable team.

People were complimentary about the support they received and about meaningful relationships they could form with staff.

Staff recognised what was important to people and ensured an individually tailored approach that met people's needs.

Staff respected people's privacy and dignity. People were supported to be as independent as possible.

The provider ensured people received safe care and treatment. People complimented the continuity of care provided by skilled and competent staff. People received support to take their medicines safely.

Risks to people's well-being and safety were assessed, recorded and kept up to date.

People's rights to make their own decisions were respected. People were supported to maintain good diet and access health services if needed.

The service was well-led. The provider's quality assurance processes were effective and there was a focus on continuous improvement.

More information is in Detailed Findings below.

Rating at last inspection:
Good (report published 30 January 2016).

About the service:
A&T (Salisbury) Limited is a domiciliary care agency (DCA). The service provides personal care to people

living in their own homes. At the time of our inspection the service provided personal care to 17 people.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform when the next inspection should take place.

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 findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

A & T (Salisbury) Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

A & T (Salisbury) Limited is a domiciliary care agency (DCA). The service provides personal care to people living in their own homes in the community. There was a registered manager. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office location on 20 November 2018 to see the registered manager and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about

important events the service is required to send us by law.

We spoke with four people and two relatives to gather their views about the care they received. During the office site visit we looked at records, which included four people's care and medicines records. We checked recruitment, training and supervision records for two staff. We also looked at a range of records about how the service was managed. We spoke with the registered manager and two care staff.

After our site visit we contacted external health and social care professionals to obtain their views about the service.

Our findings

People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- Staff understood where people required support to reduce the risk of avoidable harm. Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- People's risk assessments included areas such as their mobility, skin integrity and medicine management. Staff were familiar with and followed people's risk management plans.

Systems and processes:

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- There were good systems to ensure people continued to receive their care in the event of an emergency.
- Staff told us they were confident the registered manager would take action if they raised any concerns.

Staffing levels

- There were sufficiently trained and experienced staff to meet people's needs and all appropriate recruitment checks had been completed. Comments from people included, "They are on time, provide a good service and are very pleasant" and "They have the right skills." A relative commented, "They don't hire anyone who doesn't meet their high standards."
- Staff told us they had realistic schedules and were able to get to people on time.

Using medicines safely:

- People received their medicines safely. A relative commented, "They're scrupulous with medicines."
- People's care plans contained details of the support they needed with their medicines.
- The registered manager ensured people's medicine records were completed accurately.

Preventing and controlling infection:

- Staff were trained in infection prevention and control.
- Staff had access to protective personal equipment, such as gloves and people's care plans highlighted the importance of using these.

Learning lessons when things go wrong:

- When something goes wrong the service responds appropriately and uses any incidents as a learning

opportunity.

- Incidents had been well managed. Learning had been shared with all staff and visiting professionals involved in people's care.

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before receiving care to ensure these needs could be met. Individual care plans were put in place.
- People told us they were fully involved in the assessment and care planning process. One person said, "They always discuss everything with me and we make a decision together."

Staff skills, knowledge and experience:

- People were supported by skilled staff that had ongoing training relevant to their roles. Staff told us they were confident any training needs they identified would be met by the provider.
- Staff were well supported. They had regular one to one meetings and an annual appraisal with their line manager.

Eating and drinking:

- People's dietary needs and preferences were included in their care plans.
- People were supported by staff to maintain good nutrition and hydration.

Staff providing consistent, effective, timely care and involvement of health professionals:

- People said staff knew them well and how to meet their needs. Comments included, "I always see a carer that I know" and "Continuity is good."
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. A relative commented, "They're thoughtful and pick up on things we don't see."

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

- People's rights to make their own decisions were respected and people were in control of their support.
- People were supported by staff who knew the principles of The Mental Capacity Act 2005.
- The provider had systems in place to record people's capacity assessments related to specific decisions, if that was required.

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 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.

Our findings

The service involves and treats people with compassion, kindness, dignity and respect.

Treating people with kindness, compassion and respect.

Ensuring people are well treated and supported:

- People were always treated with kindness and were positive about the staff's caring attitude. We saw feedback from people and relatives which supported this.
- People told us staff treated them with dignity and respect and provided compassionate support in an individualised way. Comments included, "They are really attentive. Lots of thought goes into the care they provide."

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their families.
- Staff signposted people, families and friends to sources of advice and support or advocacy.
- People told us they made any decisions about their care and support. One person said, "If things need to change we talk about the options and make a decision together."
- People's communication needs were assessed and recorded in their care plan.

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us staff respected their privacy and dignity.
- People were supported to be as independent as possible. A relative commented the support had enabled their family member to stay in their own home, which was very important to them.
- People's care plans highlighted the importance of respecting privacy and dignity.
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans.

Our findings

People received personalised care that responded to their needs.

How people's needs are met

Personalised care:

- People were empowered to make choices and have as much control and independence as possible, including in developing care plans.
- People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- The provider recognised people's changing needs and ensured staff were well informed about any changes to their care. This ensured staff had access to up to date information at all times.
- People were supported by regular staff that knew their needs well.
- The management were responsive in terms of people's requests to accommodate changes to their scheduled visits. One relative told us, "They are very accommodating when changes need to be made, even at short notice."

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.
- People told us they knew how to make a complaint, but had never needed to. People were confident any concerns would be dealt with.
- The registered manager monitored all feedback received and ensured positive comments were passed on to the staff. A relative commented, "They are pro-active when there are any problems and very responsive when we need feedback."

End of life care and support:

- The registered manager said no-one was receiving end of life care at the time of our inspection. They said they occasionally supported people with end of life care and worked closely with other professionals to ensure people received the care they needed.

Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture.

Leadership and management:

- The registered manager and the director were both involved in the day to day running of the service, including providing care to people, alongside staff, on a daily basis.
- Everyone we spoke with praised the management and told us the service was well run. One person said, "They are absolutely wonderful. I have no concerns about any aspect of the service."
- The registered manager and the director successfully created a good working atmosphere that contributed to high staff retention. The registered manager said, "Our plan is to keep the service small, so we can continue to provide high quality, personalised care."

Plan to promote person-centred, high-quality care and good outcomes for people:

- Everyone we spoke with praised the service. Comments included, "I couldn't be happier. I am able to contact the office if I need to. I have no concerns at all."
- The provider maintained an open and transparent culture which contributed to staff work satisfaction and in turn, the staff delivering good care for people.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, care plans, staff files and quality satisfaction surveys.
- The registered manager and director conducted unannounced 'spot checks', to ensure staff were putting training into practice and maintaining their expected high standards.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.

Engaging and involving people using the service, the public and staff:

- The service involved people, their families, friends and others effectively. The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others:

- The provider worked well with the local health and social care professionals. A social worker who had contact with the service said, "The managers and their team of carers are very proactive in the care they

provide. They gently go in and get to know the clients and they build on this."

- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes to legislation or good practice guidance.