

Salutem LD BidCo IV Limited

Ambito Community Services Lancashire

Inspection report

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Date of inspection visit:
30 April 2019

Date of publication:
16 May 2019

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: Ambito Community Services Lancashire offers domiciliary care and support to a range of people in their own homes and supported living tenancies. The service operates from an office base at Beaumont College in Lancaster. At the time of our inspection visit the service supported 13 people with personal care.

People's experience of using this service:

People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people required and provided this with care and patience.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their relatives care would be delivered.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

People were treated with dignity and respect and were fully involved in their care planning and delivery. People's right to privacy was upheld.

The service promoted communication for people and looked for ways for communication to be more effective.

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.

Staff had been recruited safely, appropriately trained and supported. People told us their visits were well managed and staff who visited them knew and met their care needs.

People were supported to have access to healthcare professionals and their healthcare needs had been met. The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. People told us they had no concerns about their safety whilst in the care of staff supporting them.

The service had a complaints procedure which was made available to people and their family members. People told us they were happy with their service and had no complaints.

The service used a variety of methods to assess and monitor the quality of the service. These included

regular audits and satisfaction surveys to seek people's views about the service provided.

Rating at last inspection: This is the first inspection at Ambito Community Services Lancashire following the providers registration with the Care Quality Commission (CQC) on 04 May 2018.

Why we inspected: This was the services first planned inspection.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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 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 caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was 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 Lancashire

Detailed findings

Background to this 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 one adult social care inspector and an Expert-by Experience. The Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Ambito Community Services Lancashire is a domiciliary care agency. It provides personal care and support to individuals within their own homes throughout the local community. Not everyone using Ambito Community Services Lancashire received personal care support. CQC only inspects the service received by people provided with their personal care and help with tasks related to personal hygiene and eating.

Ambito Community Services Lancashire provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

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:

The provider was given 48 hours' notice because the location provides a care service to people who lived in the community. We needed to be sure that we could access the office premises.

Inspection site visit activity started on 30 April 2019 and ended on 30 April 2019. We visited the office location on 30 April 2019 to see the registered manager; and to review care records and policies and procedures.

What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also contacted the commissioning department at Lancashire County Council. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Returns. 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 improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included nine relatives of people who used the service. These included people living in the community and living in supporting living houses. We also went to Ambito Community Services Lancashire office and spoke with a range of people about the service. They included the registered manager, team leader and three staff members. We looked at the care records of three people, the services training matrix, arrangements for staff recruitment, supervision and appraisal, medication and records relating to the management 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.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service protected people from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- People told us their relatives received safe care. One person said, "I do feel [relative] is safe. I trust the carers completely."

Assessing risk, safety monitoring and management

- The service managed risk through effective procedures. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks to promote their own self development.
- Each person had a robust risk assessment and risk was managed and addressed to ensure people were safe. These had been kept under review and updated where required to ensure staff had access to information to support people safely.
- Staff understood where people required support to reduce the risk of avoidable harm.

Staffing and recruitment

- Suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way. People told us staff were reliable and didn't let their relatives down. One person said, "I have never experienced any issues with staffing. They have always attended to [relative]. I have no concerns over staffing."
- Recruitment was safe and well managed. Relevant checks had been made before new staff had commenced their employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

Using medicines safely

- Medicines were managed safely and people received their medicines when they should. Support people required was recorded in care plans and staff could describe how they assisted people with their medicines. People told us they were happy with the support their relatives received with their medicines. One person said, "The carers are very efficient and well trained on how to support [relative] with their medicines. There has never been any issues, the support provided works well."

Preventing and controlling infection

- The service had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.

- Staff received training and regular audits were undertaken to ensure standards were maintained.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. We saw evidence any accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

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

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

- Assessments completed by staff were comprehensive to ensure people's needs could be met. Following the assessment the service had provided a holistic approach towards providing person-centred care. Records were consistent and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Care and support had been regularly reviewed and updated where people's needs had changed. This ensured people received the level of care and support they required.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Discussion with staff and observation of training records confirmed they had received training that was relevant to their role and enhanced their skills. All new staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care. People told us they felt staff were well trained. One person said, "The staff are very well trained and they understand how [relative] has to be cared for. They are excellent. I am very happy with the care they provide."
- Staff told us they felt well supported and had access to management when they needed them. One staff member said, "The management are excellent. Really supportive and helpful. We have good out of hours support if we need them."

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

- The service managed people's nutritional needs. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required. People told us they were happy with the arrangements in place to support their relatives with meal preparation and their dietary needs were met. One person said, "The carers ensure [relative] gets good nutritional food and lots of fresh fruit and vegetables. This is important as [relative] doesn't understand the need for a balanced diet."
- Where concerns had been identified regarding people's food and fluid intake this had been reported to management and a referral made to relevant healthcare professionals. Food and fluid records seen confirmed the support people received with their dietary needs.
- Staff confirmed they had received training in food safety and were aware of safe food handling practices. This included taking the temperature of food before giving it to people and labelling food to say what day it had been opened. This helped other carers to know which foods should be used first.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the service worked closely with health care services including GPs, district nurses, speech and language therapists, physio and occupational therapists. This ensured people were able access to healthcare services in a timely manner.
- People confirmed their relatives were supported to attend healthcare appointments when required. One person said, "The carers referred [relative] to a local community dentist when they experienced dental problems and accompanied [relative] to their appointments."

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

- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from GPs and other healthcare professionals had been recorded.
- The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed people's assessed needs were being fully met, in accordance with their plans of care.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.

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.

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 caring and respectful staff. People told us their relatives had the same group of carers who knew and understood their needs. Comments received included, "The carers are excellent. I cannot fault the ones we have. They are very kind and very sympathetic to [relatives] needs." And, "The carers demonstrate kindness at all times, I can't fault them. They are very patient with [relative] and it feels like the carers are part of our family."
- 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. Care records seen had documented people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for future service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. The registered manager told us they had systems to ensure people's human rights were upheld.

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

- The service supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- People supported by the service or a family member had been encouraged to express their views about the care required. One person told us, "I was involved in the care planning process and everything required to meet relatives needs was put in place."
- We saw care plans had been produced using visual signs to help people understand and enable them to be involved in decision making about their care.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was upheld. People told us staff supported their relatives to retain their independence. We were told staff members spoke with people in a respectful way and were kind, caring and patient. One person said, "The carers respect [relatives] privacy and dignity at all times. I cannot fault them."
- Staff described to us in detail how they supported people with personal care and ensured the curtains

were closed and people remained covered up to support their dignity.

Is the service responsive?

Our findings

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

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

- The service provided care and support that was focused on individual needs, preferences and routines. People told us how their relatives were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care. One person said, "The carers know [relative] very well as they have supported them a long time. They know the activities [relative] likes to undertake and they have learnt to recognise [relatives] ways of communicating. They know if [relative] closes their mouth and turns their head to one side, they are full and don't want any more food."
- The care files we saw were person-centred and individualised documents. They contained detailed information, providing staff with clear guidance about people's specific needs and how these were to be best met. These included people's personal care needs and nutritional support. Staff spoken with were able to describe people's individualised needs and the support they were providing.
- The registered manager was aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand. We saw a variety of communication aides such as photos of staff to enable people to know which staff would be supporting them, communication boards and symbols in use. During a visit to a supported living house we saw one person communicating with staff about their preferred activity for the day using a speech tablet.

Improving care quality in response to complaints or concerns

- Complaints were listened to, taken seriously and dealt with appropriately. People knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.
- We reviewed one complaint and saw this had been dealt with professionally and appropriately. Documentation seen confirmed lessons had been learned to improve their service and these had been shared with staff.

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

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

- The service planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. One person said, "The management listen and respond well. I can't praise them enough. Well organised and professional in my opinion."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People spoke positively about how the service was managed. They informed us the registered manager was visible and had a good understanding of their relatives needs and backgrounds.
- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People and relatives were very positive about the quality of service they received. One person said, "The managers and office staff are all very approachable. They are very easy to talk to and have acted on my wishes. They provide a really good service in my opinion."
- Discussion with the staff confirmed they were clear about their role and between them and management provided a well run and consistent service.

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

- The service provided an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they support and family members through satisfaction surveys, care plans reviews and telephone monitoring. People told us they felt consulted about the service they received and listened to. One person said, "I attend all care reviews and have regular contact with managers both in person and by telephone. I feel fully involved in [relatives] care and decision making."
- Staff told us they could contribute to the way the service was run through team meetings, supervisions

and anonymous surveys. They told us they felt consulted and listened to.

Continuous learning and improving care

- The provider had systems in place to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records. We saw evidence the service had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and occupational therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.