A & T (Salisbury) Limited

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Inspection report

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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

A & T (Salisbury) provides a domiciliary care service supporting people with individual needs in their own homes. At the time of our inspection 19 people were being supported by this service. This inspection took place on 17 December 2015. This was an announced inspection which meant the provider was given short notice of the inspection. This was because the location provides a domiciliary care service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

There was a registered manager in post at the service and a nominated individual at the time of our inspection. 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. A nominated individual is a person that must be employed as a director, manager or secretary of the organisation with responsibility for supervising the management of the regulated activity. The registered manager and the nominated individual had set up and were running the service jointly. They were both known to people and staff as the managers. The registered manager was available at the time of our inspection and was approachable throughout.

People told us they felt safe and staff were responsive to their needs. Systems were in place to protect people from abuse. Staff had a good understanding of safeguarding and whistleblowing procedures. They knew how to report concerns and had confidence in both managers that these would be fully investigated to ensure people were protected.

Safe recruitment procedures were followed. Staff said they undertook an induction programme which included shadowing one of the two managers, and meeting the people they would support. The provider had undertaken recruitment checks on prospective new staff to ensure they were suitable to care for and support vulnerable adults. Staff were appropriately trained in the core subjects relevant to their role. However, only one staff member had received palliative care training at the time of our inspection. Since our visit, the manager had taken immediate action and booked the remaining staff on a training course for the New Year.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and were confident in noticing signs of declining capacity and reporting concerns. People were supported to access healthcare services to maintain and support good health. Staff were vigilant in noticing changes in people's health conditions, and the service worked proactively alongside the community professionals.

People and relatives were very complimentary about the caring nature of staff. Staff were knowledgeable about people's needs and we were told that care was provided with patience and kindness. People's privacy and dignity was always respected. Staff explained the importance of supporting people to make choices about their daily lives. Comments included, "Yes, I can make choices. I can say anything and they just do it",

"The manager and I discuss it together. The choice is mine in the end" and "Their whole attitude is one of being helpful".

The registered manager had robust quality assurance systems in place to monitor the service. This meant regular audits picked up areas needing improvement and action was taken immediately.

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.

People and staff told us they felt safe.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

Staff had been recruited following safe recruitment procedures. This ensured they were safe to work with people before they began their employment.

The provider had systems in place to ensure people received their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to provide the support people required.

People maintained control of their lives and gave consent to the care they received.
The registered manager knew about their responsibilities under the Mental Capacity Act 2005 and how to protect the rights of people who needed support to make decisions or to express their wishes.

Staff were well supported with regular supervisions and meetings with their managers which offered the opportunity to discuss performance and progression.

Is the service caring?

Good

The service was caring.

People and family members gave us very positive feedback about their care workers and told us they were caring.

People said they were treated with dignity and respect. Staff told us how they aimed to provide care in a respectful way whilst promoting people's independence.

The service was proactive in supporting people to access advocacy services when they required them.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's needs and provided examples of how they took an individual approach to meet them.

People received regular reviews of their care needs and the service was responsive in implementing changes to support people effectively.

There were systems in place to manage complaints. Everyone we spoke with was confident that any concerns raised regarding the service would be listened to and acted upon. Is the service

Is the service well-led?

Good

The service was well-led.

Both managers provided strong leadership, demonstrating values, which were person focused. Staff had a good understanding of the aims and values of the service and had opportunities to express their views in the open culture created.

People, their relatives, staff and external health professionals praised the managers for their competence and well run service.

The service carried out regular audits to monitor the quality of the service and to identify any improvements required.

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Detailed findings

Background to this 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 checked 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 then service under the Care Act 2014.

The inspection took place on the 17 December 2015 and was announced; this meant the provider was given short notice of the inspection. The inspection team consisted of one inspector and an Expert by Experience who made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service was last inspected on the 8 May 2013 with no concerns. The provider had completed a Provider Information Return (PIR) prior to our visit. 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. Before the inspection we checked the information that we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us by the provider. A notification is information about important events which the service is required to send us by law. We used this information to decide which areas to focus on during our inspection.

We used a number of different methods to help us understand the experiences of people who used the service. This included gathering information by speaking with people who use the service, their relatives and staff members on the telephone. We spoke with six people, four relatives, four staff and three health professionals. We reviewed documents that related to six people's support and care, five staff files, medicine administration records (MAR), questionnaire feedback forms and other records relating to the management of the service. The registered manager was available throughout our inspection.

Good

Is the service safe?

Our findings

People being supported by the service reported they felt very safe. People told us "They are very safety conscious; they are always within talking distance", "I feel very safe with the carers", "Absolutely safe, they would go the extra mile" and "I feel very safe. I would be very happy to raise concerns".

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff told us whistleblowing and safeguarding matters were always discussed in their meetings. Staff had confidence in the managers, that they would listen and take seriously any concerns raised. We saw in minutes of the staff meetings that these discussions happened regularly. One staff member said "if I saw any abuse I would report it to the office, I have confidence in the managers to address it".

Staff safety when out on evening visits was also a priority for the service. The latest visit was set at 9.30pm and one of the managers told us that staff always rang when they were on their way home. Risks to people's personal safety had been assessed and plans were in place to minimise these. We saw in people's care plans that environmental home care risk assessments had been carried out which listed potential risks and how they were being managed. Each had been given a risk rating of likelihood of occurrence. Areas covered by these assessments included 'moving safely around the home, security, emergencies, electricity and electrical appliances'.

The service had devised a categorisation system by which people had a coloured spot placed on their care plan, identifying their level of dependency and need. A red spot for example meant the person had a high dependency rating, with possible complex needs or behaviours. This meant that staff could quickly identify people and the support level they may require.

People praised the staff for their punctuality and reliability. Comments from people included "They keep very good time not often late but if held up they ring me. They never not come", "I haven't known them late as yet", "Absolutely on time, I don't know how they do it. Never missed me, not ever" and "they have never missed me, not these carers. They always ring me if there is any delay, they keep in touch". One staff member told us "no one has ever had a missed visit", and another said "we never feel rushed or under any pressure". One of the managers told us the staff rota is the same every week, it never changes so staff and the people they support have constant continuity. New people were not taken on by the service until there was a space, so the staffing levels would already be in place.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. These checks included obtaining previous references, identification checks, vehicle and motor insurance and applying for DBS records (Disclosure and Barring Service). The manager informed us they never needed to advertise for staff. All their staff came to them from word of mouth and recommendation.

There were safe medication administration systems in place and people received their medicines when

required. People's care plans contained information about their medical history and if they preferred to self-medicate or required assistance from the staff. If people required assistance, a medication risk assessment was completed. This contained guidance on where a person's medicines were to be stored and the level of assistance needed to help the person, such as prompting. One relative told us "They make sure [x] takes their medicine in the morning and point out what needs to be taken at midday and the evening". People's MAR's (medication administration records) had been completed correctly. The managers kept a hard copy in the office and asked the doctors to notify the service when people's medicines changed so they could monitor the medicines people were taking. Topical cream and ointment logs were in place and a body map documented which areas the creams needed to be applied.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us "I always feel confident with them [staff]". A relative also commented on staff performance saying they were "Extremely skilled".

New staff completed a supportive induction process which comprised of essential training to the role such as moving and handling and health and safety. Staff would then spend time shadowing the two managers and meeting the people they would be supporting before the visits commenced. All staff received a handbook which detailed the specifics of their role and offered guidance in areas of care, such as advocacy and making best interest decisions. One staff member told us "my induction was good; there was lot of knowledge learnt. We have a handbook and it's very detailed". We viewed the training folder and saw staff were up to date with their training, and that the system effectively logged when updates were next due. One staff member spoke to us about their training opportunities saying "the training is good, if we need or want more we can ask".

People were supported by staff who had supervisions (one to one meetings) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have regular supervisions, and they are productive". We looked at the content discussed in these supervisions and saw they covered topics such as time keeping, staff workloads and hours. Appraisals which are a review of staff performance were also in place and these looked in more detail at individual achievements and on-going training.

The managers carried out regular spot checks of staff to check reliability and timekeeping, that staff had their identity badges, were using appropriate communication and they had the appropriate skills. There was also a section which covered any comments the person may like to make about the staff that supported them.

Staff supported people who could become anxious and exhibit behaviours which may challenge others. There was guidance in the plans for staff to follow, which discussed the signs to look for when an individual may become agitated, and the management techniques that worked to alleviate the distress for that person.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Staff had received mental capacity training and knew the signs to look out for that may indicate deterioration in someone's capacity. One of the managers explained that they first ruled out any possible medical reasons by involving the G.P immediately. The service prided itself on having good working relations and communication with the district nurse team and external professionals. One community professional told us "they are very approachable managers and knowledgeable, they ring and ask for support and report any concerns to us". The care plans of people showed the service established if a person had a Power of Attorney in place for either health and welfare or finances, and if so, the documentation was viewed and recorded. People were asked to sign to say if they agreed with the care plan and if they

consented to information being shared where appropriate. People told us "There are no problems, I can make my own choices", "Yes, I can make choices. I can say anything and they just do it" and "The manager and I discuss it together. The choice is mine in the end".

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Monitoring charts for people at risk of pressure ulceration were being completed in people's care plans. Information on who staff should inform if they had any concerns, was available for staff to follow. One staff member told us "if someone is unwell I do what I can for them, and then report back to the office or ring the GP with the person's permission". One person reported they had been well looked, saying "They get some things for me sometimes. They adapt when I'm poorly". A relative also commented "They contacted us when [x] has been unwell. They keep us informed".

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. Comments from people included "Their whole attitude is one of being helpful", "They are very good at what they do, friendly as well", "They are very caring" and "Everything I need, they do. They always check if there is anything else I need". One health professional told us "they support people very well, very competent and professional". A staff member said "the lovely thing with this service is the continuity".

People benefitted from having regular carers who knew them well. One manager told us they limit the number of staff a person had to three, so this was the maximum number of different faces a person would see and get to know. The manager told us "People are always informed of any changes to a carer but it will still be one of the three people they know sent to them, never someone unknown". Comments from people in relation to this continuity were very positive including "They don't have a big staff group; we see the same two all the time. They bring any new staff and introduce them first", "I know they are very careful to match up the right carer to the right client. We have a good relationship, the girls who come to me" and "All three who look after me are well matched. I get on with them".

Relatives also spoke highly of the care their loved ones received saying "they are like family, that's how they treat [x]", "They are fantastically caring, and unbelievably good", "They are like family, they have tea and a long natter with her", "They put the washing in the machine downstairs because [x] has difficulty getting down there. They do it without being asked" and "They are absolutely lovely".
Information about advocacy services was readily available to people. At the time of our inspection one person was using an advocate for financial support. The service had been proactive in taking protective measures by putting the person in touch with the advocacy service due to concerns they had.

People's privacy and dignity was respected and upheld by staff. One member of staff told us "I always draw the curtains and shut windows". People confirmed this saying "They are most careful; you do feel they are aware of your dignity without going over the top", "I have a shower, they are conscious of personal modesty". One relative said "They take [x] up to the bathroom. If I'm there I have to keep out of the way out of sight".

Staff told us that people were encouraged to be as independent as possible and did not do things they knew people could do themselves. One person told us "I'm fairly independent. They are very strict in making sure I have my frame when I try and walk around. They encourage me, not restrain". Another person said "We know what I can do and can't. They are excellent; they do encourage me to slow down some times".
Relatives told us that staff were encouraging with their loved ones saying "I have a feeling they try and get her to do as much as she can for herself, they encourage her" and "They encourage [x] to do things themselves".

People's care plans documented if they had a DNAR (Do not attempt resuscitation) form in place and it was recorded if evidence of this has been seen by the managers. The staff were aware of who had one in place and where it was located in the person's home. At the time of our inspection there was no one requiring end

of life care, however we saw that only one person out of the seven staff had received training in palliative care. We spoke to the manager about ensuring the remaining staff received this training in order to support people appropriately at this time. The manager acted immediately by contacting the service's trainer and booked palliative care training for the staff to take place in the New Year.

Good

Is the service responsive?

Our findings

Staff demonstrated they knew people well and promoted their individual preferences. However this was not always documented accordingly in people's care plans. The individualised plans of support were quite generic, stating a person needed assistance with washing, dressing and preparing breakfast. The plans did not share details of how the person liked to be assisted, any personal routines they may have and what they liked for breakfast. The daily communication logs also reflected this with comments that were mainly task focused instead of commenting on the person's wellbeing or mood state for that day. This meant the care plans lost some of the person centeredness that was so evident in practice. The manager agreed with this and explained because they knew people so well and verbally communicated people's preferences to staff, they sometimes forgot to ensure that level of detail was also recorded. The manager assured us this would be addressed.

People's needs were reviewed regularly and as required. After each review a date was set for the next meeting. We saw evidence that where a person's needs had changed before a review was due; the support plan had been updated and was signed and dated when this change had been implemented. People had identified goals recorded in their care plans with actions to complete. For example one person who had low intake of food had a nutritional plan that stated staff were to encourage with prompting the person with meals and fluids to encourage a balanced diet. Staff told us they felt supported by the office in raising any changes or concerns in people's needs and these were responded to appropriately. One staff member said "if there were any problems, say if we needed more time with someone, we highlight it to the office and are given more time and the person is then reviewed".

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been only one complaint received in the last twelve months. Managers had taken the appropriate action in managing the complaint and it had been resolved satisfactorily for the complainant. A copy of the complaints procedure had been given to people and staff. The complaints procedure highlighted the contact details of other organisations to report too, if someone did not wish to complain internally to the managers. People felt confident their concerns would be well managed with comments including "I've never made a complaint. I would talk to the carers if needed"; "I have never ever made a complaint. I would if need be. I would complain straight away to the manager, we are very open with each other", "I am aware of how to officially complain, it's in the contract I have with them" and "No, never had a need to complain. I would raise it with the managers. I would feel comfortable doing that". One person's relative told us "They are very approachable, I would tell them straight if I was concerned" whilst another relative said "I have never complained, gosh they are so good, you have no idea".

People had opportunities to feedback their views about the quality of the service they received. One person told us "We have had a survey three weeks ago". We looked at the feedback people had given in the satisfaction questionnaires. The majority of people had rated the service as excellent and the rest rated it no lower than good.

Good

Is the service well-led?

Our findings

The service was run jointly by two managers. One was registered as the registered manager and the other was the nominated individual for the service (A nominated individual is a person that must be employed as a director, manager or secretary of the organisation with responsibility for supervising the management of the regulated activity). The two managers were positive role models for the staff and service and regularly worked alongside staff, which gave them an insight into the people they supported. The manager present at the time of our inspection spoke with passion and pride in the service they had built up. Both managers were previously support care workers and had a good understanding of what people needed and what their staff faced. Staff told us "the managers are very approachable, they always answer their phone", "Our team is very supportive", "The managers are absolutely brilliant, if I have a problem I ring them up and they deal with my concerns immediately" and "Managers are approachable and very supportive".

People and their relatives spoke highly of the two managers' competence with comments including "It's very well managed, they react immediately", "It is well managed; the staff know what they're about", "They are excellent; they are by far the best" and "I honestly don't think they could improve. I look forward to them coming". One relative told us "I would recommend them to anyone". External professionals told us they had confidence in the staff abilities with one comment saying "they have a good knowledge of people; the relatives speak highly to us of the service".

The service closely followed their statement of purpose. This stated the service's mission was "To enable service users to live in their own environment with the provision of a quality professional service". The manager said this was achieved by "keeping continuity for people". During our inspection the manager spoke of not wanting to be too big a service so they could retain the quality they offer. One staff member commented "it's a small and unique service. I don't think there are any improvements the service could make". People benefitted from this personal element with one person saying "The manager came to see me in her own time when I was poorly. She called the doctor and saw I was ok. Above and beyond what she's supposed to do".

Staff told us they attended regular meetings with the managers and felt able to contribute to discussions about the service. We reviewed the minutes from recent staff meetings and saw that topics around training, recognising signs of people being unwell and events happening had all been discussed.

The service had appointed a "senior" in the staff team. One manager told us this provided another level of support for the team if they didn't want to discuss something with the managers. It also offered progression for staff within the service and gave recognition to the person's abilities. The service is hoping to implement 'train the trainer' in the future so training can be delivered to a smaller ratio of staff and without time constraints.

Quality assurance systems were in place to monitor the standard of service being delivered. The managers completed regular audits which enabled them to flag up any areas of concern and minimise potential risk. We saw that all incidents had been correctly logged and appropriate action taken if needed. The manager

told us they always informed a person's family of events concerning their relative unless the person had stated they did not wish any information to be shared.

The manager was aware of their responsibilities in notifying CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Although we saw that the one complaint received had been responded to appropriately, the service did not have a policy on the duty of candour. (The duty of candour is a regulation that ensures providers are open and transparent with people accessing their services). We raised this with the manager who is going to rectify this and assured us they would put one in place immediately.