

There4U (Salisbury) Ltd

There4U (Salisbury)

Inspection report

31 Brown Street
Salisbury
Wiltshire
SP1 2AS

Tel: 01722774444
Website: www.there4u.org.uk

Date of inspection visit:
01 September 2016

Date of publication:
30 September 2016

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

There 4U (Salisbury) Limited provides a care at home service for adults in Salisbury and the surrounding area. At the time of our inspection 22 people were receiving personal care from the service. The service was registered in April 2015 and this is the first inspection.

This inspection took place on 1 September 2016. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "All our needs are met", "Their attention to detail is good" and "Carers are conscientious, helpful and on time". One person told us how important it was for staff to give time to people and felt There4U staff did this.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. Comments from staff included, "I feel really well supported. It's a very well managed service", "The management team listens to suggestions from staff" and "(The care co-ordinator) is always available on the phone and is very supportive to the staff team".

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People and their relatives felt they could contact the office if needed and they also had contact numbers out of office hours, in case of an emergency.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

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 who use the service and their relatives said they said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and let them know if they were going to be delayed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good ●

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were included in their care plans and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People were aware of the complaints procedures and action had been taken to investigate and respond to any complaints received.

Is the service well-led?

Good ●

The service was well led.

There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

There4U (Salisbury)

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 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.

This inspection took place on 1 September 2016 and was announced.

The inspection was completed by one 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 care service. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

As part of the inspection we spoke with one person who used the service, 15 relatives, the registered manager, care co-ordinator, and three members of care staff. We visited one person who received care and looked at the records relating to their care and decision making. We also looked at records about the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when care staff visited them. One person said they looked forward to the care worker coming and said staff knew what they were doing. Relatives told us they were aware of people's specific needs and worked in ways that maintained their safety.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the care co-ordinator or registered manager would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on call system in place which they had used when needed. This enabled staff to receive support and guidance from the care co-ordinator or registered manager if needed. Staff said this system worked well and they received the support they needed.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People and their representatives had been involved in the process to assess and plan how risks would be managed. Staff demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. Processes were in place to review risks following incidents and make changes to the way staff worked where necessary.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of four staff employed in the last year. These showed that staff were thoroughly checked before they started providing care to people.

Sufficient staff were available to support people. People told us staff arrived on time and they had met staff before they visited them to provide care. All of the staff we spoke with said they felt there were sufficient staff to make the calls necessary and provide the care people needed. Staff said they had sufficient time allocated to them to travel between appointments and said the rostering took into account busy periods where traffic was likely to be heavier. The registered manager told us the staffing rota was completed a week in advance and was discussed during a weekly staff meeting. This helped to ensure any errors were identified and rectified before there was any impact on people using the service.

People who were assisted with medicines felt confident in the support they received from staff. People's

care plans contained clear information when they needed support to take medicines. Staff kept a record of medicines they had supported people to take. Staff told us they had received medication training and were observed supporting people by their supervisor to ensure they were putting the training into practice. Training records we viewed confirmed this.

Is the service effective?

Our findings

People and their representatives told us staff understood their needs and provided the care they needed. People felt the care was good and they had regular staff who they knew well and who knew them. Comments included, "All our needs are met", "Their attention to detail is good" and "They go the extra mile. If (my relative) does not feel like getting up they have asked another carer to pop in a little later". People said they appreciated meeting staff before they arrived to provide care to them.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These individual supervision sessions were supplemented by weekly peer support sessions, in which staff could discuss issues between themselves and receive input from the management team. Staff said they received good support and were also able to raise concerns outside of the formal supervision process at any time. They said the registered manager and care co-ordinator were very accessible and always made time to discuss issues with them.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction and there was an on-going training programme for all staff on meeting people's specific needs. Staff said the induction period lasted as long as they needed, with comments including, "I was able to meet service users before going out to them. I didn't have out before I was comfortable" and "The induction gave me what I needed. I didn't start (providing care) until I was happy".

Training was provided in a variety of formats, including on-line, classroom based and observations and assessments of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the service. In addition to the specific training courses, all staff were in the process of completing a national diploma in health and social care at either level two or three. The registered manager had a record of all the training staff had completed but said she would pull this information into one document as the service expanded. This will help to ensure the registered manager keeps an overview of the training needs of a larger staff group.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The service had a record of one person who had appointed a lasting power of attorney. Although this related to both finances and health and welfare decisions, this was not clearly detailed in the person's care plan. Despite this lack of information, key staff had the knowledge they needed to ensure they worked in line with the law. The registered manager said she would amend the care plan to ensure it contained more detailed information.

Where people were assisted with meal preparation, they were given a choice. Relatives told us staff provided good support for people to prepare and eat meals. Records showed the service had supported people to

discuss changes in their condition with relevant health professionals, such as the district nursing service or GP. The registered manager said they had established good links with local GP practices, which helped to ensure the care people received responded to changes in their condition.

Is the service caring?

Our findings

People and their relatives told us they were treated well and staff were kind and caring. Comments included, "Carers are conscientious, helpful and on time", "Very pleased with the level of care shown by the carers" and "Extremely happy, wonderful carers". One person told us how important it was for staff to give time to people and felt There4U staff did this.

Staff had recorded important information about people, for example, personal history and important relationships. People's preferences regarding their personal care were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. In discussions with staff they demonstrated that they had created a strong relationship with people who used the service and spoke about them with warmth and affection. This information was used to ensure people received support in their preferred way.

The care plans demonstrated that people were involved in making decisions about the support they received. Family members said they had opportunities to express their views about the care and support their relative received. People we spoke with and their relatives explained they felt involved in planning the care they received.

People were supported to have regular review meetings with the registered manager or care co-ordinator to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans.

Staff told us that when they finished providing the care earlier than the allocated time, they would ask if there was anything else needed. Staff said the planning of workload enabled them to spend time with people and not rush the care that they provided.

Information about people was written in a respectful manner. The registered manager told us they tried to make the agency as person centred as possible. They said dignity and respect were regularly discussed at the weekly staff meetings and was a strong focus in the induction of new staff. The registered manager said the management team set the tone by respectful discussion about people at all times. This was supported by the feedback we received from staff and our observations of staff interactions and telephone calls during the visit.

Is the service responsive?

Our findings

People and their relatives told us the staff had enough time to meet their needs in the way they wanted them met. Comments included, "The carers are very good. They don't leave you in the lurch" and "(My relative) has early dementia and the care plan is for her to have one visit a week at first. As her condition deteriorates the plan is for a gradual increase in care".

People knew who to contact if they were concerned about their call time, or if any changes were needed. Staff told us the registered manager and care co-ordinator discussed people's needs with them regularly, including during their weekly meetings. Staff said the service responded promptly to ensure people were receiving sufficient care. This included arranging additional calls when people were unwell or increasing the length of visits where people needed more care. Changes were made in consultation with people and their representatives.

Each person had a care folder in their home, which contained a detailed care plan and records of the care staff had provided. People were aware of their care plan and said they and their relatives were involved in the development of it. People and their relatives felt the staff knew what was in the care plan and that the care records reflected the care that was provided. Care plans were individual to the person and people said their plan was reviewed regularly and changes were recorded and updated.

Most people we spoke with said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The provider told us the complaints procedure was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Most people said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. Comments included, "I have no complaints, but I wouldn't hesitate to contact the manager" and "I'd ring the office with any complaints".

One person told us they had raised concerns with the registered manager but did not feel they received clear information about the complaints procedure or that the issue had been resolved. Other people we spoke with said their concerns had been resolved effectively and promptly. Comments included, "In the early days there were one or two minor things.....but we got there in the end. They are very helpful" and "They are very good. There have been a few hiccups along the way, but they are now solved".

The service had a complaints procedure, which was included in a welcome pack provided to people when they started to use the service. One formal complaint had been investigated by the registered manager and a response provided to the complainant. The registered manager had followed up the complaint outcome with a 'lessons learnt' session with staff, to ensure that the issue was not repeated.

Is the service well-led?

Our findings

The service had a registered manager, who was one of the directors of There4U (Salisbury). A care co-ordinator was also in post, who supported the registered manager on a day to day basis and was based in the same office. The registered manager and care co-ordinator had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised their independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Comments from staff about working for There4U included, "I'm honoured and proud to work for them. They are the best care company around" and "They are fantastic to work for".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager and care co-ordinator gave them good support and direction. Comments from staff included, "I feel really well supported. It's a very well managed service", "The management team listens to suggestions from staff" and "(The care co-ordinator) is always available on the phone and is very supportive to the staff team".

There was a quality assurance process which focused on the way care was being provided. This included spot checks completed by the registered manager and care co-ordinator to ensure staff were working in agreed ways, reviews of care records and meeting with people using the service to receive feedback. Information from the audits and reviews was used to develop an action plan to address any shortfalls and improve the service provided. The registered manager reported they were in the process of completing a feedback survey of people who used the service, relatives and professionals involved in people's care. It was planned that this information would be collated and used to identify any areas where improvements were needed.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. There were systems in place to review incidents in the service and the registered manager was aware of her responsibility to submit notifications to CQC of notifiable events.

The service held a weekly staff meeting. This was used to keep staff up to date with people's needs, to reinforce the values of the organisation and how staff were expected to work and to provide peer support and guidance for staff. Staff told us these meetings were the main reason they felt so supported and clear in their responsibilities. Staff reported that they were encouraged to raise any difficulties and the registered manager and care co-ordinator worked with them to find solutions.