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Saltimmary Homecare Professionals

Inspection report

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Date of inspection visit:
08 January 2019

Date of publication:
11 February 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 January 2019 and was announced.

Saltimmary Homecare Professionals is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and people living with dementia.

Not everyone using Saltimmary Homecare Professionals receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service was providing the regulated activity of personal care support to 9 people.

The service did not have a registered manager. The service is not required to have registered manager as the provider is registered as an individual. The provider retains the responsibility to be the manager as well, being a 'registered person'. 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.

Following the last inspection, on 26 September 2017, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well-led to at least good. At this inspection we found that improvements had been made and the provider was meeting the regulations. Recruitment practices had been reviewed and improved. The training completed by staff had been reviewed, to ensure staff had practical instruction with moving and handing, before supporting people. Practices when staff were supporting people with medicines had been reviewed to ensure the provider had oversight and had taken action when recording was not consistent. Quality assurance and monitoring systems had been put in place to support the provider to have oversight and understanding of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the practices and systems in the service did not always support this practice.

We have made a recommendation about knowledge and understanding of the Mental Capacity Act.

People felt safe. Staff knew how to report any concerns about people's safety. Lessons were learnt when things went wrong. The provider understood their duties to report and share information.

People were treated with kindness, respect and compassion. The provider supported staff to develop relationships with people, giving them time to provide care in a personal and compassionate way. People

were supported by staff with shared interests. One person told us, "They [staff] are all caring and kind to me." Another said, "They are always caring and listen to me. I couldn't be more pleased with them all."

People's independence was promoted. People's privacy and dignity were respected. Confidentiality was protected, with staff's understanding and records kept securely.

People knew how to raise complaints, and were confident to do so. People and staff were involved in evaluating the service. The provider took action when opportunities for improvement were highlighted.

There were enough staff to meet people's needs. People were visited by the same staff, wherever possible, to give them continuity. Staff were trained to give them the right skills to support people. The provider met with staff regularly, for staff meetings or individual supervision. Safe recruitment practices were followed when taking on new staff. Staff new to the service were supported with induction which included shadowing established staff.

Risks to people were assessed and individually planned for. Risks about infection control and lone working were assessed and mitigated. People were supported to take their prescribed medicines safely, as required. Some people had assistance with preparing food and drink.

People's needs were assessed and planned for. People and their relatives were involved in the assessment and planning so that their care was provided in a personalised way. People were supported at the end of their lives. Staff worked with other agencies to ensure people had the right support.

Staff worked well together, with regular communication. Staff also worked in partnership with healthcare professionals and other agencies. There were links between the service and the local community.

Quality assurance systems ensured that the provider had oversight of the service provided. Learning from these checks were shared with the staff team to improve 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.

There was enough staff to meet people's needs.

Risks to people were assessed and planned for to keep people safe.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People's consent to care and treatment was not always in line with the Mental Capacity Act.

Staff had the right skills, knowledge and experience to support people.

People were involved in assessments of their needs and support was delivered in line with these.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion.

People were involved in making day to day decisions about their care.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care and were involved in regular reviews of their care.

People knew how to complain, and were confident to do so.

People received personalised care at the end of their lives.

Is the service well-led?

Good

The service was well-led.

A quality assurance framework supported the provider to address any areas of the service which needed improvement.

People and staff's views on the service were surveyed. The results led to changes in the service.

Staff worked in partnership with other agencies.

Saltimmary Homecare Professionals

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 8 January 2019 and was announced.

We gave the service 4 days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by two inspectors 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 the information that we held about the service, this included notifications. Notifications are information that provider is required by law to tell us about. We used information the provider sent us in the Provider Information Return. 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.

Inspection site visit activity started on 8 January 2019 and ended on the same day. It included telephone calls to people. We visited the office location on 8 January 2019 to see the manager and speak to staff; and to review care records relating to three people, four staff recruitment files, policies and procedures and other records relating to the running of the service. We spoke with four people and three relatives of people receiving a service on the telephone. We spoke with the provider, the deputy manager and three care staff. We also spoke with three health and social care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said about the staff, "They make me feel safe as they seem to know what to do. I have not had any problems with them at all." Another person said, "I feel totally safe with them all, I can't give you any examples but I just do. They show me and my property respect and generally they just behave!" One person's relative told us, "My [relative] cannot tell me if he is safe but I feel safe for him with them. He will smile at them on good days."

At the last inspection, on 26 September 2017, people were cared for by staff who had not always been recruited through a safe recruitment procedure. This was a breach of regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan explaining they would review their recruitment procedures and ensure their staff had references, employment history, the right to working in the UK and checks with the Disclosure and Barring Service (DBS). At this inspection we found that sufficient improvements had been made and the provider was no longer breaching this regulation.

Recruitment procedures were in place to assess the suitability of prospective staff. These included application forms, references and evidence of being able to work in the UK. A Disclosure and Barring Service (DBS) check had also been completed, which identifies if they had a criminal record or were barred from working with children or adults. Those staff who had been in post at the time of the last inspection also had evidence of recent DBS checks, references and more detailed employment histories.

At the last inspection, on 26 September 2017, safe practices for the administration of medicines and risk assessment were not always followed. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan what they would do to address the breach of regulation. They told us they had put medicine audits in place, trained staff and were able to assess staff competency in relation to medicines. They were also sourcing practical training about the moving and handling of people. At this inspection we found that the provider had made sufficient improvements and was no longer in breach of this regulation.

People were supported to take their prescribed medicines safely, though not all people needed support with this. Staff explained how they ensured the correct lengths of time were left between doses, including considering when the next care visit was due. The provider had ensured that staff received regular training in the safe administration of medicines and had a system in place to assess staff competencies. When staff supported people with their medicines they also monitored the stock levels of these. There were monthly checks completed by the provider to ensure medicine records were completed correctly.

Risks to people were considered and planned for. For example, when people used equipment to help staff to support them to move, there was clear guidance for staff about how to use this. The risks of the equipment failing were considered and planned for. Staff received practical training in the moving and positioning of people. One person told us, "If they need to use my mini hoist they know what to do." Risks about people's

behaviour were considered and planned for. One person, who was living with dementia, could occasionally become aggressive. Staff told us how they supported the person to reduce the risk of this aggression and this was reflected in the person's care records.

Risks around infection control were well managed. Staff were provided with personal protective equipment (PPE) such as gloves, aprons, shoe covers, masks and antibacterial hand gel. The provider regularly checked stock levels of PPE to ensure there were sufficient stocks available for staff. One person's relative told us, "They always wear gloves and aprons." Risks about the environment where staff worked and lone working were also assessed and mitigated.

Systems and processes safeguarded people from abuse. Staff had a good knowledge of types of abuse, and how they could report any concerns. There was a safeguarding policy in line with local safeguarding policies and practices. Records showed that this policy was followed.

Lessons were learnt when things went wrong. Staff understood their responsibilities to record and report any incidents. Accidents and incidents were reported to the provider and information shared with people's relatives and funding authorities, as appropriate. For example, a person who used the service was unwell and appeared to be having difficulty managing at home. This was discussed with the relative by the provider and the local authority were advised, to ensure the person received the right support. The provider reviewed accidents and incidents to identify how to prevent reoccurrences.

There were sufficient staff to meet people's needs. The management team planned people's care visits using a rota. People received an individual rota weekly which showed which members of staff would be completing their care visits. These were sent out in formats that suited people, either electronically or hand delivered in paper form. One person said, "I get a weekly rota and they stick to the times that it says on the rota, I chose the times at the beginning and they suit me." Another person said, "Everything is done right. They tell us who comes and the times are adhered to. We get a weekly rota online. I have a regular carer and we have never had to change anything regarding the times of the appointments but I feel if we did need to it would be easily accommodated."

Staff told us they had the right amount of time to complete the support people needed and travel between care visits. A member of staff said, "We go in to the same people, so they get continuity of care." One person told us, "I have regular carers and they are all more or less on time," and, "they know me and I always have the same two girls."

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

People's consent to care and treatment was not always in line with the MCA. For example, one person's file stated they lacked mental capacity. An assessment to determine this had not been completed, and there was no indication about the specific decision this statement related to. The provider had advised us that some relatives had legal authority to make decisions on the behalf of people. However, the provider and staff team had not seen evidence of this authority. We discussed this with the provider who advised they would request evidence of the legal authority from relatives and consider whose capacity to make specific decisions they may need to assess. Staff and people told us that they ask for people's consent before providing care. When people were not able to tell staff verbally whether they consented, staff told us they used people's body language and their knowledge of people to guide their actions, whilst talking to people about what was happening. Due to staff knowing people well, and demonstrating the importance of consent in their actions, we considered the risk to people to be low.

We recommend the provider update their knowledge and understanding of the Mental Capacity Act.

At the last inspection, on 26 September 2017, the training, supervision and appraisal of staff were areas which need improvement. At this inspection we found that improvements had been made.

Staff had the right skills and knowledge to support people. One person told us, "They all seem very well trained and professional." One person's relative said, "I feel the staff are trained well and have the skills needed for this job." Staff had regular training, in areas such as dementia and first aid. One member of staff told us how the dementia training had changed the way they worked with people living with dementia. They talked about how they worked with one person who sometimes talked about themselves negatively and the importance of reminding people of their value. Staff had regular supervision, so they could discuss their practice with the provider. Annual appraisals, to review the member of staff's performance over the year, had also been completed.

People's needs and choices were assessed before they began receiving support from the service. One person told us, "Someone came to see me in hospital from this agency and I was listened to 100%." People and their relatives told us they received support in the way they wanted it, and in line with their care plans and assessments. One person's relative told us, "They provide him with all the care that is needed as is written in the care plan."

Staff who had recently joined the service were supported with a programme of induction. This included training courses, meeting people they would support, discussion with the provider and shadowing

established staff. A member of staff told us, "It was really good, best I've ever had."

Staff worked well together. They were supported with regular communication with the office. Staff could also peak to an on-call member of staff out of office hours. A member of staff said, "I can call or message when I need to. There is constant communication. There is always somebody there."

People were supported to access healthcare support and services. For example, one person had been behaving differently so staff liaised with the person's family to ensure the person received the right health care support. Staff also worked with healthcare professionals such as occupational therapists, district nurses and GPs to monitor people's health. A health and social care professional told us, "Overall I was very happy with the way Saltimmary Homecare were managing the needs of my customer, and appeared to be very open with issues that were happening and taking on advice and changing methods of working."

People were supported to eat and drink, as appropriate. People who needed this support could tell staff what they wished to eat and drink. Staff were trained in food hygiene.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. One person told us, "They show me how well they care by the way they treat me. I just physically need help, they know the routine." Another said, "I am very pleased with the carers I have as are other people I know who have them." A member of staff described the service as, "wonderful, caring and people centred."

People were treated with compassion. One person said, "We have a laugh and a chat sometimes and if I feel a bit down they are there to listen to me. Especially if I am having a bad day, they take me out of myself." Another person's relative told us, "They are lovely, they are not just professionals, they really care for him." A health and social care professional told us, "They have addressed their care responsibilities in a caring considerate and empathetic manner."

Staff knew people well and understood how to comfort them when they were distressed, and avoid the distress for them. Staff told us about how they supported one person to feel comfortable and secure when helping them to wash. They explained that it was important to the person to feel covered, and how they managed this.

The provider gave time and training to ensure that staff could provide care in a compassionate and personal way. Staff told us that care visits allowed them time to spend with people. A member of staff told us. "It's completely different to elsewhere. I might have extra [time], so can sit and chat for a while, to build up a rapport."

People's relatives were involved, as appropriate. A health and social care professional told us that staff had worked with a person's relative, "to ensure she continues to feel included and part of any decisions that have been required to be made."

Staff encouraged people to make day to day decisions about their care. One person told us, "I control exactly what is done, it's all my choices." Another said, "They always ask me first if its ok to help me and show me respect."

People's privacy and dignity was respected. Staff described how they would protect people's dignity and privacy by closing doors and curtains and covering them with a towel during personal care. One person told us, "They show us 100% respect when they are here." Another person's relative said, "They all show us respect and would always, for example, knock on a door before entering."

People's independence was promoted. Staff told us they encouraged people to maintain their independence in various areas of their lives, such as washing, and do what they were able to. One person said, "They help me to keep my quality of life as I like it. I know there will come a time when I may need more help but for now it's all fine with me."

People's information was kept securely. Staff we spoke to had a good understanding of how to protect

people's confidentiality.

Good

Is the service responsive?

Our findings

At the last inspection, on 26 September 2017, we found that the regularity of the reviews of information about people's care and support needs, and the information which was available to people should they wish to make a complaint, were areas which needed improvement. At this inspection we found that improvements had been made.

People felt confident to raise any concerns or complaints. One person said, "I control it all. I have never had to complain but if I did have any problems at all I would just talk to the carer." Another said, "I have never complained. I would know who to go to though if I did need to." One person's relative told us, "Any problems and I can just ring up the office and have a chat to someone who cares." There was a complaints policy and information on how to complain was shared with people when they began using the service, in a customer handbook. The provider had not received any complaints.

People receive personalised care. The provider matched people and staff with shared interests together. A member of staff told us about a person they supported who did not accept help with washing at first. They talked about their shared interest in animals. The member of staff described how they, "built trust." This trust had led to the person accepting support with washing from the member of staff.

People had developed relationships with staff, who knew them well. One person said, "They always have time to listen and never rush me which I feel is very important." Care plans included information on the tasks which needed completing on the care visit. Care plans also considered people's physical and mental health conditions and emotional and social needs.

People were involved in regular reviews of the support they received from staff. Care plans were updated when things changed. Staff told us they would report any changes to the office and update the records in people's homes. The outcomes that people wanted to achieve were discussed, for example, maintaining their personal hygiene. One person said, "I would say they [staff] improve my quality of life immensely."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. This standard was being met as people's communication preferences were considered. People using the service at the time of the inspection did not need information in a specific format. The provider told us they could produce information in different formats such as audio recording and large print, should it be required.

People were supported at the end of their lives. When people approached the end of their lives, staff worked with other agencies to ensure they received the right support. People's wishes about whether they would like to be resuscitated or not were considered. A member of staff told us about a recent occasion when someone they supported became very unwell. They called for an ambulance, and stayed with the person until ambulance came. The person later passed away. The member of staff explained that the office team had covered care visits to ensure that they could continue to support the person and their family.

Good

Is the service well-led?

Our findings

At the last inspection, on 26 September 2017, the provider did not have effective governance to enable them to assess, monitor and drive improvement in the quality and safety of the service provided, including the experiences of people who used the service. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan explaining the action they had taken to address these concerns. They had put in place quality assurance surveys for people using the service and staff, appointed a deputy manager and made the provider role more office based. They were holding staff meetings, had implemented an audit system and reviewed their policies and procedures. At this inspection we found that sufficient improvements had been made and the provider was no longer breaching this regulation.

People and staff were engaged and involved with evaluating the service. People's views were surveyed and comments were generally positive. When there were improvements needed, the provider had taken action. For example, people said they were not sure about safeguarding processes. The provider sent out a leaflet to explain the process. The provider had also received a number of compliments about the service provided. Comments included, "Thank you for the ongoing excellent care." Staff's views of the service had also been surveyed and their views collated and reviewed by the provider to identify actions to improve the service. This included enrolling staff on training on supporting people at the end of their lives, which staff were in the process of completing.

Staff were well supported. One member of staff told us they, "couldn't ask for better." Another said the provider and deputy manager were, "very supportive." Staff meetings were held regularly, involving staff in discussions about recording, auditing and changes in legislation affecting their roles.

The quality assurance framework improved the service provided. Checks included audits of records kept during care calls to ensure all tasks had been completed for people, and of medicines records. These were reviewed by the provider and any actions needed were identified. For example, a medicines audit identified that staff were not using codes on the medicine administration record consistently, and this was raised at a staff meeting. The provider and deputy manager carried out regular spot checks when staff were completing care visits. Staff told us these were useful and they received feedback from the checks. One member of staff said, "If I made a mistake I need to know about it."

The provider was aware of their responsibilities. When things went wrong, the provider shared relevant information with people and their relatives, under duty of candour. Notifications, information that provider is required by law to tell us about, had been submitted.

There was a positive person-centred culture. Staff we spoke to were proud to work for the provider and told us they could discuss anything they wished with the provider and deputy manager. A member of staff said that the provider was, "doing it for the right reasons," and that the service was, "about the people." This was echoed in comments from people's relatives. One person's relative told us, "They are all very good and it is much more personal as the company is so small."

The service was engaged with the local community. The provider held a community event in summer 2018 to offer advise ad signposting to adult social care agencies and other services. The provider explained that the service was fully booked at the time of the event, but had felt there was a need for some guidance for those needing care services.

Staff worked in partnership with other professionals and agencies. A health and social care professional told us, "they are responsive when called and have contacted us when there have been queries or needs have changed. Comments from patients have been positive and they have been happy with the care provided."