Care Quality Commission

Salus Dementia Care Limited

Salus Dementia Care

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

This inspection took place on 26 July 2016 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in and around Market Bosworth and Leicestershire. At the time of our inspection there were 43 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff team from Salus Dementia Care. They told us that the support workers looked after them well. Their relatives agreed.

Support workers had received training on the safeguarding of adults. They knew what to look out for and the procedure to follow, if they felt that someone was at risk of avoidable harm or abuse.

The risks associated with people's care and support had been assessed when they first started using the agency. This was so that as far as possible, people using the service and the staff team supporting them were kept safe from possible harm.

An appropriate recruitment process was in place and this had been followed for all but one new member of staff that had been employed. The provider had one outstanding reference to collect for a member of staff that had recently started working at the agency. The provider assured us that this would be chased up.

Current staffing levels were sufficient to meet the needs of the people using the service.

Support workers had been provided with an induction when they had first started work and training relevant to their role was being provided. Support workers we spoke with felt supported by the registered manager and management team. They told us there was always someone available to speak with should they need any help or advice.

People using the service had been visited prior to their care and support packages commencing. This was so that an assessment of their needs could be completed. From the assessment of need a care plan had been produced. It was evident that people using the service and their relatives had been involved in deciding what care and support they needed and had been involved in the development of their care plan.

Support workers obtained people's consent before they provided their care and support. The support workers we spoke with and the management team understood the principles of the Mental Capacity Act (MCA) 2005.

Support workers were aware of what they could and couldn't do with regards to medicines and they only supported people with medicines that were recorded on their medicine administration record. Support workers had either completed training in medicine management or were in the process of completing this training.

People using the service told us that the staff team were caring and they treated them with respect.

People told us that on the whole they had regular carers who visited them. They told us that the support workers knew them well and they stayed for the right amount of time. Nobody felt rushed by the support workers who supported them.

There was a formal complaints process in place and this had been followed when a concern had been raised with the management team. The people using the service knew what to do if they were unhappy about the service they received.

People had been given the opportunity to be involved in how the service was run. They were asked for their thoughts of the service on a regular basis. This was through visits to people's homes and through the use of surveys.

The management team monitored the service being provided on an ongoing basis to ensure that the care and support that people received, was the best that it could be.

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 felt safe with the support workers who supported them.

Risks associated with people's care and support had been assessed to ensure any risks were removed or minimised.

Appropriate recruitment procedures were in place and enough staff were employed to meet people's needs.

Support workers were aware of the provider's policy with regards to people's medicines and this was being followed.

Is the service effective?

Good

The service was effective.

Support workers had been provided with an induction into the service and felt supported by the management team.

Support workers had the skills and abilities they needed to meet the needs of those they were supporting.

Both the management team and the support workers working at the service understood the principles of the Mental Capacity Act 2005 (MCA).

People were supported with their nutritional and healthcare needs.

Is the service caring?

Good

The service was caring.

People told us that the support workers who supported them were caring.

Support workers maintained people's privacy and dignity when assisting them.

People were supported to make decisions about their care and

support.

Support workers knew the people they were supporting well. They knew their likes and dislikes and knew their personal preferences in daily living.

Is the service responsive?

Good

The service was responsive.

People's care and support needs had been assessed and they had been involved in deciding what assistance they needed.

People's care plans included their personal preferences in daily living and the actions the support workers needed to take to meet their needs.

People mostly had regular support workers to support them.

There was a formal complaints process in place and people knew what to do if they had a concern of any kind.

Is the service well-led?

Good

The service was well-led.

People told us that Salus Dementia Care was well managed and the management team was open and approachable.

People were contacted to ensure that they were happy with the care and support they received.

People were given the opportunity to share their thoughts on how the service was run.

Monitoring systems were in place enabling the management team to check the quality of the service being provided.

Care Quality Commission

Salus Dementia Care

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 was 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 26 July 2016 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us with our inspection.

The inspection was carried out 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

During our visit to the provider's office we were able to speak with the managing director, the registered manager, the assistant manager, the field care supervisor, the senior support worker and two support workers.

We reviewed a range of records about people's care and how the service was managed. This included five people's plans of care and associated documents including risk assessments. We also looked at four staff

files including their recruitment and training records and the quality assurance audits that the management team completed.

As part of the inspection process we spoke with six people who were using the service and three relatives of other people using the service. This was to gather their views of the service being provided. A further three support workers were also contacted by telephone following our visit.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using Salus Dementia Care and felt safe with the support workers who provided their care and support. One person told us, "Absolutely, yes. 100% [safe]." Another stated when we asked if they felt safe, "I would say so, definitely yes."

The staff team had been provided with training in the safeguarding of adults. The support workers we spoke with understood their responsibilities for keeping people safe from harm. They were aware of the signs to look out for and they knew the process to follow if they identified anything of concern. One support worker told us, "It's about monitoring the wellbeing of the clients, checking for bruising or cuts or a change in behaviour. Any issues I would always let the office know." Another explained, "If I noticed anything at all, I would contact the office straight the way, I know the clients because I visit regularly and I would know if something was wrong."

The management team, who also carried out care and support calls, were aware of their responsibilities for keeping people safe. They told us that any allegation of abuse would be referred to the relevant safeguarding authority and also to the Care Quality Commission. This showed us that they followed their own safeguarding processes.

Risk assessments had been completed prior to people's care and support packages commencing. This enabled the management team to identify and act on, any risks presented to either the person using the service or the staff team during the delivery of the person's care. We saw that assessments had been completed on the environment in which the care and support was to be provided. A health and safety risk assessment and a moving and handling risk assessment had also been completed. This showed us that whenever possible, the risks associated with people's care and support had been identified, minimised and appropriately managed by the staff team.

Appropriate recruitment processes had been followed when new members of staff had been employed. A check with the Disclosure and Barring Scheme (DBS) had been made. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. Background checks had also been carried out. We did note in one of the files we checked that a reference request had not been received prior to the person commencing work. The registered manager assured us that this would be chased up.

We looked at the staffing rota. We found that the current staffing levels were sufficient to meet the needs of the people using the service. The rota was being monitored on a daily basis to ensure that there were enough support workers to cover the calls required. People using the service told us that on the whole, the support workers always turned up for their care call. One person told us, "Only once when they had an emergency [did the support worker not turn up]. They let me know what had happened and sent someone later." Another person explained, "Only once. I phoned the office. They apologised and sent somebody. We also asked if the support workers arrived on time. People on the whole said that they did. One person told us, "Not always, but sometimes they are early as well. They are never really late, It is just minutes, it's no

problem." Another person explained, "They are within a few minutes. They are very, very good." One person did say however, "Well, I don't like to say it really but they are mucking me around at the moment, changing the times at the last minute. It used to be much more settled." We shared this finding with the registered manager for their attention.

People were provided with a rota each week. This showed them which member of the staff team would be attending. We were told that when changes to the rotas had to be made, people were normally informed. One person told us, "I get a rota and they let me know if there is a change." Another explained, "I get a rota with the time to expect the worker. If it is going to be changed I get a phone call from the person who is coming." One person did say however, "I get a rota but they don't always let me know if there is a change." We shared this with the registered manager for their attention. The rotas seen during our visit showed us that appropriate time had been scheduled in between calls. This provided the support workers with the time they needed to get to each call.

For people who needed assistance with their medicines, a medicine risk assessment had been completed. Details gathered during this assessment had then been transferred to the person's care plan. This provided the support workers with the information they needed in order to support the person safely and in line with the provider's medication policy. One person told us, "They get it out, [their medicine] they make sure I remember, I don't have to worry about any of that. A relative told us, "They get it out for her [their medicine] and make sure she takes the right one. They write in the care plan what she has taken and that they have supervised it, and then they put it [the medicine] away so she is not tempted to take it at the wrong time."

Support workers understood what they could and could not do with regards to people's medicines. This included only assisting with medicines and creams that were recorded on the person's medication administration record (MAR) and only prompting from a dossett box, (a dossett box is used by pharmacists to dispense people's medicines safely). One support worker told us, "We can only prompt medicines from a dossett box." Another explained, "I have had medicines training, we support people with their medicines and creams. We always check the MAR with the medicines and check when they last had it."

Good

Is the service effective?

Our findings

People we spoke with told us that the support workers who supported them knew their care and support needs well. One person told us, "Yes [they had the skills and knowledge to support them], definitely." Another explained, "I don't know what knowledge and skills they need but they seem to manage and I am satisfied."

Support workers we spoke with told us that they had received an induction when they had first started work at the service and training had also been provided. The staff training records confirmed this. One support worker told us, "I had an induction. I met with the managers and went through the policies and procedures and general housekeeping information. We discussed a training plan and I completed my manual handling training. It was very good." Another explained, "I had an induction and it was really useful."

The management team had recently developed a training plan for themselves and the support workers. Each support worker had completed the Care Certificate in social care which is a recognised set of standards that social care workers work to in their daily working life. Training in moving and handling and safeguarding had also been provided. This meant that the staff team had the knowledge and understanding they needed to support people properly.

All new support workers had been provided with the opportunity to shadow an experienced member of the staff team. This enabled them to learn the role of the support worker and what would be expected of them. One support worker told us, "I shadowed someone for about six days. After that time I was asked if I wanted anymore or if I was ready to go out on my own. I felt I was ready."

The support workers we spoke with felt supported by the management team. They explained that they had been given the opportunity to meet with them on a regular basis and spot checks on their work had been carried out. This enabled the management team to check that the support workers were carrying out the care and support they were required to do. One support worker told us, "They [the management team] are approachable and supportive. You can ask them anything and they have supported me enormously in finding my way." Another explained, "If I feel I have a problem I know I can come to them, their door is always open, they are very approachable."

The Mental Capacity Act (MCA) 2005 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 make 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 when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The registered manager understood their responsibility around the MCA. They explained that if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well.

Mental capacity assessments had been carried out. Where people had not been able to make certain decisions, it was evident that these decisions had been made in their best interests and by people who knew them well.

Support workers we spoke with had received training on the MCA and they understood their responsibilities within this. One support worker told us, "It's about maintaining people's independence and allowing them to make decisions about their life and making sure they are fully safe with the decisions they make." Another explained, "It's about people having the capacity to make decisions about their personal care. If they lack the capacity and don't understand the decision they have to make then an advocate needs to step in and make that decision on their behalf."

Support workers we spoke with gave examples of how they obtained people's consent before providing their care and support and the people using the service told us that the staff team always asked for their consent before they supported them. A support worker explained, "Even though I know what support people need, I still get their consent because one day they may not want me to do something." One of the people using the service told us, "When I am sitting on the edge of the bed and getting dressed they allow me to do as much for myself as I can. They will ask if I want some help but they never just take over. They allow me time to think things through and try before rushing in." Another told us, "They [support workers] are very good at asking in advance of doing things 'would you like me to...' Shall I do ...' that kind of thing."

Support workers supported people to have sufficient food and drink when they carried out a mealtime call. This showed us that they knew the importance of making sure people were provided with the food and drink they needed to keep them well. One of the people using the service told us, "I mostly have ready-made meals but I can choose what I want and they ask what I want to drink, make me a drink, that sort of thing." A relative told us, "They will ask her what she wants for lunch. If she says she doesn't want anything or has already eaten they will show her some options. If necessary they will make a choice for her and prepare it but if she chooses not to eat it that's ok. They ask if she wants tea, what biscuits she wants, that sort of thing."

Support workers monitored people's health and wellbeing and when concerns about people's welfare had been identified, these had been reported to the office and acted on. One of the people using the service told us, "They [support workers] will suggest, make suggestions, recommend I see the doctor for some things. When I had water retention they suggested I had incontinence pads from the local authority. They got in touch with them and it was all arranged. I was very grateful." We noted in one person's care records that a support worker had contacted the office because the person they were supporting could not stand. The records showed us that the office staff had contacted the occupational therapist for support. This showed us that people were supported to access the healthcare support they needed.

Good

Is the service caring?

Our findings

People we spoke with told us that the support workers who provided their care and support were kind and caring and they treated them with respect. One person told us, "They [support workers] are all really caring and respectful." Another stated, "I think they are as caring as I could hope for anyone to be, in the same way as family." Relatives we spoke with agreed. One relative told us, "I think they [support workers] have been brilliant. We were hesitant at first, but having met them I got a warm feeling. They all look smart, clean and well- presented too." Another explained, "Very good, excellent. They are always asking 'is this OK?' are you alright?' I can hear them talking to [their relative] when I am in the kitchen. They are always respectful."

People using the service told us that the support workers maintained their dignity when they provided personal care. One person told us, "I was asked if I preferred women or men care workers. There is no problem with dignity." Another explained, "They are always aware of my feelings. When I am transferring from the bedroom to the wet room they always check if I need to get myself to the toilet and wait for me and after my shower they are there with the towel. I have the same relationship with the male carers. I was asked at the outset if I minded having male carers and said no."

Support workers we spoke with gave us examples of how they maintained people's privacy and dignity when they supported them. One explained, "I draw the curtains and close the door before I start [personal care] and when they are ready for their wash, I always cover them with a towel to ensure their dignity." Another explained, "When I am helping someone with a wash I make sure the door is shut and the curtains are closed. Also when people need help with their meals, I don't stand over them when they are eating, I observe from a distance, nobody likes eating in front of others, I certainly don't."

Support workers we spoke with knew the care and support needs of those they were supporting. They told us that this was because they visited people on a regular basis and there was always a care plan in people's homes. One support worker told us, "I know all the clients I visit because I visit them regularly." They added, "There is always a care plan, I find them very useful and I always check the notes from the previous worker to see what has happened prior to my visit."

People we spoke with told us they were involved in making decisions about their care and support on a daily basis. They felt that the staff team knew them well and listened to what was important to them. One person told us, "They [support workers] are familiar with how I like things and vice versa. They put me and my interests as the priority. They have prioritised the care for the person receiving it." A relative explained, "They encourage [their relative] to take part, – to help make food, do the dishes or drying up etc.– rather than sit her down and do everything for her."

Support workers we spoke with explained that they ensured that people were offered choices when providing their care and support. One support worker explained, "We always offer choices. We ask them what they would like help with, we ask them what they want to wear and what they want to eat. We never assume."

People's plans of care included their likes and dislikes. This provided the support workers with the information they needed to enable them to meet the individual needs of those they were supporting. For example one person's care plan stated, 'Likes mushrooms or beans on toast and black coffee, no sugar' for lunch. It also stated where in their house they preferred their personal care to be carried out and where they preferred their shopping to be purchased. This showed us that people's personal preferences were identified and acted on. One person using the service told us, "When they [support workers] help with breakfast. They know how hot I like the milk on my cereal."

Details of advocacy services were included in the provider's statement of purpose. A copy of which was given to everyone using the service. The registered manager explained that people would be supported to access these services if and when required.

Good

Is the service responsive?

Our findings

People using the service told us that they had been involved in deciding what support they needed and had been involved in the planning of their care. One person told us, "we've got a package. My son arranged it." Another explained, "My daughter and I had a visit from the assessor who explained about the care package and the care plan."

Relatives we spoke with also confirmed that they had been involved in the planning of their loved ones care and support. One told us, "Before the care started someone came and spoke to [their relative] in the hospital for more than an hour." Another explained, "Yes I was involved with the planning. They [member of the management team] came round and talked to us."

The registered manager explained that people's care and support needs were always assessed prior to their care package starting. A member of the management team explained that a visit was always carried out at the person's own home and an initial assessment was completed. This was so that they could determine the help and support that each person required. They could also assure themselves that the staff team at Salus Dementia Care had the abilities and knowledge to be able to meet each person's needs.

From the initial assessment, a care plan had been developed. The care plans we looked at included the individual needs of the person and how they wanted those needs to be met. They included people's likes and dislikes and their individual preferences with regard to how they wanted to be supported on a daily basis. For example, in one person's care plan it stated that they liked to have a shave in the lounge. In another it told the reader that they wanted only male support workers. The support workers we spoke with were aware of these preferences. This showed us that the support workers had the information they needed to be able to provide the care and support that people wanted and in a way they preferred. A support worker told us, "There is always a care plan and I always read it particularly when it's a new person, It is very helpful and you get to know just what help they need."

People we spoke with told us that they received the care and support they needed. They told us that they mostly had regular members of the staff team who supported them. One person told us, "I have seen most of them at some time but I have a core of regulars at the moment." Another told us, "Yes, [I have regular carers] thank goodness." When asked, one person did say that they had different support workers. When we asked if they would prefer to have regular support workers they told us, "Oh no! I like the variety." Everyone we spoke with told us that the support workers had the time to carry out the care and support they required. One person told us, "Yes they have time, they help with showers but it is more a companion thing." A relative explained, "Yes, they have a chat. If there is not much to do they are happy to sit and talk to [their relative]."

A formal complaints process was in place and people we spoke with knew who to contact if they had a complaint, concern or query of any kind. One person told us, "I've not had any concerns but I would raise it if I needed to." A relative explained, "Mum would tell me, then I would raise it with the company."

When a complaint had been received by the registered manager the formal complaints process had been

followed. This included investigating the concerns raised, informing the complaint of the outcome and recording the outcome in their records.

Good

Is the service well-led?

Our findings

People we spoke with told us they felt the management team were open and approachable and the service was well managed. One person told us, "I would say yes, it is very good." Another person explained, "The only comparison is with the previous company and what I have seen elsewhere. This is so much better."

People we spoke with felt that they could contact the management team if they had any issues about their care and support and felt that they would be listened to. One person told us, "I have had a few conversations with [registered manager]. It is strange but it seems like we don't have to do much because we know what they [support workers] are there for, we know what they are doing, we know [their relative] is safe with them and that everything is being done in [their relative] best interests."

People had been given the opportunity to share their thoughts of the service they received. They were being visited every three months by a member of the management team. This was to review their care plan and associated documentation and to make sure that they remained happy with the care and support they received. The registered manager and the management team also carried out support calls. These visits enabled them to check that people were happy with the support workers and the care and support they were provided with. One of the people using the service explained, "I have seen [registered manager and managing director] as they do come in to help from time to time or with people who are training." Another told us, "One of the bosses usually comes to do the work if anyone is away so they see what's happening."

Surveys had recently been sent out to gather people's views of the service being provided. Comments seen in surveys returned included, 'I am extremely grateful and pleased with the care I receive. Only one occasion has there been any conflict of personalities, this was reported and dealt with accordingly.' And, 'I would like to say a big thank you to all your staff for the wonderful care I have received.' We noted in one of the surveys that the person stated that they did not know about the complaint/compliment procedure. An action plan had been developed following the return of the surveys and any issues identified were being addressed.

Support workers we spoke with told us they felt supported by the registered manager and the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One support worker told us, "The management are both approachable and supportive, you can ask them anything and they will always help." Another explained, "They [management team] are very approachable and lovely, there is always someone available if you need support. It is a good organisation. I want to get up for work now!"

Staff meetings had taken place. These meetings provided the support workers and the management team with the opportunity to be involved in how the service was run. One support worker told us, "I have been asked my thoughts on the service; we have staff meetings when we can bring anything up." We looked at the minutes of the last staff meeting held on 21 June 2016. Topics discussed included care reviews, remembering to include the choices offered to people in the daily communication notes and confidentiality. The support workers were also reminded to 'go the extra mile with the clients'.

The registered manager explained that regular audits were carried out to monitor the service being provided. This included the auditing of care files, medicine records and daily records. An electronic monitoring system was also in place. This enabled the management team to monitor completed calls to ensure that support workers had fulfilled their duties appropriately.

We looked at the daily records that support workers were required to complete. Those seen showed us the tasks that had been completed at each visit, the times the support workers arrived and left the visit, the duration of the visit and the support workers who attended. The daily records showed us that the people using the service had received the visits they had agreed to.

The provider's aims and objectives had been shared with everyone involved. These were included in the provider's statement of purpose and service user guide, documents that were given to people on commencement of their care and support packages. Support workers we spoke with showed a good understanding and commitment to the provider's overall values of the service and philosophy of care. One support worker explained, "Our aim is to be excellent and caring and promote people's health, safety and dignity. To give people a good life."

The provider had developed a financial business plan and a continuity plan for emergencies and untoward events such as pandemic flu or staff shortages was being implemented. This meant that the management team had a plan to follow to enable them to continue to deliver a consistent service if these issues ever occurred.