

Salus Care Ltd

Salus Care LTD

Inspection report

35 Horn Lane
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Date of inspection visit:
31 August 2018

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21 September 2018

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 comprehensive announced inspection took place on 31 August 2018. We gave the provider 72 hours' notice as the service provides care and support to people living in their own homes and we needed to be sure the registered manager would be available to assist with the inspection. This was the first inspection of the service since we registered it in July 2015. Until recently, the service was not providing personal care to clients and we were not able to inspect it. At the time of this inspection, the service was supporting three people living in their own homes.

This service 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 people. Not everyone using Salus Care Ltd receives a 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.

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. The provider appointed a manager who registered with the care Quality Commission in January 2018.

The provider had systems to protect people from abuse, care workers had completed safeguarding training and knew how to use the provider's procedures to raise any concerns.

The registered manager assessed possible risks to people using the service as part of their initial assessment and kept their assessment under review.

The provider carried out checks on new care workers to make sure they were suitable to work with people using the service.

The provider had a policy and procedures to make sure people received their medicines safely and as prescribed and were protected by the prevention and control of infection.

The registered manager assessed people's choices, care and support needs to make sure they received the care they needed.

Care workers had completed the training they needed to deliver effective care and support.

Where people needed support with nutrition or health care needs, the provider included this in their care plans and gave care workers clear guidance on meeting their needs.

The provider assessed people's capacity to make decisions about the care and support they received. The registered manager and care workers understood their responsibilities under the Mental Capacity Act 2005.

People using the service and their relatives told us their care workers were kind and treated them with respect and compassion.

The provider supported people to express their views.

Care workers knew the people they supported well and spoke about them with fondness. They also understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know.

People using the service and their relatives told us people received care which met their needs and reflected their care plans. They said they received regular care visits, at the right time from care workers who carried out the instructions in their care plans.

People's care plans detailed what they could do for themselves and where they needed support. The plans also outlined the person's preferences and routines so the care workers had information about how they preferred to receive care and support.

Care records covered a range of topics including health care, personal care, mobility, medicines management and nutrition. The daily logs care workers completed at each visit indicated they followed people's care plans and people received the care and support they needed.

People's care records also included information about their cultural and faith needs and we saw the provider had an equality and diversity policy and information for care workers.

The provider had a complaints policy and procedures and they included details of this in the service user guide. People using the service and their relatives told us they knew about the complaints procedure and said they felt confident the provider would respond if they raised concerns.

People and their relatives told us they felt the service was well led and met their needs. They were consulted about the care and support they received and they described their care workers as flexible, friendly and well trained.

Care workers told us they felt well supported by the provider and the registered manager.

The provider had a system of audits and checks to monitor quality in the service and make improvements.

Care workers told us they had regular meetings and records confirmed this. They also told us they found the meetings helpful and informative.

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.

The provider had systems to protect people from abuse, care workers had completed safeguarding training and knew how to use the provider's procedures to raise any concerns.

The registered manager assessed possible risks to people using the service as part of their initial assessment and kept their assessment under review.

The provider carried out checks on new care workers to make sure they were suitable to work with people using the service.

The provider had a policy and procedures to make sure people received their medicines safely and as prescribed and were protected by the prevention and control of infection.

Is the service effective?

Good ●

The service was effective.

The registered manager assessed people's choices, care and support needs to make sure they received the care they needed.

Care workers had completed the training they needed to deliver effective care and support.

Where people needed support with nutrition or health care needs, the provider included this in their care plans and gave care workers clear guidance on meeting their needs.

The provider assessed people's capacity to make decisions about the care and support they received. The registered manager and care workers understood their responsibilities under the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People using the service and their relatives told us their care

workers were kind and treated them with respect and compassion.

The provider supported people to express their views.

Care workers knew the people they supported well and spoke about them with fondness.

Care workers also understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know.

Is the service responsive?

Good ●

The service was responsive.

People using the service and their relatives told us people received care which met their needs and reflected their care plans.

People's care plans detailed what they could do for themselves and where they needed support.

Care records covered health care, personal care, mobility, medicines management and nutrition.

People's care records also included information about their cultural and faith needs. The provider had an equality and diversity policy and information for care workers.

The provider had a complaints policy and procedures and they included details of this in the service user guide. People using the service and their relatives told us they knew about the complaints procedure and said they felt confident the provider would respond if they raised concerns.

Is the service well-led?

Good ●

People and their relatives told us they felt the service was well led and met their needs. They were consulted about the care and support they received and they described their care workers as flexible, friendly and well trained.

Care workers told us they felt well supported by the provider and the registered manager.

The provider appointed a manager who registered with the care Quality Commission in January 2018.

The provider had a system of audits and checks to monitor quality in the service and make improvements.

Care workers told us they had regular meetings and records confirmed this. They also told us they found the meetings helpful and informative.

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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 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.

The inspection took place on 31 August 2018 and was announced. We gave the provider 72 hours' notice as the service provides care and support to people living in their own homes and we needed to be sure the registered manager would be available to assist with the inspection.

During the site visit we spoke with the registered manager and reviewed the care records for three people using the service. We also checked the recruitment, training and support records for three care workers, the provider's policies and procedures and other records related to the day to day running of the service.

One inspector carried out the inspection. Before the inspection we reviewed the information we hold about the provider and the location. This included information the provider gave us when they registered and statutory notifications they sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

Following the inspection, we spoke with two people using the service, a relative and two care workers.

Is the service safe?

Our findings

People using the service and their relatives told us people were cared for safely. People's relatives told us, "We have no concerns, we know [family member] is safe with their carers" and "My [family member] is very safe. I never have to worry." One care worker told us, "We see people every day. If there are any changes that mean they are not safe we tell the office and they will deal with it." When we asked this care worker for examples of changes that may have placed people at risk, they said, "If they are not eating and losing weight or if they are becoming less mobile, these are risks."

The provider had systems in place to help keep people safe from abuse. They subscribed to a social care consultancy that provided a set of policies and procedures when the service started. The registered manager could show us how they received regular updates and policy reviews from the consultants and tell us how they shared these with their care workers. The provider had a policy and procedures for responding to any allegations of abuse. Care workers we spoke with were able to tell us what they would do if they had any concerns about a person using the service. Their comments included, "I would tell my manager if I thought there was any abuse" and "I would report straight away to my manager if someone was abusing a client." Care workers also told us they had completed training in keeping people safe from abuse and the provider's training records confirmed this.

People's care records included assessments of possible risks and action plans to mitigate the risks the provider identified. We saw that the registered manager completed an assessment of possible risks in the home environment of people using the service. Where they identified a possible risk to the safety of the person or their care workers, they put an action plan in place to address this. For example, the registered manager instructed care workers to ensure that one person could access their walking frame and to make sure the environment was clear to enable the person to move around their home safely. People's care records also included risk assessments for falls and manual handling.

The provider carried out checks on new care workers to make sure they were suitable to work with people using the service. The care workers' records we checked each included an application form, two references, proof of the person's identity, address and right to work in the United Kingdom and a Disclosure and Barring Service check.

We checked the provider's care worker rota for August 2018 and this showed that there were enough care workers to meet people's needs. Where people needed support from two care workers, the rota showed the provider allocated two care workers to each call and allowed sufficient time to enable care workers to travel between people's home addresses.

The provider had a policy and procedures for supporting people with their medicines. When we inspected the service, none of the three people needed this support as their family members helped them. The provider's training matrix showed that all three care workers who supported people using the service had completed training in the management of people's medicines.

Care workers told us the provider supplied them with personal protective equipment (PPE) that included aprons, gloves and hand sanitising gel. A relative told us, "They [the care workers] are always very careful. They always wear gloves and aprons." The provider had a policy and procedures for the control of infection and their training matrix showed all care workers had completed training before they started to work with people.

Is the service effective?

Our findings

People using the service and their relatives told us their care workers were well trained to provide care and support. One person told us, "I'm sure they must have done a lot of training, they are very skilled." Another person's relative told us, "They are very good. They know what they are doing and I can ask them for advice."

The provider's policies and procedures referred to relevant guidance from health and social care organisations, including the Royal Pharmaceutical Society and the National Institute for Health and Care Excellence (NICE). The registered manager could describe policy and practice developments that affected their work and told us they had made sure all people using the service, their representatives and care workers were aware of the recent introduction of the General Data Protection Regulations (GDPR) and the relevance of these to the way the provider managed information about people using the service.

Care workers had the training they needed to provide effective care and support to people using the service. The training matrix showed care workers completed training the provider considered mandatory. This included safeguarding adults, infection control, food hygiene, medicines management and moving and handling. Care workers told us they enjoyed the training and it helped them to do their job. Their comments included, "The training is very good, it has helped me to be confident I am providing good care," "The training is excellent. I did everything when I started and it was very helpful" and "[The registered manager] is very good at making sure we have all the training we need."

The registered manager also told us they had introduced the Care Certificate for care workers who were new to working in social care services. This is an identified set of 15 standards which health and social care staff should adhere to in their daily working life.

Where people using the service needed support with eating and drinking, the provider included this in their care plans. The initial assessment the registered manager completed included a nutrition assessment and discussion with the person and their relatives about the support they needed. Where care workers supported people with food and drinks they recorded this in the daily care notes they completed to ensure there was a record of what they had to eat and drink each day.

We saw people's care plans included information for their care workers about their health care needs and the arrangements to meet these. In most cases, people's relatives accompanied them to health care appointments but care workers we spoke with understood the importance of monitoring people's health. One care worker told us, "If I think there is any change in [person's name's] health, I would tell the family and my manager."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and found the registered manager fully understood their responsibilities under the Act. Care workers told us they had completed training in the MCA and the provider's records confirmed this. Care workers were also able to tell us how the MCA affected their daily work with people using the service. One care worker told us, "We encourage people to make choices and do as much as they can for themselves. We always ask for consent before we provide care." A second care worker said, "If a person cannot make decisions about their care then we have to act in their best interests. We have had MCA training."

Is the service caring?

Our findings

People using the service and their relatives told us their care workers were kind and treated them with respect and compassion. Their comments included, "We like the service very much, the carer is very nice" and "We are very happy, the [care workers] are lovely, they would do anything for you." A relative also commented, "They treat my [family member] like one of their own family, they are very caring people, just lovely."

The provider also showed us compliments they had received from people using the service. One person using the service had written recently to the provider to say, "Your carers are kind and friendly. They always go out of their way to help me. They are like family to me."

Care workers knew the people they supported well and spoke about them with fondness. They understood what it meant to treat people with dignity and respect and what this is meant in practice. Their comments included, "When I help people with personal care I make sure I always close the door. I explain what I am doing and make sure they understand as much as possible" and "I always provide personal care in private and I always make sure the person is comfortable. Sometimes I have to wait until the person is ready for me to help them but that's OK."

Care workers also understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. One care worker told us, "We must respect people's privacy. I never talk about my clients with other people."

The registered manager completed an assessment of people's care needs and used this to develop a care plan. The assessments and care plans used 'I' statements and this indicated they reflected the wishes of the person using the service. For example, when care plans said, "I want a carer who speaks my language" and "I have halal food" the registered manager could confirm they had met these requests. Where possible, the person using the service also signed their care plan.

People's care records and care needs assessments gave care workers information about things people could do for themselves and when they needed support. One care worker told us, "Everyone can do something for themselves and it is important to help people stay independent."

Is the service responsive?

Our findings

People using the service and their relatives told us people received care which met their needs and reflected their care plans. They said they received regular care visits, at the right time from care workers who carried out the instructions in their care plans. Their comments included, "It's a very good service, the carers are good," "We are very happy, the care workers are happy to do more than what's in the care plan, if they think it will help" and "They are almost always on time and if there are problems with public transport they will let me know."

People using the service, their family members and care workers also told us the provider kept copies of the person's care plan and risk assessments in their home. Care plans were mainly task focused and detailed the care and support the care worker needed to provide on each visit. The plans detailed what people could do for themselves and where they needed support. There was some personal information, including details about the name they wanted the care workers to use, a brief life history and details of relatives, friends and other significant people. The plans also outlined the person's preferences and routines so the care workers had information about how they preferred to receive care and support.

People's care records covered health care, personal care, mobility, medicines management and nutrition. The daily logs care workers completed at each visit indicated they followed people's care plans and people received the care and support they needed. Although they mainly recorded the personal care tasks they completed in the daily log, care workers did also mention how the person was when they arrived at their home and how they were when they left at the end of each visit.

In the service user guide the provider gave to each person using the service, they told us, "We respect the intrinsic worth, dignity and individuality of everyone, their racial and ethnic identity and cultural heritage." The registered manager told us care workers had person-centred care training as part of their mandatory training programme and this included diversity, equality and inclusion. The training records we saw confirmed this. People's care records also included information about their cultural and faith needs and we saw the provider had an equality and diversity policy and information for care workers.

When we asked care workers how they met people's religious and cultural needs. One commented, "It is important we respect people's differences. We need to know about their religion and how this is important, for example, what food they cannot eat. I have had diversity and equality training to help me understand."

The provider had a complaints policy and procedures and they included details of this in the service user guide. The registered manager told us they had received no complaints since they started to provide support to people, although minor issues people raised were resolved immediately and recorded in their care notes.

People using the service and their relatives told us they knew about the complaints procedure and said they felt confident the provider would respond if they raised concerns. One person told us, "I've never had to complain but I'd speak to [the registered manager] if I needed to." A relative also told us, "We've never had

any reason to complain. The communication is very good and there's nothing to complain about."

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led. Their comments included, "[The registered manager] is very good. They communicate well and are always ringing us to make sure everything is alright" and "It is a very good service and that comes from the manager who is excellent, very approachable."

In the handbook they gave to each person using the service, the provider said, "We aim to offer our service users focused provision, person centred, flexible to their care needs promoting independence and ensure that each individual has the best quality of life in the comfort of your own homes." People we spoke with said the service met their needs. They were consulted about the care and support they received and they described their care workers as flexible, friendly and well trained.

Care workers told us they felt well supported by the provider and the registered manager. Their comments included, "The service is well managed and I get the support I need from them," "Yes, I am supported by the manager. I can call them and get advice" and "Yes, I get support, the manager is very good." Records showed that the registered manager had carried out spot checks on the three care workers they employed when they were supporting people. The spot check records showed the registered manager had discussed areas for improvement with their care workers, including punctuality and communicating with people using the service.

The provider is registered with Companies House as a private limited company and the sole director is the nominated individual (NI) for the service. The provider appointed a manager who registered with the care Quality Commission in January 2018. The registered manager told us they had worked in social care services since 2009 as a care worker, assistant manager and deputy manager before joining the provider. They also told us they had completed a Level 5 qualification in the leadership and management of care services. When we asked the registered manager how they kept up to date with developments in social care, they told us they went to provider forums arranged by the local authority.

The provider had a system of audits and checks to monitor quality in the service and make improvements. The service had only been providing people with support with their personal care for a short time but we saw the registered manager reviewed people's care plans and risk assessments regularly to make sure care workers had up to date information about people's needs. The registered manager also told us that when they identified changes in people's care needs they would update the care plan and provide updated guidance for care workers. Other audits the registered manager carried out included accidents and incidents, daily care notes, staff training and supervision.

Care workers told us they had regular meetings and records confirmed this. The provider arranged a staff meeting in July 2018 when they discussed staff recruitment, training and people's care needs. Care workers told us they found the meeting helpful and informative.

The provider also carried out phone checks when they called people using the service or their relatives to

make sure they were happy with the care and support they received. The record of phone checks showed that people were generally very satisfied. The registered manager also told us they planned to send satisfaction surveys to people and their relatives once the service had been operating for 12 months.