

There4U (Salisbury) Ltd

There4u (Salisbury) Ltd

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

About the service

There4u (Salisbury) Ltd. is a domiciliary care agency providing care and support for people living in and around Salisbury. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were protected from the risk of abuse by staff who had been trained in safeguarding and knew what action to take if they were concerned. People's risks had been identified and plans in place to minimise the risks. Staff were available to carry out the packages of care agreed and had been recruited safely. Incidents had been recorded and discussed at management meetings. Staff supported people to take their medicines and had been trained in medicines management. There was not always enough detail to guide staff to know when to administer 'as required' PRN medicines.

We have made a recommendation about 'as required' PRN protocols in the safe section of the report.

People received effective care from staff who were trained and were supported in their roles. Staff helped people to access healthcare professionals where needed and worked as a team to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who treated them with respect and with dignity. Comments about the staff included, "Staff are kind, all so lovely", "Staff are very caring, nothing is too much trouble" and "Staff are very reliable and not missed a visit." Privacy was maintained with records being stored securely.

People had their own care plan which recorded their personalised support. Staff kept daily notes which were all held on an electronic system. Staff used an 'app' to access the system with a password. Information on how to complain about the service was shared with people in a 'welcome pack' which they received when they started with the service. End of life care could be provided and the service worked with healthcare professionals to deliver this.

The service had a registered manager who was also the provider. They were experienced, visible and approachable. Staff told us they would not hesitate to contact the registered manager if they needed to. Team meetings were held weekly where staff could attend and raise any concerns. Quality monitoring was in place with checks being carried out. This included observations of staff in people's homes and asking people for feedback about their care received. There was no service development plan for this service where all actions that were required were recorded.

We have made a recommendation about quality monitoring in the well-led section of the report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection - The last rating for this service was Good (published 30 September 2016). Since this rating was awarded the service has moved premises and changed name. For people using this service nothing else had changed. This service used to be called Cross Keys House. The changes happened on the 22 July 2019. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected - This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

There4u (Salisbury) Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience made phone calls to people and relatives who used this service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 23 September 2019 and ended on 3 October 2019. We visited the office location on 23 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff, the registered manager, managing director and the HR officer.

We reviewed a range of records. This included five people's care records and medicines records. We looked at four files in relation to recruitment. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information about recruitment, incidents and medicines. We contacted one professional and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's needs and preferences for support with their medicines were recorded in their care plans. Medicine administration records (MAR) had been moved to an online electronic system which staff accessed during their visits.
- Management were able to monitor recording on people's MAR at the office and view what medicines had been administered and on what visit. The registered manager told us this system was still quite new for the staff, it had been a challenge to move the records onto the system.
- We saw that not all the necessary information was available for staff when people were prescribed 'as required' PRN medicines. We discussed this with the registered manager who told us all staff had training on administering this type of medicines but agreed clearer guidance was needed.

We recommend the provider seeks advice and guidance on 'as required' PRN protocols to guide staff on when and how to administer this type of medicine.

- All staff received medicines training and an annual refresher. Staff had their competence checked before being able to administer medicines. Senior staff observed staff before signing them off, as competent.

Staffing and recruitment

- People and their relatives told us they felt safe with care workers from the service. Comments included, "They [staff] are like part of the family. They have been accepted as part of the family and they have got to know us over time", "They [staff] all care and are really lovely and we trust them. They look after [relative] really well" and "I feel very safe. They [staff] do the care I require from them."
- People were supported by sufficient numbers of staff. The managing director told us they were actively recruiting more staff to meet demand for their service. New packages of care were not being accepted until the registered manager was sure people's needs could be met.
- Staff rotas had been moved to an online system which gave management an overview of people's visits and who was attending. Staff confirmed they had their rotas in advance so if there were any issues they could be addressed before their visits.
- A HR officer was responsible for recruitment at the service. They made sure staff had the necessary pre-employment checks in place. This included a check with the disclosure and barring service (DBS) and obtaining references from previous employers. We found some minor queries which we discussed with the HR officer, they took prompt action to address them.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding and knew about the different types of abuse. Staff told us they would not hesitate to report any concerns and were confident the registered manager would take action.

The service had produced a safeguarding flowchart which gave staff information of who to contact if they were concerned. This included emergency contact numbers for out of office hours.

- Systems were in place to support staff to talk through any concerns about people with the senior team. One member of staff told us, "[registered manager] always instils in us not to leave anyone until we know they are safe."
- Staff we spoke with knew how to report concerns outside of the agency. One member of staff said, "I know I could go to CQC."

Assessing risk, safety monitoring and management

- People's risks had been assessed and staff were given guidance on how to support people. Risks were reviewed and discussed regularly amongst the staff, so any changes could be identified. If people had allergies this was recorded in people's care plans to alert staff.
- Where people might have behaviour the service found challenging, senior staff carried out visits to assess the risks. This enabled them to monitor situations and make sure care plans were in place to give staff guidance.
- There was an on-call system for staff to use when they needed any support which included evenings and weekends. Staff confirmed they could always reach a senior member of staff if they needed assistance.

Preventing and controlling infection

- Staff received basic training on infection prevention and control and food hygiene to give them guidance on action to take. The registered manager told us more training was being planned for these areas to keep staff updated.
- The provider made sure supplies of personal protective equipment (PPE) were available for staff. Where staff prepared food for people the care plan reminded staff to wash their hands and wear PPE.

Learning lessons when things go wrong

- Incidents and accidents had been recorded. The registered manager told us recording was in the process of moving to the online system. We saw one record online and some records still on paper.
- Whilst the information was available to evidence action taken we were not able to see any monitoring of incidents. The registered manager told us the senior management team met weekly to discuss all incidents and accidents and identify any patterns and trends. This review was not recorded so we were not able to see outcomes of any discussion. The registered manager told us they would make sure reviews of lessons learned were better recorded.
- The registered manager told us, "We learn as a team and will continue to do so, reflection will be used to support staff. That level for support for the staff is really important."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Prior to the service agreeing to support people an assessment was carried out to see if the service could meet people's needs. People told us, "When they [staff] first came to see me they asked me what I required" and "They [staff] asked me what I would like when I joined them."

This information was then used to produce a care plan. The registered manager told us they carried out most of the assessments.

- People's assessments included both physical and mental health needs and there was guidance to support staff to deliver effective care and support. People were treated fairly and there was no evidence of discrimination based on the protected characteristics of the Equality Act.

- Staff met weekly and discussed people's needs and care needed. This enabled all the team to be kept updated with any changes. Staff worked with other professionals to make sure people's needs were met. For example, occupational therapists were involved with some assessments of people's mobility needs.

Staff support: induction, training, skills and experience

- People were being supported by staff who had been trained and had the skills needed for their roles. One person told us, "I think the staff have good training and are handpicked. They are always very polite and understanding and ask what I want done." Another person said, "The staff are more than capable, they use a lot of equipment for me. I have a lot of moving and handling, but I feel safe with them." All new staff received an induction which included face to face training and shadowing more experienced members of staff.

- The service had recently introduced the Care Certificate for staff who were 'new to care' to complete as part of their induction. The Care Certificate is an agreed set of fifteen standards that define the knowledge, skills and behaviour expected of care workers in their roles.

- The service had recently moved to new premises which had enabled them to have a large training room. There was equipment available such as a hoist and hospital type bed, so staff could practice safe moving and handling practice.

- Staff had the opportunity to have one to one supervision, so they could discuss their work and any training needs. Comments from staff included, "I can have one [supervision] when I want, sometimes I ask for them, we have guidelines for supervision, but support is open. I don't have to wait for supervision" and "I feel well supported, I can have little conversations with anyone."

Supporting people to eat and drink enough to maintain a balanced diet

- People could request support from staff to help them with preparation of food and drink. Where this had been requested it was written in people's support plans. Staff provided a range of support from prompting to eat and drink to cooking a meal with fresh ingredients.

- People and relatives appreciated the support the staff provided to help people eat and drink. Comments included, "They [staff] come in at lunchtime five days a week because I find it difficult to stand. They cook my lunch and leave drinks for me", "They [staff] encourage [relative] to drink and make a cup of tea for [relative] and me in the morning" and "The staff do notice if [relative] hasn't drunk enough and tell me."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals where needed by staff. Staff we spoke with were able to tell us what action they would take if they observed any signs of infection or ill health.
- Staff told us, and records demonstrated contact with GP's and community nurses. One member of staff told us about a visit where they noticed a person was in pain. They identified a potential abscess in the person's mouth and contacted the emergency dental service for an appointment.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and found it was.

- Staff received training on the MCA during their induction. Staff we spoke with understood the importance of supporting people to make their own decisions where possible. There was nobody receiving care who lacked capacity at the time of our inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were happy with the care provided and thought their care workers were kind and caring. Comments included, "I can't fault them [staff]. I have a main carer who is excellent. I have other carers who come in when she's not there and they are very good", "They [staff] are very nice and polite and always ask if there is anything else they can do", "Their [staff] patience amazes me. They are kind to both me and my [relative]" and "Absolutely brilliant. I can't fault them. We get the care at the time we need it."
- Staff we spoke with talked about people with respect and told us how they enjoyed working with people. Comments included, "I love it, love the job" and "I have worked for other agencies and this one stands out, it is there for you literally. I am very happy in my job and would recommend it as a place to work."
- Staff had information about people to enable them to understand the person. The service also tried to match people with a care worker they would get on with. One senior told us, "The care for the clients is brilliant. We match client to staff well, if we notice a good rapport we match, the care is first class from what I have seen."
- When speaking with the registered manager and staff at the service it was evident that they all cared about each other and the people using the service. Staff spoke about making sure each other were ok and helping each other where needed.

Supporting people to express their views and be involved in making decisions about their care

- People received a welcome pack from the provider when they started their care package. This contained information on support and advice available to people.
- Visits provided were for 30 minutes or more. The service did not offer any shorter visits as they did not want people to feel rushed. Staff we spoke with told us they had enough time to provide the care needed. One member of staff told us, "We don't do 15-minute calls, we start at 30 minutes and if it goes over, that is fine, we don't rush or hurry people. If it takes longer then that is fine."
- People and relatives told us they had staff who were reliable and did not let them down. Visits were rarely missed. Comments included, "If they [staff] are running late they will phone with a time when they expect to get here. This stops the stress of wondering when they are coming", "Staff are always on time, within a few minutes" and "On rare occasions if they [staff] are 10 minutes late they will ring. They always apologise."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff promoted and maintained people's privacy and dignity. Comments included, "They [staff] always make sure [relative] is covered so [relative] doesn't get cold. They cover [relative] with a towel when waiting to be washed", "When they [staff] help me to bath, they certainly respect my dignity. When I'm using the commode, they leave the room and I call them when I have finished" and "They [staff] draw the curtains and they are very careful and caring about points that matter to me."

- People's care plans referred to promoting dignity and were written using positive language.
- People's personal information was stored securely. All electronic information required passwords to be able to access the system. One relative told us, "I know they [staff] are not going to talk about what goes on here. I am grateful."
- People's independence was promoted by a staff team who encouraged people to maintain skills. One person told us, "They [staff] do encourage things and they praise me when I do. They always notice the little things I do." One member of staff told us, "We work hard at keeping people at home, keeping their life independence for as long as possible."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs, support and preferences were recorded in their care plans. These were reviewed and updated as needed. One relative told us, "We are happy with the care package and reviewed it twice to ensure it covers [relative]'s needs." The service had moved to an electronic care plan system which gave staff immediate access to people's records. Staff told us they could log in and read about updates and changes prior to visits. One member of staff said, "I take time to get to know people. I have a new app where I can read up about people, I can read through their routines and what has happened for them."
- People's preferred routines were recorded so staff could see what they needed to do. Some visits were broken down into clear step by step guides. People told us staff always asked them what they wanted and provided the care they needed. Comments included, "They [staff] always ask if there is anything I need, and they do everything I need. I never have to remind my main carer she thinks ahead and is always there before me. I'm very happy with the care I have received so far, and they are very polite", "They [staff] do the care I require from them. They will do what I ask" and "They [staff] are very nice and polite and always ask if there is anything else they can do. They think of things I don't really, consider sometimes. They are lovely girls and I can't fault any of them."
- People and relatives could have access to their records via an app if they wanted to. This enabled people to see what was recorded day to day. This was work in progress and views from people and relatives were mixed about electronic records. Some people missed having paper records however, most understood the reasons for the transfer.
- Staff recorded their visits on daily notes which were electronic. This gave management a real time overview of what staff were doing on all visits. The system showed what time staff had logged in and what time they left. Daily records kept were positive about people and appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and known by staff supporting them. The registered manager told us they were able to provide information in different formats if people needed it. For example, a larger font or easy read.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which was shared with people and their relatives in the service welcome pack. Comments from people about making a complaint if needed included, "I would

“speak to the head of the agency”, “I would speak to the Manager” and “My daughter would speak to the office.”

- There had been one formal complaint since the last inspection which the registered manager had managed appropriately. The registered manager told us they had met with relatives and were planning to review their actions in a month's time.
- Any concerns identified were discussed at weekly management meetings. This enabled the service to respond promptly before situations escalated.

End of life care and support

- At the time of our inspection there were no packages of care for end of life support. The registered manager told us this was an area of care they wanted to further develop. A 'pastoral care facilitator' had been employed who was keen to develop end of life care training for the staff.
- Where end of life care had been provided the staff worked with healthcare professionals to make sure people were comfortable and free from pain.
- Support had been offered to staff to help them talk about and reflect on their feelings when people they had been caring for passed away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a manager registered with the Care Quality Commission. The registered manager was also the provider and legally responsible for how the service is run. The registered manager had experience of managing services for people that achieved good outcomes. People told us they thought the service was well-led. One person told us, "I am impressed with the set up. [Registered manager] came to assess me when I was in the nursing home, she is good." Another person said, "I have no issues with this service."
- The registered manager understood their responsibility to be open and honest with people, relatives and CQC where appropriate.
- Quality monitoring was in place. People and relatives were contacted regularly to check the service was meeting their needs and they were happy with the care provided. Senior staff carried out observations of care workers while they were with people to check the quality of care and interaction. While they were at people's homes they could also check things like medicines and records to make sure staff were following good practice guidelines.
- Whilst quality monitoring was taking place the service had no overall service improvement plan. There was no record of areas for development or action that was required to respond to people's feedback. Senior staff we spoke with were able to tell us their plans to develop the service, but this was not recorded for us to see. We discussed this with the registered manager who told us they were planning to produce a service development plan.

We recommend the service develops an overall service improvement plan to identify, monitor and demonstrate action needed and taken in response to audits, feedback and incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People were being supported by a registered manager and staff team who were all committed to providing good quality care. Staff all told us the service was well-managed and they felt able to approach the registered manager at any time. Comments included, "It doesn't feel like work to me, I love the whole family feeling. They [management] know how difficult this job is, they are very supportive", "We are all one, if we have a problem, I don't feel like I cannot come to the office, management will sit and listen" and "[registered manager] is a fantastic boss, very approachable. I would not feel silly to ask her anything or tell her anything. We work as a team, we are lone working, but I have never felt I am alone. There is always someone on the end of the phone."

- The registered manager spoke positively about the team and was grateful for their support. They said, "It has been quite a stressful year, there has been a lot of change and a lot of difficult situations for staff to deal with. Staff have been supportive, we do have a good team. I am happy with the service we give, the day to day on the ground care, more than happy with what we do."
- There was a clear structure in the service with leadership roles in place to directly support care workers. Comments from senior staff included, "My responsibilities are to be there to support the carers, they might phone with questions or queries about care plans or medicines. I meet with the carers, make sure they know they are not on their own" and "The staff are happy, there is good morale. I don't mind if any staff phone me anytime, we know how each other works."
- The service had received many compliments about the care and quality of the service provided and attitude of staff. These were kept in a folder at the office, so they could be shared with staff.
- The service had moved to new premises and made a change to make their records electronic. People's care plans, medicines records and risk assessments were all online. The registered manager told us, "We have moved to electronic to make records more robust, to make it more reactive. The staff have embraced it and got excited about using it." The registered manager told us they knew some of their records needed more detail and were confident this would be completed by the end of October 2019.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were able to attend weekly meetings which they told us were "informative" and "useful" for them to keep updated on people's needs. Staff told us they enjoyed meeting their colleagues regularly to make sure they all were ok.
- Staff were asked their views about many changes the service wanted or needed to make. The managing director told us, "We have a good staff retention, we ask staff views before we do anything, we do try and involve them. We give them £100 on their birthdays and we are just looking at introducing long service rewards for staff."

Working in partnership with others

- The service had established links with the local community and planned to join up with local charities to start a support café for carers in Salisbury and surrounding areas.
- The registered manager was on the board of directors for the local chamber of commerce and a trustee of Salisbury hospice charity. They had established links with the local radio station, the local authority and professionals such as community nursing teams and GP's.