

Salutem LD BidCo IV Limited

Ambito Community Services South West

Inspection report

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05 April 2019

10 April 2019

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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: Ambito Community Services South West provides personal care in people's homes to adults within Plymouth and surrounding rural areas. It is owned by a company called Saludem, who also own and operate other health and social care services across England.

People's experience of using this service: People told us they felt staff were kind and caring and they felt comfortable and safe when they entered their homes. Staff arrived on time and treated people and their families with the upmost respect.

Staff were very knowledgeable about how to meet people's needs, had received suitable training and had comprehensive risk assessments and care plans to follow. Staff received good support and had their ongoing competency assessed to ensure people received safe, high quality care.

People were supported as individuals, and they and their families were empowered to be at the centre of their care and support. People were encouraged to be as independent as possible and engage in the wider community.

There was a strong management team who had effective systems and processes in place to help monitor the quality and safety of the service. There was a person-centred focus, and a transparent culture. Staff told us they enjoyed working for the provider and felt valued.

More information is in Detailed Findings below.

Rating at last inspection: This is the first rating of this service.

Why we inspected: This was a planned inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Ambito Community Services South West

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who lives with a learning disability.

Service and service type: Ambito Community Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes. The agency currently supports eight people with personal care.

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 visit because it was small, and the manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: The provider sent us a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at notifications they had made to us about important events. In addition, we reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

People who used the service were not always able to verbally communicate with us, so feedback was mainly obtained from their relatives who were closely involved in their care.

Inspection site visit activity started on 02 April 2019 and ended on 10 April 2019.

During the inspection we contacted and spoke to:

- One person who used the service
- Four relatives
- The registered manager
- The care co-ordinator
- Four members of support staff
- Plymouth City Council commissioning team
- Healthwatch Plymouth

We looked at:

- Policy and procedures
- Two people's care records
- Records of accidents, incidents and complaints
- Training records for all staff
- Two personnel records
- Audits and quality assurance reports

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were robustly protected from abuse. People and their families told us they felt safe when staff entered their homes, and staff had built trusting relationships. One relative commented "Yes absolutely 100% safe. The reason I feel this is due to the carer's ability."
- Staff received safeguarding training and had a good understanding of the types of abuse that could occur, and what action to take if they suspected someone was being abused, mistreated or neglected.
- Staffs' safeguarding competence was assessed on a six-weekly basis by their line manager.
- The registered manager and some support staff had undertaken a higher-level training course and were therefore regarded as designated safeguarding advisors (DSAs'). DSAs provided additional guidance and support to staff as needed.
- The provider had a 24-hour safeguarding team should staff require urgent advice.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care. Risk assessments relating to people's health and social care were comprehensive.
- Staff were knowledgeable about how to keep people safe but were also mindful to not be risk averse if people wanted to try new things, such as swimming, by finding ways it could be achieved.
- People had personal emergency evacuation plans (PEEPs) in place, should people need support in their homes by emergency services, such as in the event of a fire.
- Staff undertook training in manual handling.
- The registered manager and provider had systems in place to monitor accidents and incidents for themes and trends to help prevent reoccurrence.
- Staff told us they felt protected by the provider's lone working policy.

Staffing and recruitment

- People and their relatives told us they did not receive missed calls. One relative told us, "They [staff] always arrive on time for their visits."
- People told us they were kept informed if there was going to be a delay.
- People were protected as staff had been recruited safely.
- New staff employed told us of the comprehensive process that took place, with one member of staff telling us, "It was a long process, but it was worth it."
- There was a contingency plan to help with unexpected staffing difficulties, such as sickness or adverse weather.

Using medicines safely

- People medicines were managed safely, and people had comprehensive care plans in place.
- Staff received medicines training and had their ongoing competency assessed. One relative told us, "As [person's name] has seizures, the carers can administer the drugs that [person's name] has with [...] and those carers who are able to administer the drug, have all been trained to do so; we have never had any problems with the carers doing that."

Preventing and controlling infection

- The staff were supplied with personal protective equipment (PPE) to use to prevent the spread of infections. Staff had received training in infection control. One relative told us staff "Are always presentable, tidy and wear gloves and aprons."

Learning lessons when things go wrong

- Management were keen to develop and learn from events. There were ongoing systems to monitor and learn from incidents and accidents. Records kept were of good quality and overseen by the registered manager and the senior management team, who monitored them for any themes or patterns to take preventative actions.
- A recent error that had occurred with care records had resulted in a new system being introduced.

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

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support, was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff had a robust induction which was in line with national standards. One member of staff told us, "I learnt more than I thought I did in the first week, and I was confident at asking for help and support as needed."
- Staff had undertaken training the provider had deemed as mandatory, and received refresher training annual. Staff told us they never supported people without completing the required training first and being deemed to be competent.
- Comprehensive checks of staffs practice helped to ensure people received high quality care. For example, staffs ongoing competency was assessed, and they received a six-weekly supervision of their practice.

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

- Where required, people's care plans were detailed to ensure they received consistent support with their nutrition.
- People's likes and dislikes were known.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- People's care plans contained details of external health professionals involved in people's health and social care.

Adapting service, design, decoration to meet people's needs

- The providers office had disability access.

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

- People were encouraged to live healthy lifestyles.
- Some people participated in exercise such as swimming.

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

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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.
- Staff had a good understanding of the MCA.
- Care plans were developed with people and their families. People had agreed with the content, had signed to receive care and treatment and gave their consent. Where people did not have the mental capacity to do this, best interests meetings had been held.

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

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 told us staff were kind and caring, with one relative telling us, "Yes, the carer is very good; if she sees [...] is getting a bit stressed, she recognises it and is able to calm him down and he is ok again then."
- Staff spoke fondly of people and told us they always provided personalised care. One member of staff told us, "It is really rewarding."
- People received care from a consistent team of staff to help with the continuity of people's care and with positive relationship building.
- A person's pre-assessment was used to help the registered manager pair people with staff who had similar interests.
- Staff received training in equality and diversity and expressed that no one would be discriminated against. One member of staff commented, "We treat everyone equally and support people as they wish."

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

- Relatives told us how they had been involved in creating their loved one's care plan and were invited to care reviews, so they could be closely involved.
- Staff explained there was a strong emphasis on involving people and enabling them to make choices, wherever possible. People were provided with sufficient information to enable this, in a format that met their needs.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us privacy and dignity was promoted.
- Staff explained how they closed doors, curtains and covered up people's bodies when providing personal care, to minimise exposure and unnecessary embarrassment.
- At people's request, staff did not wear a uniform, so the public would not know they were receiving domiciliary support.
- People's preferences regarding the gender of staff was respected.
- People were empowered to be as independent as possible, with one staff member commenting "We enable and grow people's independence." One person had been supported to use the self-service check-outs in a supermarket, which was improving their social skills and helping to develop confidence with numeracy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- People were encouraged to be part of their community.
- There was information in people's care plans which demonstrated that the provider was meeting the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plan included a section about their individual communication needs. Staff were knowledgeable about the different methods some people used to communicate. For example, by facial expressions. One member of staff told us, "If it takes a long time for some to express what they want, then it takes a long time. We wait, to understand."
- The provider's initial needs assessments ensured people were asked if they needed documents in a different format, such as large print, or pictorial format.

Improving care quality in response to complaints or concerns

- There was a formal process for people to raise complaints, and people told us they felt confident to raise concerns. One relative told us, "I would happily ring up and tell them if I had any complaint. I haven't ever had to make any complaints though!".
- The complaints policy could be produced in a variety of formats, to meet people's individual communication needs.
- The providers governance system ensured any themes and trends were monitored to help reduce reoccurrence, facilitate learning and improve the ongoing safety and quality of the service.

End of life care and support

- End of life care planning was sensitively discussed with people when necessary, with person-centred care plans being devised accordingly.
- Staff received training in end of life support as needed.
- Staff had access to a confidential counselling and support service.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives told us the service was well managed, with one relative commenting, "There is always someone to speak to [in the office] and if ever there isn't, I leave a message and I get a call back pretty quickly."
- There was a strong person-centred culture which was based on the providers values of, support, ambition, loyalty, uniqueness, transparency, engagement and meaningfulness." All of which were observed to underpin staff's practice and spelt the word SALUTEM.
- The provider admitted when things went wrong, which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were robust governance systems, with a variety of checks and audits in place.
- The provider had recently implemented a new electronic quality monitoring 'dashboard' which helped the registered manager and provider have a more comprehensive oversight of all aspects of the service.
- The provider had a quality team, which supported the registered manager to ensure continued compliance with regulations and best practice. Quality visits were carried out to check the authenticity of audits and the completion of any action plans.
- There was a clear management structure which people, relatives and staff understood.

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

- Engagement with those who were at the heart of the service was important to the management team.
- People and their relatives were contacted by telephone every six weeks, where they were asked the questions "What is going well? What is not going so well? and What can we change?".
- Surveys and care reviews also gave people the opportunity to express their views openly.
- Staff told us there was an open-door policy to see the registered manager, they felt listened to and could share their ideas for change and improvement.
- There was an online 'employee support hub', which gave staff access to health and wellbeing advice, a free counselling service and legal support.

Continuous learning and improving care

- The registered manager was passionate about learning and improving the service.

Working in partnership with others

- The service worked in partnership and collaboration with other organisations to support care provision and improve service development. For example, by attending the local authority dignity in care forums.