

Salus Care Ltd

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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

Salus Care Ltd is a domiciliary care service providing personal care and support to people in their own homes. At the time of the inspection the agency was supporting 30 people. 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 felt safe, staff were caring and treated them with dignity and respect. People and relatives felt the service was managed well and people's care needs were met. Relatives said they would recommend the service. One relative said, "I'd definitely recommend as they help the person and give us peace of mind."

People's care and risk management plans set out their care needs, their preferences and communication support.

There were systems in place to minimise risks to people's safety and protect people from abuse. This included safeguarding awareness training so staff knew how to report potential abuse concerns.

People and their relatives knew how to raise issues or complaints and these were responded to promptly.

There were enough staff to meet people's needs. People were usually visited by the same staff who they were familiar with and who knew their needs and how they liked to be supported. Staff received regular training, supervision and competency checks. There were recruitment processes in place to help make sure only suitable staff were employed.

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.

There were systems in place to monitor the quality of the service and recognise when improvements were required. People and staff were asked to give feedback about the service. The service worked in partnership with other professionals to meet people's needs and help them to access healthcare.

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 21 September 2018). The rating for the service following this inspection remains good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Salus Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 1 inspector and 1 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

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 November and ended on 11 December 2023. We visited the location's office/service on 30 November and 1 December 2023.

What we did before the inspection

We looked at all the information we held about the provider including information they sent us when they

were registered with us. We also looked at reviews people had posted online about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We met with the spoke with a quality consultant and the registered manager. We spoke with a care assessor and a care coordinator. We viewed a range of records. This included 2 people's care and risk management plans and care records. We saw 2 staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including medicines support records, audits, meeting records and procedures. After our visits we requested a variety of records including care plans and care visit data. We received email responses from 11 care workers. We spoke with 1 professional who had worked with the service recently, 2 people and 9 relatives of people who use the service. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff completed safeguarding adults training and the provider promoted awareness of this during supervisions and spot checks. Staff and the registered manager knew how to recognise and respond to potential abuse concerns. This included being able to report concerns to other agencies.
- The registered manager promptly investigated concerns and worked with the local authority to do so.

Assessing risk, safety monitoring and management

- The provider assessed and supported people to manage risks to their safety and well-being. Relatives and people said they felt people were safe with the service.
- People's care and risk management plans set out risks to people's safety and actions needed to mitigate those risks. Plans considered issues such as a person's care and nutrition needs, mobility and the equipment they used, health conditions and mental health. The plans set out basic actions for staff to lessen these risks and were reviewed regularly.
- The provider had also assessed risks that may be presented by a person's home environment, such as flooring, lighting, ventilation, appliances and fire safety to make sure it was suitable for staff to provide care safely.
- The provider had business continuity plans in place to help the service continue in the event of an emergency or major disruption.

Staffing and recruitment

- The provider arranged for enough staff to visit to meet people's needs.
- People were visited by staff who they knew and who were punctual. People told us staff were mostly on time and the provider informed them if staff were running late. A relative said, "They are always on time but if they are stuck in traffic they call or text me."
- The provider monitored staff attendance to make sure this was timely.
- People could develop relationships of trust with staff who knew their care needs as they were visited regularly by the same staff. Relatives comments included, "It keeps [the person] in the same routine and they have continuity." People said the provider also informed them in advance if their regular visiting care staff were going on leave.
- The provider followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. This included establishing their employment history and completing Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions.

Using medicines safely

- There were systems and processes in place to ensure staff supported people to take their prescribed medicines safely. People and relatives said staff supported them appropriately with their medicines.
- Care plans set out clear information about people's prescribed medicines, including why they were prescribed and information about the possible side effects. Staff recorded when they supported people to take their prescribed medicines. We saw records for this had been completed appropriately. Senior staff checked these regularly and took action to address any issues they found.
- Staff completed medicines support training and the provider assessed their competence to provide this safely.

Learning lessons when things go wrong

- The provider had appropriate processes in place for recording and responding to incidents or accidents.
- The registered manager made sure incidents and accidents were recorded and responded to in a timely manner. They kept a log of these events that noted what happened and the actions taken in response to this, for example when someone was found unwell and staff called emergency services. The registered manager reviewed the information to identify any incident trends or improvement lessons for the service.

Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection.
- Staff completed training on promoting infection prevention and control. They were provided with personal protective equipment (PPE) such as masks, gloves and aprons. They completed training on how to use PPE safely and people and relatives told us staff used this. The provider had sufficient stocks to meet ongoing requirements.
- The registered manager had arrangements in place for responding effectively to risks and signs of infection for people using the service and staff.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The registered manager ensured people's needs and preferences were assessed before they started to use the service. Assessors visited people and families and spent time with them to conduct the assessment and understand people's care needs.
- Assessments were used to inform people's care plans, supported by people's local authority assessments or hospital discharge information. They considered people's protected characteristics under the Equalities Act 2010, such as their age, gender, religion and ethnicity.
- People and relatives felt the service met people's needs. A relative commented, "The service is good and no improvements are necessary yet, they do what they have to do professionally." Another relative said that their family members health and well-being "has been improving ever since" the service started to provide their care.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to support them safely.
- Staff completed a range of training that included infection prevention and control, epilepsy awareness, moving and handling, health and safety, dementia awareness. Staff told us they found the training helpful for their role.
- Staff received regular supervisions to discuss their role and performance. They said these sessions were supportive.
- Staff said they were supported by the registered manager and office team who they could contact when they needed to. They told us, "They ask and listen if I wanted something", "They are helpful" and "The office [staff] always listens to me and come to see the clients if we have any problems."

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

- Staff helped people to prepare food or assist people to eat and drink when this was part of their agreed care arrangements.
- People's care plans set out the support they required to eat and drink and their food and drink preferences. For example, a person's care plan described what they preferred to have for breakfast and how they liked hot drinks to be prepared. Another person's plan was clear they did not eat meat.
- People confirmed staff supported them to eat and stay appropriately hydrated. Relatives said, "[The person] gets a choice and they leave a drink for them which they can reach" and "They encourage [the person] to try and feed her/himself and [the person] is definitely improving." Another relative told us the provider lets them know how their family member is managing their eating.

Staff working with other agencies to provide consistent, effective, timely care;
Supporting people to live healthier lives, access healthcare services and support

- The service worked with people and their families to support people to maintain their health and access healthcare services if needed. This included liaising with nurses, pharmacists and GPs.
- People's care plans set out information about their healthcare needs. For example, if a person was living with diabetes. Plans noted when people needed support to brush their teeth and manage their dental care.
- A person told us, "They know everything about my health that they need to know from my notes which they read." A relative told us how staff had been able to spot when a person may be becoming unwell. Another relative said, "Oh yes, they would let us know if they saw [the person] looked unwell and recommend going to the doctors if necessary."
- A professional told us the service was always proactive in raising issues and sharing information and people's health and well-being. This helped people to receive timely care.

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 MCA 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.

- The managers and staff were working within the principles of the MCA.
- People had signed their care plans to indicate when they consented to their care arrangements. We saw people's relatives had also signed to note they also been involved in and agreed with the care plan.
- Staff had completed training in understanding the MCA and people's rights to make choices about their care. Staff explained how worked with people who may refuse their care, ensuring this was reported to the provider so they could monitor a person's well-being.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 were supported by staff who were caring, respectful and treated them well.
- People and most relatives spoke positively of staff, particularly who visited them regularly. A person described staff as "compassionate" and "lovely." Relatives told us, "They are definitely kind and caring", "They are lovely, so kind the way that they speak to [the person]" and "They talk nicely to [the person], hold their hand and are never condescending."
- The provider checked on staff regularly to make sure they were polite and spoke respectfully with people.
- People's care plans documented personalised information such as their religion, gender and important relationships in their life. Managers told us the service was not currently supporting anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community, but they had done in the past. The '+' stands for other marginalised and minority sexuality or gender identities. Staff received training on promoting equality and diversity in their work.

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

- People and their relatives were involved in making decisions about their care. For example, we saw some people were able to choose which care staff visited them. Staff helped people make decisions about their day to day care. Staff described how they respected a person's choices and told us, "I encourage people to make decisions concerning their care."
- The service involved people and relatives were in developing and reviewing their care plans and discussed how their care should be provided. Care plans promoted helping people to make choices, set out their care preferences and their preferred routines for each visit.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence.
- Staff described how their care promoted people's privacy and dignity, such as when providing personal care.
- People said staff treated them well. A person remarked that staff always greeted them and staff had "empathy and understanding". A relative commented, "[The person's] dignity is fine and there are no privacy issues."
- The staff recruitment process included a specific focus on assessing how applicants understood they should promote people's dignity and privacy. Care plans pronounced promoting people's dignity and independence at each care visit.
- Relative told us how staff encouraged people to be independent and commented on how staff helped

people do exercises that promoted this. Staff respected people's independence and told us, "I have to make sure that I listen what the person wants."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 received person-centred care and support that met their needs and preferences.
- People's care plans set out some personalised information about their care and support needs. For example, their likes and dislikes, how they wanted to receive their personal care or where they preferred to take their meals.
- Plans included some brief personal history information about the person and their hobbies and interests. Staff said they found the plans helpful for understanding people's needs, particularly when visiting them for the first time.
- People and relatives said the care met people's needs and preference and was responsive to their requirements. A relative told us, "They are understanding and change their hours on short notice which is very good." People chose the gender of the carers who visited them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- Care plans set out what people's first language was and if they had other communication needs and how staff should support these. For example, if a person was hard of hearing.
- Some people noted that while some staff did not always speak the same first language as them, staff generally communicated well with them. A relative said, "They make [the person] laugh and chat to them." A person also said the carers "always say 'good morning, how are you?'" and spent time chatting with them.
- We saw the provider had translated information about the service in a person's first language. This made sure the person and their family had information about the service, safeguarding and complaints that was accessible to them.

Improving care quality in response to complaints or concerns

- There were processes in place for recording, handling and responding to complaints.
- People and relatives told us service they were happy with how the services handled complaints or concerns they raised. They were confident the service would respond to issues. A relative told us, "Absolutely they would listen and they would sort it."

- The registered manager used complaints information to identify and act on improvements for the 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a clear aim and positive culture of providing safe, effective and person-centred care to people.
- Almost everyone we spoke with said they would recommend the service. A relative said, "I'm very, very satisfied. Their general attitude is always bright and cheerful, I'd definitely recommend them." Staff said that morale was good and they felt supported by each other and senior staff. Their comments included, "They are always welcoming me, they are very respectful agency" and "They listen to any potential concerns I may have and make me feel comfortable working with them."
- We saw the provider had recently received written compliments from some people before our visit. One person had written, "Excellent care ethic with all the staff."
- People spoke well of the registered manager. Staff said the registered manager was friendly and always approachable and a relative described them as "excellent." Staff appreciated regular incentives from the provider, such as monthly awards that recognised individuals providing good care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used a range of checks to monitor the safety and quality of the service and make improvements
- The registered manager ensured there were audits of care plans, medicines support records, daily care records, staff supervisions and staff attendance. This helped to make sure these were in place and up to date. The provider also regularly called people to check they were experiencing good care. The registered manager took action to make improvements from these checks.
- Supervisors and the registered manager conducted regular, unannounced checks on staff working in people's homes to monitor their performance. Relative said, "They came to the house and they call me, they are checking all the time."
- The provider demonstrated a commitment to continuously learning and developing the service. For example, they had recently audited their call monitoring systems and identified issues with how some staff digitally recorded their care visit times. The registered manager took action to address this with staff and subsequent audits indicated this practice had improved significantly.

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 registered manager understood and explained their duty of candour responsibilities and had processes in place to promote this.

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

- People, their relatives and staff had opportunities to be involved in the care provision.
- The provider sent periodic questionnaires to people and their families for feedback about the service. People confirmed this had taken place recently before our visit. A relative said the provider had acted in response to their questionnaire saying, "We got feedback as I'd questioned their communication and now things are much clearer."
- The provider had also sent questionnaires to staff earlier in the year. A large majority of respondents were positive about working for the service. The registered manager had taken improvement action in answer to some respondent's suggestions, such as holding learning workshops to develop staff competence and confidence.
- The registered manager held regular staff meetings to discuss the running of the service. Staff said these were helpful, that they could contribute and felt listened to. They told us, "Yes, they do discuss and listen to my opinion" and "We all discuss and then we take the best decision."

Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as GPs, pharmacists and social workers. This helped people to receive joined-up care to meet their needs. A professional told us the service worked in partnership with them and always provided information promptly when requested.