

Salus Care Group - Leicestershire

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Salus Care Group – Leicestershire provides personal care to people in their own home. At the time of our inspection 90 people were using the service.

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 using the service. Staff knew how to provide safe care and what to do if they had concerns about a person's well-being.

Staff had up-to-date information about people's needs and where they might be at risk. They understood people's cultural needs and how to meet these.

The service was well-staffed, and people usually had staff they knew. Staff time-keeping was generally good. A relative told us, "We have never had any missed calls. Sometimes they [staff] can run late but we are informed if they are."

Staff followed the provider's infection prevention and control (IPC) policies and procedures. They had the correct personal protective equipment (PPE) to reduce the risk of infection including gloves, aprons and masks. Staff supported people to manage their medicines safely.

The service was well-managed. People, relatives and staff said they would recommend the service to others. Staff were well-supported, trained and supervised.

The provider used a system of audits to ensure the service was running smoothly. They regularly asked people, relatives, and staff for their views on the service and made changes and improvements where necessary.

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

This service was registered with us on 13 January 2020 and this was its first inspection.

Why we inspected

We undertook this focused inspection to check the provider met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. This means we are unable to rate this service at present.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Follow up

We will 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 ●

Inspected but not rated.

Is the service well-led?

Good ●

Inspected but not rated.

Salus Care Group - Leicestershire

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 three inspectors and two experts-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

Salus Care Group – Leicestershire is a domiciliary care agency. It provides personal care to people living in their own homes.

The service has 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 operating during the pandemic and we needed to be sure that the provider and registered managers would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke by telephone to five people using the service, six relatives, and eight care workers. During our site visit we spoke with the nominated individual, two directors, and the registered manager.

We reviewed an extensive range of records. This included care and medicines records, staff recruitment and training files, and records related to the management and quality assurance of the service. Throughout our inspection we continued to seek clarification from the managers and staff 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.

This is the first inspection for this newly registered service. This key question has not been rated.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff said the service provided safe care. A person said, "The carers are great. They look after me well and I feel safe." A relative told us, "I know [family member] will be safe and well looked after whilst I am out."
- Staff were trained in safeguarding and knew what to do if they had concerns about people's welfare. A staff member said, "People are safe because carers are overall good and have developed good relationships with people. We are confident to raise safeguarding's, and these are actioned."
- The provider reported safeguarding incidents to the appropriate authorities and made changes where necessary to increase people's safety.
- To ensure calls went ahead as planned, and people weren't left unsupported, the provider had an electronic log-in system. This alerted the office if staff didn't log-in to their calls within 30 minutes of the start time so urgent, alternative arrangement could be made.

Assessing risk, safety monitoring and management

- People had individual risk assessments which were regularly reviewed and updated. Risk assessments included clear instructions to staff on how to provide safe care to people. They took into account how people's needs might change depending on how they were each day.
- Risk assessments were personalised and included information about people's cultural needs that might impact on their care and support. For example, if they had any language needs, or if they lived with family members or friends who might be able to help in a crisis.
- Staff accessed up-to-date information about people securely via mobile phones. A staff member said, "Everything you need is on the phone. When you see a client, you check the previous visit notes before you go in [and] check on the app on the phone for medicines."
- Records showed staff knew what to do if a person was unwell or had a fall or other accident. Staff told us they would always request medical attention and stay with the person until help arrived.

Staffing and recruitment

- People and relatives said the service employed enough staff to meet people's needs. A person said, "I am very happy with the service. Two staff always come four days a week."
- Staff were well-trained and provided safe care. People and relatives said they usually had the same staff. A staff member said, "People like continuity of carers [and] they get that most of the time."
- People and relatives made many positive comments about the suitability of the staff who they said kept them safe. A person said, "The staff are lovely, brilliant."
- Staff were recruited in line with the provider's recruitment policies and procedures. Staff files included all the required documentation to ensure they were safe to work at the service.

Using medicines safely

- People and relatives said staff supported them to manage their medicines. A relative said, "I give my [family member] their medication, but they [staff] always check the box and remind me if I haven't."
- Staff were trained to prompt and administer medicines safely. To ensure they were competent, senior staff observed them managing people's medicines in the community.
- People had medicines care plans and risk assessments and staff used an electronic medicine recording system to log when medicines was given.
- Senior staff audited medicines records to ensure they were accurate and complete. If there were any improvements needed staff were re-trained and supervised as necessary.

Preventing and controlling infection

- People and relatives said staff kept them safe by following the provider's infection prevention and control (IPC) policies and procedures. A relative told us, "The carers always wear their masks and gloves. They are very good."
- Staff were trained in infection prevention and control and signed to say they understood the importance of IPC and knew where to get personal protective equipment (PPE) supplies. A staff member said, "We get PPE from the office I have plenty of gloves, aprons and masks."
- The registered manager completed an IPC 'train the trainer' course in order to train their colleagues and the provider introduced an online COVID-19 course to enhance staff IPC training.
- The provider did regular 'spot checks' on staff while they were on calls to ensure they were wearing the correct PPE and following IPC guidelines.

Learning lessons when things go wrong

- Senior staff documented accidents and incidents and used the information to ensure lessons were learned and improvements made where necessary. If staff needed extra training following an incident, to prevent the risk of reoccurrence, this was provided.
- The provider took prompt action in response to safeguarding concerns. For example, in response to a specific concern, improvements were made to the way people's finances were managed.

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.

This is the first inspection for this newly registered service. This key question has not been rated.

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

- People and relatives said the service was well-managed. A relative told us, "I would recommend them as they seem more organised than the last company [we had]."
- Staff got on well with the people using the service. A relative told us, "They are very friendly and chatty and interact with [family member] well "
- Staff were supportive towards relatives, as well as their family members. A relative said, "They also help me as I worry about things, so I find them to be very reassuring."
- Staff carried out monthly well-being checks on people by telephone. These covered all aspects of people's care and gave them to opportunity to raise any concerns they might have.

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 provider submitted notifications to CQC as required. This meant CQC was aware of any significant incidents at the service.
- If concerns were raised the provider took them seriously and addressed them promptly.
- Staff members said managers listened to them and made changes where necessary. For example, a staff member told us their rota was improved when they said they had difficulty getting to their calls on time.

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

- People's care was regularly reviewed, with the frequency of their reviews dependent on their risk rating. This helped to ensure any required changes were promptly implemented.
- The provider carried out comprehensive audits of the service and acted on the findings.
- The service had an electronic 'alert system' which let managers know if any calls were late or missed. Records from the 'alert system' formed part of the service's regular audits.

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

- People's equality characteristics were assessed before they began using the service and care plans written to address any needs they had relating to these.
- A relative said their family member did not always get staff of the gender they requested. The provider said the service was mostly able to supply staff of the requested gender. However, in the event of an emergency, this might not be possible. The provider said this was explained to people when they began using the

service.

- Staff said it was easy for them to contact managers when they needed to, the on-call system was effective, and they were well-supported and trained.
- The service sent out regular quality assurance surveys to collect people's, relatives' and staff's views. The last survey, sent out in May 2020, received mainly positive responses.
- Staff were well-supported and had regular training and supervision and good PPE. A staff member said, "Everything [at Salus] has been spot on."

Continuous learning and improving care

- People, relatives and staff said the service has improved. A person said, "I would recommend them as they have really improved since August [2020]." A relative said the continuity of care their family member received had 'vastly improved'.
- The provider used a range of methods, including audits, reviews, and quality assurance surveys, to identify where the service needed improvement. Staff followed action plans to ensure issues were addressed.

Working in partnership with others

- The service was involved in the local community, sponsored a children's football team, and raised money for local causes including a food bank.
- The service contracted with the local authority and was working through contractual issues with the local authority at the time of our inspection.
- The service worked closely with local healthcare professionals including GPs and district nurses, to ensure people received the services they were entitled to.