

Salisbury and Romsey 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

Salisbury and Romsey Care Ltd. is a domiciliary care service providing personal care to 14 people at the time of the inspection.

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 told us they felt safe using the service. Staff had been fully trained to identify and act upon any safeguarding concern.

People's risks had been identified and guidance to staff demonstrated how to reduce risk and keep people safe.

People received their medicines as prescribed, staff were trained in medicines management and administration.

People were supported by a regular staff team, this enabled trusting relationships to develop. There were enough staff to meet people's needs and they had been recruited safely.

People's care and support plans were individualised and included life history their preferences and abilities. Staff enjoyed working with people and were proud of the care they delivered.

People's dignity and privacy were promoted and maintained. People told us how kind and caring the staff were and that they enjoyed the visits and support.

The service was well managed. Staff felt confident and were well supported. People and their relatives knew how to raise concerns if required and were very satisfied with the care provided.

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.

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

Rating at last inspection

This service was registered with us on 08/05/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

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.

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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

The inspection was carried out by two inspectors and an 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.

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 a short period of 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 15 June 2021 and ended on 29 June 2021. We visited the office location on 22 June 2021.

What we did before the 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 five people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the provider and the registered manager.

We reviewed a range of records. This included two people's care and support plans and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and quality assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three professionals who regularly work with the service, but we did not receive feedback.

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 been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to keep people safe. When asked if they felt safe using the service, the comments from people and relatives included, "Absolutely", "Most definitely" and "There has never been any question about that."
- People were supported by staff who had a good understanding of safeguarding, how to identify concerns and what to do about it. One staff member told us, "We've done safeguarding training. It's part of induction and then you do it again. I would call the office if I was concerned or noticed anything different about them." Another said, "We've done a lot about safeguarding, the different forms of abuse and how to recognise it."
- The risks people faced had been considered and measures were in place to reduce them.
- Individual risks such as falls, malnutrition or fluid intake had been identified and were regularly reviewed. Guidance to staff on how to minimise the risks was documented.
- Environmental risk assessments were in place which listed the actions needed to enable staff to provide safe care in people's homes.
- Systems were in place to monitor, review, analyse and audit accidents or incidents. There had been no accidents or incidents reported at the time of the inspection.

Staffing and recruitment

- Staff had been recruited safely. Checks included a Disclosure and Barring Service (DBS) check, references and identity checks. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.
- Enough staff were employed to meet people's needs.

Using medicines safely

- Medicines were administered and managed safely.
- People received their medicines as prescribed by staff who were trained and assessed as competent.
- The service used an electronic method for the accurate administration of medicines which flagged up any gaps or errors which could be quickly rectified. There had been no medicines errors at the time of the inspection.

Preventing and controlling infection

- People and their relatives told us the service was thorough with infection prevention and control processes. One person told us, "They are very attentive to personal hygiene and PPE."
- Staff told us they had a plentiful supply of PPE and were knowledgeable about infection prevention and

control techniques. One staff member said, "We've formed a bubble which is safer for them. I think they've felt safe throughout. We've done infection control training and regular handwashing is normal."

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. This is the first inspection for this newly registered service.

This key question has been rated 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

- People's needs had been assessed prior to them receiving care and support to ensure they could be met.
- The assessment was comprehensive and included people's life history, routines, their preferences and abilities.
- People and their relatives were involved in the assessment process and how they wanted their care delivered was agreed and recorded.
- Particular attention was focussed on maintaining independence, providing companionship to reduce social isolation and the matching of interests. This encouraged a trusting and supportive relationship to develop.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained effectively and were supported. New staff received a thorough induction, shadow opportunities with more experienced staff and completion of the Care Certificate.
- All staff received regular one to one supervision, an annual appraisal and competency spot checks.
- Staff told us they were well supported. One staff member told us, "The training is excellent. It's not just about things like first aid and moving and handling. We also do things like the role of CQC, and how we should be working." Another said, "They're always there when you need anything. You're never on your own really, as you always have back up."
- Staff have the opportunity to develop their skills and career progression through NVQ.

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

- People had their nutritional needs assessed where needed.
- People's dietary needs and preferences were included in their care and support plans.

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

- People were supported to have their health care needs met. The service worked with professionals to make sure care was timely and appropriate.
- Staff were efficient at identifying and reporting concerns about a person's health. Relatives told us the staff had acted quickly when a family member was found on the floor and another required a medicines review.

- A relative told us, "They can act in an emergency and handle the situation. [The registered manager] also went to the surgery for the medication review. They don't let things slide, especially for medical emergencies."

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.

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.

- No-one using the service at the time of the inspection lacked the capacity to consent to their care and support.
- Staff had undertaken training in MCA and understood the principles of capacity, gaining consent and decision making.

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. This is the first inspection for this newly registered service.

This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff were caring and the service provided respectful, kind and supportive care.
- One person said, "I think it's just the general caring attitude." Another commented, "They take the time to get to know me and they help me in the shower. I am relaxed and happy." A relative told us, "I think they are kind there is clearly a lot of laughter."
- Daily records were written using respectful language and terminology. The records told a story of the person's daily life and well-being. For example, 'I gently woke [person] and asked how she was and how her weekend had been. [Person] said she was feeling well and the weekend had come and gone quickly.'
- Staff told us how they supported people to make their own decisions about their care. One staff member said, "We're all about assisting and enabling people to maintain their life at home, and to maintain it well."
- Staff enjoyed their role and took pride in the company and the service they provided. One staff member told us, "I like the idea of companionship and their style of caring. They really do give a caring focus. Another said, "I think the agency is fabulous. I love everything about what I do" and "I think they are very good at matching you with staff and I think they put the customer first."
- A relative told us, "We are very pleased with the service and they go above and beyond, I have no issues and mum seems very happy, which is most important. For someone who didn't want help she is very comfortable with them and this is due to the way the staff are."
- Staff told us they enjoyed building a relationship with the person they supported. Comments included, "Yes, it's something else I like about them we have good continuity" and "It's great as we know each other really well and understand each other. They've got used to me and vice versa."
- People's records were stored securely. The service had a secure encrypted messaging service to liaise with staff and pass on important information.
- People were supported to be as independent as possible. Records detailed tasks people could manage independently and areas where they needed more support.
- People's diverse needs were reflected in care plans which were developed as a bespoke person-centred support plan.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service.

This key question has been rated 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

- Following assessment people had a personalised care and support plan developed which gave staff guidance on people's individual needs.
- Daily recordings demonstrated how staff followed the guidance and stayed with the person for the allocated time.
- People, their relatives and staff told us there was continuity of care. This meant people were supported by the same staff and their visits were regular and timely.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had continued to be supported through the pandemic to reduce feelings of isolation. Although most community activities had ceased, the service had other resources to use such as the Home Instead Senior Care Activity Book. The service were members and supporters of local charities. They organised and delivered 180 afternoon teas to people staying at home. One relative told us, "[Family member] has felt isolated during the pandemic and the staff have been her reassurance."
- Following the rules of social distancing relaxing, people have been supported to go shopping, car day trips and visit friends and family.
- People's mental health and well-being have been focussed on, including support to re-engage with the community following the isolation of the pandemic.

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.

- The service was fully compliant with the AIS.
- People's individual communication needs were identified, assessed and reviewed. One person with a visual impairment was supported by ensuring the home and contents was left in place after every visit. This meant the person was familiar with the layout and was able to move around their home safely.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service at the time of our inspection.
- The service had a policy and a system in place to deal with any complaint in a timely and effective

manner.

- People and the relatives we spoke with knew how to address their concerns.

End of life care and support

- No-one was receiving end of life care at the time of our inspection.

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 been rated 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; Continuous learning and improving care

- The provider and registered manager created a person-centred culture with a focus on quality care.
- People were supported by a team of staff who were passionate about delivering enabling, compassionate, person-centred care. The staff we spoke with were proud to work for the service and the quality of care they provided.
- People and their relatives spoke highly of the quality of outcomes of care, the beneficial input and increase in physical and mental well-being.
- There was a clear vision for the service which prioritised safe high-quality care. The provider told us, "We want to be at a high standard, to build something which gives the best quality care into small individual communities and integrate into those communities. We want to be the 'provider of choice' for people."

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 effective quality assurance systems in place which included reviews of care records, medicines records training and quality satisfaction.
- Audits were carried out regularly and where improvements were identified these were acted upon effectively.
- The provider and the registered manager fully understood their responsibilities under the duty of candour.

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

- The provider actively engaged with the local community and was keen to support charitable initiatives and networks. They had written health and well being articles for the local free press and provided community awareness through talks and educational events.
- The service involved people and their families effectively and in a meaningful way. People and staff we spoke with told us they felt listened to and valued.
- People their relatives and staff had the opportunity to give feedback. This was managed through reviews of care, surveys and telephone check-ups.

Working in partnership with others

- The service worked closely with the local authority, commissioners, their local GP, health and social care

services.

- The provider and registered manager were members of relevant industry associations which enabled them to keep up to date with changes in legislation and good practice guidance.