

Salters Hill Charity Limited

# Salter's Hill Home Care & Support

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

This inspection took place on the 5 January 2017 and was announced.

Salter's Hill Home Care & Support is registered to provide personal care.

Salter's Hill Home Care & Support had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not being applied.

We heard positive comments about the service such as "the service is one of the best and should be replicated". One person told us they were "Happy with Salter's Hill". A member of staff told us people using the service were "well supported".

People were enabled to live safely; risks to their safety were identified, assessed and appropriate action taken. People's medicines were safely managed.

People were satisfied with their support and the approach and effectiveness of staff. People's individual needs were known to staff who had achieved positive relationships with them. People were treated with kindness, their privacy and dignity was respected and they were supported to maintain their independence and engage in activities. People were involved in the planning and review of the support they received.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. The registered manager was accessible to people using the service and staff. Systems were in place to check the quality of the service provided including gaining the views of people who used the service, their representatives and staff.

## 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 not as safe as it could be.

People were not protected by robust staff recruitment practices.

People were protected from the risk of abuse because staff understood how to protect them.

People received consistent support from dedicated staff teams.

People's medicines were managed safely.

**Requires Improvement** 

### Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's rights were protected by the correct use of the Mental Capacity Act (2005).

People received support to prepare meals according to their needs.

People's health needs were supported through access to and liaison with healthcare professionals.

**Good** 

### Is the service caring?

The service was caring.

People were treated with respect and kindness.

People's independence was understood, promoted and respected by staff.

People's privacy and dignity was respected.

**Good** 

### Is the service responsive?

The service was responsive.

**Good** 

People received individualised care and support.

There were arrangements in place to respond to concerns and complaints.

**Is the service well-led?**

The service was well-led.

The service set out and followed its vision and values for providing care for people.

The registered manager was accessible and open to communication with people using the service, their representatives and staff.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and support provided.

**Good** ●

# Salter's Hill Home Care & Support

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 January 2017. We gave the service notice of the inspection because it is small and the registered manager is often out of the office providing support to people and staff. We needed to be sure that they would be in. The inspection was carried out by one inspector. We spoke with the registered manager, four people using the service and four members of staff.

We reviewed records for three people using the service and checked records relating to staff recruitment, support and training and the management of the service. Before the inspection the provider completed a provider information return (PIR) in February 2016. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also received comments from people who use the service, staff, community professionals and relatives and friends through questionnaires sent out around the time the PIR was completed. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

## Is the service safe?

### Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always being applied. The service had a low staff turnover and there was a generally stable staff group. We examined three staff recruitment files. Two staff recruited in 2013 and 2014 had previously worked in services for children and in social care. One of these staff had previously worked in a service for children although information about their conduct during this employment had not been obtained and their reason for leaving had not been verified. Instead a reference from a friend was obtained which did not provide information relating to relevant employment. Another member of staff had three previous periods of employment in services for children and one in a service providing social care. There had been no attempt to contact any of these services to gather information about the applicant's conduct or to verify reasons for leaving relevant employment.

We recommend that the service consider current legislation on the safe recruitment of staff.

Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People were supported through sufficient levels of consistent staff support. The registered manager explained how the staffing was arranged to meet the needs of people using the service. In particular the consistency of staff was important for people and helped planning for activities and reduced people's anxieties. To this end there were separate staff teams working with people in each area where people received care and support. People were given copies of staff rotas in a suitable format for their needs, one example we saw used pictures. One member of staff told us they were "given enough time to do a good job".

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff had received safeguarding training and were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Staff were confident any allegations of abuse reported would be dealt with properly. People told us they felt safe having staff support them in their homes.

People had individual risk assessments in place. For example there were risk assessments for financial abuse, using an iron and making hot drinks. The approach was to support and promote people's independence through assessing and managing risks. The registered manager described how one person had been enabled to make hot drinks through the use of a 'one cup' kettle which kept scalding risks to a minimum. They told us, "We have made it as safe as possible; we are not risk adverse it is about enabling".

People were given information to help keep them safe in the community. People were involved in a community 'safe place' scheme which provided safe places for people in the community such as shops where they could go in the event of any abuse or harassment. A member of staff commented "people were given the skills to stay safe". Information had been prepared about people for use in the event of them going missing.

People's medicines were managed safely. People we spoke with were satisfied with how their medicines were managed by staff. Staff received training and an annual observation of their practice of supporting people to take their medicines. Procedures were in place in the event of any medicine errors. A record was kept of any errors and the action taken. The example we saw had resulted in further staff training and improvements to the medicine records in terms of colour coding for doses given at different times of the day. Team leaders completed audits of people's medicine recording on a monthly basis as well as weekly checks.

## Is the service effective?

### Our findings

People using the service were supported by staff who had received training and support suitable for their role. The provider information return stated "Each person is supported by a highly trained team including, keyworker, team leader and manager and obviously the rest of the support team". Records showed staff had received training in such subjects as fire safety, food safety and first aid. Staff also received training specific for the needs of people using the service such as mental health and learning disability. Staff confirmed they received enough training for their role. One member of staff told us how they had requested specific training and this was arranged. Another said they received "lots and lots of training". Staff new to the role of caring for people had completed the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life.

Staff also had meetings called supervision sessions with senior staff to discuss areas such as training, care practices and development. These sessions could be requested by staff if they wished to discuss any issues. In addition staff also received feedback following an observation of their practice with supporting people by senior staff. Staff also received an annual appraisal of their performance and an annual observation of their practice in supporting people. One member of staff told us "support is always there". Another commented supervision sessions were "Very Good". Staff also described "good team working". People were positive about the staff that supported them one person told us staff were "quite good". A community professional commented "I have a very high regard for the team at Salters Hill".

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. We checked whether the service was working within the principles of the MCA. Assessments had been made of people's capacity to consent to managing certain areas of their care and support where it was judged they may lack mental capacity. For example receiving personal care, preparing meals and safety needs. Staff had received training in the MCA and demonstrated their knowledge of the subject.

People were supported to prepare meals and eat a balanced diet. People required varied degrees of staff support for example some people required prompting to prepare their meals themselves and others worked alongside staff where appropriate supervision could be maintained. To promote a healthy diet people attended a wellbeing group where they were supported to think about food, portion sizes and to try new flavours. Some people were supported to prepare individual menus and to shop for the food items they needed.

People's healthcare needs were met. People confirmed they received support to attend healthcare appointments. People's support plans outlined the level of support they required at healthcare appointments. In addition people had health action plans and hospital assessments. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital. People received annual health checks. A wellbeing group organised by the provider was also held

to support people with such topics as exercises, healthy eating and boosting confidence.

## Is the service caring?

### Our findings

People were treated with kindness and respect and had developed positive relationships with the staff supporting them. The provider information return (PIR) stated "Organisation: Our values, culture and practice focus on the people we support. In order to do this we aim to behave in a way, at all levels of the organisation, that is kind, compassionate, caring and careful". People were positive about the staff that supported them. One person told us about the "nice staff". Another person confirmed staff were kind and polite to them and told us "they got on" with the staff. We also heard staff were polite, caring and helpful and "really kind people". People's support plans gave staff information about people's religious needs and how these would be supported.

People were involved in the planning and review of their care and support, The PIR stated, "The people that we support are fully involved in all areas of care planning; this will also include the involvement as necessary of family and carers". We saw how people had signed their support plans and documents such as "My community checklist" to indicate their involvement in planning their support. Information was available for people about advocacy services and people had made use of these in the past. Advocates are people who provide a service to support people to get their views and wishes heard.

People's privacy and dignity was respected. The PIR stated, "We are conscious that we are guests in people's own home and so staff always knock on doors and wait to be invited in before entering the bedroom or the property". One person told us how staff respected the privacy of their home and would knock the door of their house and wait to be let in. Another person's support plan stated how they would open their own post when they received it, putting it aside for staff support later. Staff gave us examples of how they would do this when providing care and support to people such as ensuring doors were closed and people were covered up appropriately.

People were supported to maintain and develop their independence. One person had attended training to enable them to administer their medicines. Other people were supported to use public transport and to make use of facilities in the local community such as libraries. Support plans provided guidance for staff in promoting people's independence, outlining areas where people were independent and areas where they required staff support. For example one person's support plan stated "I am able to chop/peel vegetables independently but need staff to support me with using the cooker and also how long to cook my meals for".

A relative commented, "The service has continually supported my daughter over 22 years and have led to her increased Independence and growth as a human being". Another relative commented "They have achieved a level of independence for the people they support that I felt was unattainable and a brilliant community spirit". A community professional commented "it supports vulnerable individuals to maximize their independence and increase their life skills where ever possible". A member of staff told us they provided "Personalised care tailored to promote independence". People were also supported to maintain links with family members and friends, support plans outlined how people would be best supported to maintain contact with people important to them.

## Is the service responsive?

### Our findings

People received care and support which was personalised and responsive to their needs. A member of staff commented, "Each client is treated as an individual". A document titled "All about me" provided important information for staff reference about people's support needs and their daily and weekly routines. There was detailed and specific information for staff to follow for each person. For example, "I menu plan on a Monday with staff support for the week and I like to choose healthy meals". People's individual communication needs were responded to. Menus using pictures were used for some people, these being more suited to their communication needs. People's personal plans outlined their desires for achievements in their life in the future. These included plans such as decorating bedrooms and planning a birthday party. These were reviewed on an annual basis with some people inviting family members to the review meeting. One person told us how they told staff what they themselves wanted in terms of the support they required. Another person confirmed they received enough support for their needs.

Staff told us personalised care meant "Doing the things they want to do not what we want them to do, we are led by them". Another staff member told us personalised care was "at the centre of everything we do". The registered manager commented on how one person was in control of how they wanted to be supported.

People received staff support to engage in activities of their choice. Staff supported people to attend groups organised by the registered provider such as a 'Ladies night'. This was a regular meeting of women who used the service aimed at promoting their health. A wellbeing group was also held to support people with such topics as exercises and healthy eating. This had received positive feedback from people using the service. A relative of a person commented "Day to day activities and a community life have enabled her to be a happy and more rounded individual". Some people were supported to attend church services on a regular basis. People were also supported to take holidays in the UK and abroad.

People's personal plans outlined their desires to become more independent such as getting a job and the steps needed to achieve this. A 'job club' was in operation to further support people seek and gain employment. One person told us how they were attending an interview for a job working with elderly people. People also had voluntary jobs, with one person working three days of the week at a local animal charity. The registered manager reported that 65% of people the service supported had a job and 10% of these had a paid job.

There were arrangements to listen to and respond to any concerns or complaints. One person told us how they would approach the registered manager or a member of staff if they had a problem with the support they received. Complaint forms were available for people in a suitable format using pictures and plain English. In the twelve months prior to our inspection, five complaints had been received by the service. As well as complaints people made use of the forms to raise individual concerns and issues they were worried about. People knew how to raise a complaint making use of the complaint forms supplied to them. Investigations had been carried out into complaints with appropriate responses given. One person's concern had resulted in the provider referring them for further support from a community learning disability

service. Minutes of tenant's meetings demonstrated how people using the service were able to discuss issues important to them such as activities and issues about living with other people. There was also an item on the agenda for people to discuss any concerns or complaints.

## Is the service well-led?

### Our findings

Salter's Hill Home Care & Support had a registered manager who had been registered as manager since October 2010. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

Staff were positive about their role one said "I love it" another said "I'm pleased to work here". We heard positive comments about how the service was run such as "managed very well". One member of staff told us the registered manager was "Very approachable, always at the end of the 'phone we are never left alone". An 'on-call' system was operated by the registered manager and senior staff to support people and staff outside of normal working hours. One person told us how they would make use of this number if they needed to. Regular staff meetings were held. This enabled staff to keep up to date with any changes to the needs of the people they supported, developments with the service provided and plans for staff training.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The provider had a clear direction described in the values and purpose of the organisation. The purpose was described as "to work alongside people with learning disabilities and others who seek our support, to develop confidence, skills and independence", "To promote the rights of vulnerable people we are involved with" and "to recognise the value and opportunities the environment gives people to flourish and achieve". The values and purpose were shared with applicants applying for posts within the organisation. The registered manager also described the aim of shaping the service to further support people's aspirations based on "what they want".

The registered manager described some of the challenges of running the service such as current levels of local authority funding and the resulting need to be more creative with how support was provided such as using more volunteers. Also the challenge presented of recruiting staff in a largely rural area. The registered manager kept up to date with current practice developments through contact with a local care providers association.

An annual survey was completed to gain the views of people and their representatives, about the service provided. The response were analysed and an action plan produced which was shared with those who returned the survey forms. Responses from the survey combined with the results of discussions at 'drop in' sessions for people using the service and staff resulted in a business development plan. This acknowledged positive achievements as well as areas for improvement and set out the provider's aims for 2016 and 2017. Aims included increasing the number of volunteers and the number of people supported to take up

employment. Feedback from staff had resulted in improvements to induction for new staff.

Monthly audits were completed on a number of areas such as support plans, medicines and health and safety. These were comprehensive with findings, overall results and any areas to be actioned were recorded. The audits did not pick up the shortfalls with staff recruitment we found at our inspection. However the registered manager acknowledged the need to improve staff recruitment procedures.