

Salisbury Support Services Limited

Salisbury Support Services

Inspection report

Unit 1-2, Commercial House
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Bognor Regis
West Sussex
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Tel: 01243870962

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01 November 2017

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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

The inspection took place on 01 November 2017 and was announced. We announced the inspection 24 hours in advance as the service provides care in people's homes and we needed to ensure someone could meet us at the office. This was the first comprehensive inspection of the service since its current registration which was dated August 2017.

Salisbury Support Services is a domiciliary care agency located in Bognor Regis, West Sussex. The agency provides personal care to people with a learning disability and/or physical disability and supports people to live independently in their own homes. The service provides care and support to people living in three 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The main office is situated in the centre of Bognor Regis.

The service provides a person centred approach to care for people with learning disabilities. The service supports some people on a 24 hour basis and others who may require support with personal care needs at specific times of the day and/or night. At the time of the inspection 13 people were receiving support with their personal care needs. The person we visited could not communicate their views to us. We observed how staff supported the person and spoke with them.

There was 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.

Staff were recruited safely and trained to meet people's individual needs. Wherever possible people were only supported by staff known to them and trained to meet their needs. There were enough staff assigned to provide support and ensure that people's needs were met.

Staff were aware of the requirements of the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS] which meant they were working within the law to support people who may lack capacity who may need to be referred under the court of protection scheme through the local authority.

People had a care plan that provided staff with direction and guidance about how to meet individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff.

Comprehensive assessments were carried out to identify any risks or potential risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes, risks in the community and any risks in relation to the care and support needs of the person.

People's needs were met where staff were responsible for supporting medicine administration and ensuring people had enough to eat and drink. Clear records were kept and issues followed up on.

People received support from staff who they knew and who had the skills and knowledge to provide their care.

People were supported to live a full and active life, offered choice and staff had safeguards in place to support people to experience outings and for activities to go ahead.

People knew how to raise concerns and make complaints. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to. We looked at records that demonstrated the complaints procedure had been followed.

There was a management structure within the service which provided clear lines of responsibility and accountability. There was a positive culture within the service and the management team provided strong leadership and led by example. Staff said "I feel well supported by the company" and "We are a good team and everyone from the manager, assistant manager, team leaders and support staff are supportive".

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager, assistant manager and team leaders were visible in the service. They regularly visited people in their own homes and sought their views about the service.

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. People were protected from abuse and foreseeable risks.

The service had person centred risk assessments relating to people being supported to reduce the risk of any potential harm

There were sufficient staff to provide the support people required. Checks were carried out when new staff were employed to ensure they were suitable to work in people's homes.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective. Staff were trained and had the skills and knowledge to provide the support people required.

People were supported to have a varied and nutritional diet to keep them healthy.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good ●

The service was caring. We observed people were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to a person.

People were supported to maintain their independence in their home and in the community.

Staff were knowledgeable about the people they supported in order to provide a personalised service.

Is the service responsive?

Good ●

The service was responsive to people's needs. Care was planned and delivered to meet people's individual needs.

Care plans were person-centred and information about a

person's life history, likes, dislikes and how they wished to be supported was documented.

There were systems in place for receiving and handling complaints.

Is the service well-led?

The service was well-led. Staff told us they enjoyed working at the service and felt valued They said they were able to put their views across to their manager, and felt they were listened to.

There were systems in place to gain people's views and took action in response to people's feedback.

The registered manager monitored the quality of the service.

Good ●

Salisbury Support Services

Detailed findings

Background to this inspection

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There was a management structure within the service which provided clear lines of responsibility and accountability. There was a positive culture within the service and the management team provided strong leadership and led by example. Staff said "I feel well supported by the company" and "We are a good team and everyone from the manager, assistant manager, team leaders and support staff are supportive".

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager, assistant manager and team leaders were visible in the service. They regularly visited people in their own homes and sought their views about the service.

Is the service safe?

Our findings

Staff told us that they had completed training in how to provide people's care in a safe way. This had included how to identify and report abuse. Staff members were knowledgeable when relaying how to recognise the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. One member of staff commented, "I think it's important we get the training we need to protect people because they are very vulnerable."

People's care records included a Positive Handling Plan (PHP). The plan was used to support staff to identify and respond to risk safety. For example, to look for triggers, de-escalation prompts, behaviours, reactions, preferred types of support and reassurance. This supported staff to safely respond to issues which might arise. All the plans were person centred and designed for the individual. A staff member told us, "No two people have the same needs. Everyone is different and we respect that." People were protected from risks because hazards to their safety were identified and managed.

There were suitable arrangements in place to manage risk so that people were protected and their freedom was supported and respected. Comprehensive risk assessments had been put in place across the service. They were personalised and linked to people's support plans so staff had clear directions as to how to reduce any risk both in the home and community. A member of staff told us, "Risk management plans are there, but its important people get the opportunities to do things they like and are important to them. We manage these sort of risks very well I think." Staff were supported to understand that some people they supported might make poor decisions which staff might interpret as being 'risky'. Through training and supervision with senior staff they understood how best to manage such situations and to understand that if people had capacity it was their right to make such decisions. This supported staff to understand the boundaries of risk for each person and deliver a good service to people where individual risks were managed safely.

A staff member told us there were enough staff and time available to safely support the people who used the service. Some people required one to one support, others two to one for certain activities such as going out into the community. A staff member said, "I'm happy with the way we support people. It can be very intense but we get the support and information we need." The staff member told us they were able to contact a senior person in the service at any time, if they were concerned about the welfare of a person they were supporting. We saw a list of contact names and numbers when we visited a person's home.

Due to the complex needs of some people being supported, the registered manager told us it was important there was continuity in the support given to people. They told us, "It's really important there is as little change as possible. We generally manage it well."

Robust recruitment procedures were in place and required checks were undertaken before staff began to work for the service. Personal details had been verified and at least two satisfactory references had been obtained from previous employers. Application forms were detailed including a full employment history

with gaps explained. Satisfactory Disclosure and Barring (DBS) checks were in place for all staff prior to commencing work. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

Some people who used the service required support from care staff in handling their medicines. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help. A new medicine administration system had recently been introduced. It was an interactive system with the person's information held on an electronic tablet linked to the pharmacist and also the registered manager. When staff administered medicines they were required to use a bar code to access each person's medicine. There was photo identification of the person and prompts for times the medicines were due. Medicines could only be checked off once administered. If this was not completed the system would not allow any other medicine to be administered. The staff member told us, "This is a really safe system and if any of us miss a medicine it alerts the manager and the chemist is linked in as well." All staff had received training in the administration of medicines and how to use this new system.

Staff were aware of the reporting process for any accidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Staff were provided with personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. Staff had the necessary personal protective equipment when it was required.

Is the service effective?

Our findings

People received care from staff who knew them well and had the knowledge and skills to meet their needs. A staff member told us, "Our training is extensive both on line and in person. I feel Person Centred care is at the heart of our company and that we always strive to do the best for our clients."

Training was provided for staff to help develop and maintain their skills. Staff said the training was always on-going and it gave them the skills to give the support people required. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults and children; infection control and food safety. Staff were trained in areas to meet specific needs of people being cared for by the service. For example, training in supporting people with epilepsy, de-escalation and self-defence. The registered manager recognised the importance of having a skilled workforce. They said, "It is our responsibility to make sure staff have the correct training and we have a duty to keep staff safe." A staff member told us, "The training is really important because we support people with some very complex needs and we need to understand how to respond to those needs."

New staff undertook a period of induction which included working with senior care staff who assessed and developed their skills using the Care Certificate, (A nationally recognised training programme). A staff member told us that they had to complete their induction and shadowing with other staff before they were allowed to work on their own in people's homes. They said, "I worked with other staff a while before I could work alone. It gave me time to build up confidence. We (staff) are really supported until we feel confident."

Staff had supervision and checks for their competency, to ensure they continued to be effective in their role. However the registered manager said these were not always timely but that there was regular informal supervision and support through daily talks and visiting staff when supporting people. A staff member told us they were well supported. They said, "The manager is very knowledgeable and approachable, which has enabled me to get to know the clients and how to support them appropriately."

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves' had their legal rights protected. 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.

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. Any Deprivation of Liberty Safeguards (DoLS) applications must be made to the Court of Protection.

Staff applied the principles of the MCA in the way they supported people and told us they always assumed

people had mental capacity to make their own decisions.

People were being supported to access a range of healthcare services. Each person had a health assessment which was easily accessible within their individual care and support plans. This gave clear information and appropriate guidance about health needs and how best to manage their on-going health issues. Where there was a need to refer to other professionals such as a doctor this had been done.

People required support to prepare their meals and drinks. A staff member told us there were daily choices and staff knew what people liked and didn't like. Also if there were allergies or certain foods did not agree with the person. A staff member said, "We [staff] try and make sure everyone has a healthy diet but we respect peoples choices." Staff supported people to do their shopping on a regular basis each week as it was recognised choosing foods were an important part of people's lives.

Is the service caring?

Our findings

A person using the service told us, "All the staff are really supportive." A staff member said, "It's really important we see the person for who they are and to respect that. We [staff] respect clients for who they are. It's really important to remember that."

The service promoted equality, recognised diversity, and protected people's human rights. It aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure the person received the appropriate help and support they needed to lead a fulfilling life and meet their individual and cultural needs. For example, acknowledging and supporting people's views around gender and relationships. In some instances people needed either female or male support and this was available where it had been deemed necessary.

A staff member was observed being respectful of the person they were supporting and ensuring their privacy and dignity was maintained. The person could at times express behaviours which might challenge and impact on their privacy and dignity. The staff member recognised the need to support and promote privacy and dignity but recognised the need to remain nearby to maintain the person's safety. Where visual surveillance equipment was used to make hourly checks on a person's well-being, there was a Court of Protection order, (A legal jurisdiction to make decisions regarding individuals who lack mental capacity), in place to ensure the service was acting within the legal framework. Regular reviews were taking place with other professionals to monitor the use of this process to manage the level of monitoring being used. Monitoring only took place at night because the person did not like staff being in the room. Due to health risks it was deemed necessary to manage this using surveillance. There was evidence this was regularly reviewed to ensure it was only being used as required to support the persons safety. A staff member told us, "We only use it then [at night] because [Person's name] wants to be on their own but they are at most risk. This system works well".

When we visited a person in their own home staff introduced us and explained the reason for our visit. This helped the person feel more comfortable in our presence. Due to the person's complex needs we had limited opportunity to verbally seek their views on the care and support they received. However, we observed staff were respectful and spoke with people in a kind and reassuring way. We observed the relationship between the person and staff member was relaxed and friendly and there were easy conversations and laughter. The staff member was familiar with the person's communication technique and able to support and engage with them. They told us, "[Person's name] has their own way of getting over what they want. We [staff] just have to be patient and listening carefully."

Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. Care plans contained information about what was important to people and their personal likes and dislikes. Photographic records of how people spent their time and any new activities were kept which were meaningful to people as well as staff.

Is the service responsive?

Our findings

People received personalised care and support that met their needs. Staff and professionals were actively involved in the assessment and review process which also involved the person. Professionals told us, "Salisbury Support are a very capable provider and they consistently and competently support people with very high risk behaviours in a way that is person centred" also, "Positive behaviour support is at the forefront of what they do and they try to ensure every service user has a good quality life and strong community presence."

Support plans were person centred which meant they were all about the person and how they wanted their care and support to be provided. People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. People were being supported in line with what was recorded in the care plan. Where particular routines were important to people these were clearly recorded and described, so staff were able to support the person to complete the routine in the way they wanted. For example, when the person preferred to go out, what time and what support would be required. Care plans were reviewed on a monthly basis or as required in response to any changes in people's needs.

It was clear staff knew the people they supported well. One staff member told us; "I've got to know [Person's name] over time. It can be just the little things that are important like a smile or gesture where you get a really good response." Staff knew about people's individual needs including what they did and didn't like. During a visit to one person's home, we observed the positive interaction between the staff member and person.

All people supported by the service had a Health Passport. It was used to help healthcare professionals understand the person and to make reasonable adjustments to the care and support they provided during an appointment or hospital stay. It had information about a person that supported staff to understand a person's everyday needs, including communication, medication as well as eating and drinking.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who matter to them. People were supported to take part in personalised activities and encouraged to maintain hobbies and interests. As part of people's support package staff spent time to ensure they engaged in home based and external activities of choice which included shopping, eating out and swimming. Records showed choices offered by staff and made by people every day.

Daily records were completed and reported individually about anything specific to that person on their own record to ensure confidentiality. Records included references to medicines, activities, sleep patterns, seizure activity and other information specific to the individual person. This information was used at the person's review for discussion and future planning as well as care plan development.

Links with professionals were good. Following this inspection visit we received information from a professional who had some responsibility for the wellbeing of people being supported. They told us the

service kept them fully informed of any concerns or incidents that arise. They told us, "Staff are always open about the support they provide and willing to discuss concerns and issues. They will make contact with me in a timely manner to talk about any changes in needs or incidents that have occurred. This enables us to discuss risks and come up a shared view of what may help. The staff are welcoming to myself and other professionals who visit and always seem willing to take on advice when offered."

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. Record showed complaints had been responded to in line with the services own procedures and outcomes reviewed as part of a lessons learnt process. This was to identify areas which could be improved upon to reduce issues arising again.

Is the service well-led?

Our findings

There was 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 told us the registered manager and senior staff took an active role in the running and general operation of the service. They said managers had good knowledge of the staff and the people who were being supported. There were clear lines of responsibility and accountability within the management structure. This structure included a registered manager, assistant manager and team leaders. Staff said, "Management always there for you," "We all work really well as a team. Very supportive of each other" and "My managers are always available when I need them and even if they miss a call they return it within five minutes without fail."

Staff were motivated and passionate about making a difference to people's lives. They told us, "Best job I've done. It's because we get the support we need because it can be challenging sometimes. I just love being able to make a positive difference to a person's life, even with the challenges they face."

Staff members told us that day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. There was a clear shared set of values across the staff team. A staff member said, "We are all committed to making sure we give customers the very best opportunities. That's what makes the job so rewarding."

The registered provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with in confidence.

Each service had its own meetings so they were focused on the operation of that service. The meetings provided an opportunity for open discussion. In addition health and social care professionals were often invited to provide talks about specific topics. This was to cascade essential information and to support staff when delivering care. Any organisational changes were communicated either at these meetings or through internal emails.

In order to measure the effectiveness of the services, monitoring visits took place at each house by a senior manager within the organisation. This was to check operational systems at the service, some of which included notifications, safeguarding issues, staffing levels, reviews, challenging behaviour management as well as looking at the physical environment. Records showed where staffing issues had been raised they had been fed back to senior managers in order to take action.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were

complimentary about the management team and how they were supported to carry out their work. The registered and deputy manager were clearly committed to providing a good service for people.