

Salutem LD BidCo IV Limited

Ambito Community Services Hertfordshire

Inspection report

Unit 3-4
The Power House, Lumen Road
Royston
SG8 7AG

Tel: 01438315191
Website: www.salutemhealthcareltd.com

Date of inspection visit:
30 May 2019

Date of publication:
21 June 2019

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: Ambito Community Service Hertfordshire provides care and support to children and adults living in their own homes with a range of physical and learning disabilities. The service was providing support with personal care for five people at the time of this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed, and measures developed to remove or reduce the risks. People were supported by enough staff who had been safely recruited through a robust process. People's medicines were managed safely. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management team took appropriate actions following any incidents and learning was shared with staff.

The provider undertook assessments to make sure people's needs could be met by Ambito Community Services Hertfordshire. Care plans were developed from these assessments for each person's identified needs and staff had clear guidance on how to meet those needs. Staff received training and support to help them to carry out their roles effectively. Staff supported people with their nutritional needs to help maintain their health and wellbeing. Staff and management knew people well and could promptly identify when people's needs changed, and they sought professional advice appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's relatives praised the kind and caring nature of staff. People received consistent care from a small team of staff. People's care records were held securely in a locked cabinet within a locked office to help promote confidentiality.

People received care and support as they wished and needed. People's relatives told us they would be confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support provided for people.

The management team was committed to providing a high standard of care to the people they supported as well as the staff team and understood their responsibilities under the Duty of Candour. People's relatives and staff members spoke highly of the registered manager and told us that they were always available and supportive. People told us that they were often asked for their views about the quality of the service.

Rating at last inspection: This was the first inspection of this service since registering with the Care Quality Commission in May 2018.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Ambito Community Services Hertfordshire

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

Ambito Community Services Hertfordshire is a domiciliary care service. Staff deliver personal care and support to people living in their own homes and support people to access community services. The service is registered to provide services to both children and adults living with physical, sensory or learning disabilities.

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 48 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 30 May 2019 and ended on 03 June 2019. We visited the office location on 30 May 2019 to meet with the registered manager and to review care records and policies and procedures.

What we did before the inspection:

We reviewed information we had received about the service from the provider. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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.

During the inspection:

We visited the office location and spoke with the registered manager. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training records and meeting minutes were reviewed. We visited the office location and spoke with the registered manager.

After the inspection:

We sought clarification from the provider to corroborate evidence found. We looked at training data, quality assurance documents and other information sent to us after the inspection by the registered manager. We spoke with relatives of three people who used the service and two care staff members about their experience of the care provided.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify and appropriately report any concerns relating to the risk of abuse.
- The provider had an out of hours on-call system to support staff and people who used the service outside of normal office hours.
- People's relatives told us they felt people were safe when staff provided their care. One relative said, "I think [person] is very safe using the service. Very occasionally staff get something wrong, but they are on the phone right away to tell us and they are very quick to put it right again."

Assessing risk, safety monitoring and management

- Risks to people`s health, safety and well-being were assessed, and measures put in place to remove or reduce any identified risks. For example, in areas such as transferring via mechanical hoist, eating and drinking and maintaining skin integrity.
- Risks to people's safety and well-being were regularly reviewed and any changes were updated on the care plan system and shared with the staff team.
- Accidents and incidents were logged and reviewed regularly to ensure all appropriate action had been taken and there were no themes emerging.
- A relative told us, "They (staff) are very mindful of risks that people may be subject to and keep them safe accordingly."

Staffing and recruitment

- People were supported by staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and criminal records checks.
- There were enough staff deployed to meet people's varied and very complex needs. A relative told us, "I believe there are enough staff members around to provide people's care."
- Newly recruited staff members worked alongside experienced staff members before starting to work on their own.

Using medicines safely

- People's medicines were managed safely. People's relatives told us staff were knowledgeable about people's medicines and supported them safely.
- Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment including

gloves and aprons were provided for them.

- People's relatives told us staff used personal protective equipment properly and said they worked cleanly and professionally.

Learning lessons when things go wrong

- The provider and registered manager took appropriate measures to learn from things that went wrong and to share the outcome of this with the staff team. Examples of this had included some errors with medicine administration.

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

Good: 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 undertook assessments to establish if people's needs could be fully met by Ambito Community Services Hertfordshire.
- Care plans were developed from these assessments for each identified need people had and staff had clear guidance on how to meet those needs. Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- People's relatives told us they were satisfied with the care and support people received which demonstrated that staff delivered appropriate care and support in line with best practice.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively.
- A relative told us, "I do feel staff are skilled and knowledgeable. There have been a few staff changes but the core team have relevant experience and understand [Person's] needs."
- A staff member said, "We have a lot of training and it is continually updated. For example, we had PEG training in last couple of months. ((Percutaneous endoscopic gastrostomy is where a tube (PEG tube) is passed into a person's stomach to provide a means of feeding when oral intake is not appropriate). The manager then came and watched me set up a feed and signed me off as competent."
- The management team and staff confirmed that there was a programme of staff supervision.

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

- Care plans identified people's dietary needs had been assessed and individual support and guidance from external professionals recorded as required.
- People's relatives told us people were supported by staff to maintain good nutrition and hydration.
- Staff told us, and records confirmed they had completed relevant training to ensure they were competent to support people's nutrition and hydration needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management knew people well and were able to promptly identify when people's needs changed and sought professional advice appropriately.
- Staff and management worked in partnership with health and social care organisations where appropriate sharing information about people to ensure that the care and support provided was effective and in people's best interests.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.
- A healthcare professional involved with the care of two people whilst they were hospitalised praised the staff team of Ambito Community Services for the care and support provided. They said, "I would like to say, how very impressed we are with the support they both have had in hospital from your staff. It has been exceptional care, and please quote me to any inspectors!"

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.
- We checked whether the service was working within the principles of the MCA and found people were supported by staff that knew the principles of The Mental Capacity Act 2005.

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

Good: 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's relatives told us the staff team were kind and caring. One relative told us, "The staff are very caring and always treat people with dignity and respect, I have no qualms about that."
- People received consistent care and support from a small team of staff.

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

- People did not have the capacity to understand the content of their care plans. However, people's relatives, social workers and key workers worked together to form a circle of support with care planning. This was to ensure the care and support the person received was appropriate for their individual needs.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff respected people's dignity and privacy.
- The registered manager told us care staff received training specifically around privacy and dignity.
- The registered manager reported that people who used the service had no need for external advocacy support at this time as their parents currently fulfilled this role.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's relatives confirmed that the care staff provided met people's needs and preferences.
- Care plans detailed people's care needs, preferences, likes and dislikes with clear guidance for staff to follow.
- Care plans were regularly reviewed to help ensure they continued to accurately reflect people's needs.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with complaints.
- People's relatives told us they would be confident to raise any concerns with the management team. One relative said, "I have not had to make any formal complaints. I have raised concerns with the management team. The registered manager was appropriate and open in her response to me."
- The registered manager reported there had not been any formal complaints raised. They told us that some issues were raised with staff verbally by people's relatives and that these were dealt with immediately.

End of life care and support

- At the time of our inspection the service was not providing end of life care for anyone. The provider had systems in place to work closely with other agencies to ensure it enabled people to have a dignified ending to their life.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was committed to providing a high standard of care to the people they supported.
- The provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- People's relatives and staff members spoke highly of the provider and registered manager and told us that they were always available and supportive. A relative told us, "I would say the service is well managed considering the resources they have at their disposal." Another relative said, "The service is well managed, I am very satisfied with the overall outcomes for my [relative]."

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

- The registered manager and team leaders were involved in the day to day running of the service including working hands on, alongside staff where required. They positively encouraged feedback and were keen to develop the service based on good guidance about current best practice.
- The registered manager and team leaders used robust governance systems which enabled them to have an effective oversight of all aspects of the service. This included care plans, risk assessments and medicine records.
- The provider had developed systems to identify shortfalls and learn from any mistakes or areas of concern.
- Staff understood their roles and responsibilities and knew where to go for support or guidance if they needed to.

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

- People's relatives and external stakeholders were involved in the service development and their views were continuously sought to enable the registered manager and provider to ensure they provided a safe and effective service that met people's needs.
- Staff were encouraged to share their views and to make suggestions to further develop the service. Team meeting minutes showed that communication between staff and the management team was a two-way process.

Continuous learning and improving care

- The provider and registered manager used information gathered from quality monitoring and feedback to improve the quality of care people received.
- The registered manager used a range of resources to ensure the service kept up to date with best practice guidance and was supported by health and social care professionals.

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.
- The registered manager and staff team had worked closely with Hertfordshire wheel chair services to design a bespoke wheel chair for a person who used the service. This had a positive impact for the person who gained more independence as a result enabling them to propel the wheel chair within their individual abilities supported by positive risk assessment.