

Salopian Care Limited

# Salopian Care

## Inspection report

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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Salopian Care is a domiciliary care agency which provides assistance with personal to people living in their own homes. At the time of this inspection 50 people were receiving support with personal care needs. 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

The service was effectively managed by a team who were committed to providing an exceptionally high standard of person-centred care. Comments from professionals, people who used the service and their relatives confirmed this. The provider and management team promoted an open and honest ethos and learned from mistakes. Staff were very motivated and well trained and there were effective systems to ensure staff remained competent in their role. People's views about the service were valued and there were effective procedures in place to continually monitor and improve the quality of service people received. The service went to great lengths to provide people with opportunities to be part of the local community. People received a service which was exceptionally responsive to their needs and preferences. Staff went above and beyond to ensure people's needs and lifestyle choices were respected. Staff responded quickly to changes in people's well-being and sought the advice of professionals which resulted in a positive outcome for people. People were fully involved in planning and reviewing the care they received. One person told us, "I have input with the care plan and the supervisor comes and goes through it with me. I have the care plan here with me in my house." People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs. People felt confident that any concerns would be taken seriously, and action would be taken to address them. There were systems in place to ensure people's preferences during their final days and following death were understood and respected.

People felt safe with the staff who supported them. One person said, "I feel very safe. What I like is that they go around on the later call and make sure all the windows are closed and that we are safe and secure before they leave." Risks to people were monitored and procedures were in place to help keep people safe. There were safe systems for administration of people's prescribed medicines. People were supported by adequate numbers of staff who were safe and competent to work with them. People were protected from the risks associated with the control and spread of infection.

People were supported by staff who were well trained and competent in their role. One person said, "They certainly are very skilled and trained well in my opinion. I don't know what I would do without them now." People were assessed before they used the service to ensure their needs and preferences could be met. Staff understood the importance of ensuring people's rights were understood and protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's health care and nutritional needs were monitored and understood by staff.

People were supported by kind and compassionate staff who ensured they were fully involved in decisions about their care. People were treated with respect and their right to privacy was understood and respected by staff. People were supported to remain as independent as possible.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was rated good at our last inspection (report published October 2016).

**Why we inspected** This was a planned inspection based on the previous rating.

#### 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?

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Salopian Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector. An Expert by Experience made telephone calls to people and their relatives. 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 homes.

The service had two managers 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 short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to obtain people's consent to contact them.

Inspection activity started and ended on 24 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 three relatives about their experience of the care provided. We spoke with 10 members of staff which included a care manager, training manager, care supervisor and four care staff. We also spoke with the nominated individual who was also a director and a registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We met with another director and registered manager. We reviewed a range of records. This included five 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 were also reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff who supported them.
- One person said, "I feel very safe. What I like is that they go around on the later call and make sure all the windows are closed and that we are safe and secure before they leave."
- A relative told us, "My [relative] is very safe. Staff support them so safely and they've had no falls. They take her to get her bathed and we have a bath lift and they safely guide her onto it and lower her into the bath."
- The provider's systems ensured people were protected from the risk of abuse.
- Staff received training about how to recognise and report abuse, and they were confident concerns would be taken seriously.
- A member of staff told us, "We are regularly reminded about reporting concerns. I would report anything I was worried about. Our job is to protect people."

Assessing risk, safety monitoring and management

- Risks to people were considered and there were plans in place to manage and mitigate risks.
- Assessments were in place to identify risks from people's care, their home environment and healthcare conditions. These were regularly reviewed to ensure they remained effective.
- People's equipment was regularly checked by staff to ensure it remained safe and well-maintained.

Staffing and recruitment

- The provider followed safe recruitment procedures and made sure only staff who were suitable to work with people were employed.
- The provider ensured there were enough skilled and experienced staff available to meet people's needs.
- People told us staff had never missed a visit and they arrived on time and stayed for the allocated time.
- One person said, "They [staff] are always on time and they never rush me for anything and have never missed coming to see me."
- People were supported by staff who were familiar to them. One person said, "I know which staff are coming as I get a rota and although they swap sometimes I know them all and the rota says who is coming and when."

Using medicines safely

- People were supported to take their medicines by staff who were trained and competent to carry out the task.
- One person said, "Staff give me my medicines. I take them while they are here, and they get me a drink. I always get them on time."

- Medication administration records (MAR) provided information about people's prescribed medicines, the dose and time the medicines should be administered.

#### Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.
- Staff had access to sufficient supplies of person protective equipment (PPE) and people told us staff used these when assisting them.
- One person told us, "The staff always wear gloves and aprons when they help me."

#### Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed by the management team when they occurred. This helped to identify any trends.
- Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- Where people required support to eat and drink, information about their needs and preferences were recorded in their plan of care.
- People received support to eat and drink at the times that suited them.
- Staff ensured people received food and drinks which met their needs and preferences. One person said, "This is the main thing they [staff] do for me. I can't swallow so need soft foods. They come in the morning and prepare my meals for the day. I have soft food and an energy drink. They also make me a food smoothie. They put some in the fridge before they leave so I have some spare."

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

- Staff worked well with external professionals to ensure people's health care needs were met. This meant the agency could make prompt referrals and seek advice where concerns were identified.
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals.

Staff support: induction, training, skills and experience

- People and their relatives were confident staff had the skills and knowledge to meet their needs.
- One person said, "They certainly are very skilled and trained well in my opinion. I don't know what I would do without them now." Another person told us, "The staff are all brilliant and you can tell from the way they support me they know what they are doing." A relative said, "All the staff's training and skills are good. They know what they are doing and use the hoist safely and correctly."
- Staff were positive about the training they received, and they were confident they had the right skills to meet people's needs. A member of staff said, "The training is brilliant. Everything up to date and we get reminders when refresher training is due. We also get additional training when needed to meet people's specific needs and to update our skills. We can request additional training anytime if we feel we need it."

- Before staff started working at the agency they completed an induction programme which gave them the basic skills and knowledge to work with the people who used the agency. They also received training to meet people's specific health needs.
- Staff with no previous care experience completed the Care certificate programme. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- New staff worked alongside and shadowed more experienced staff before they worked alone with people.

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.

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. 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.

- At the time of our inspection there was nobody who lacked the capacity to consent to their care or treatment.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- A person who used the service said, "They always ask me if I am ok and what I want doing before they proceed with anything." Another person told us, "Staff check with me every time. They would not dream of doing anything without having a chat with me first."
- Care plans had been signed by people or their legally appointed representative confirming their consent to the care they received.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- All staff were highly motivated to offer compassionate and kind care and support.
- People and their relatives told us they were treated with great kindness and respect by the staff who visited them.
- One person said, "They [staff] certainly are very caring. The ones I have are excellent. So gentle, friendly and caring when they come, and I love them all." Another person told us, "They are all fabulous."
- A relative told us, "The carers are all very friendly and kind to my [relative] and always show a caring attitude."
- Following our inspection, the provider sent us further information to demonstrate the caring and compassionate service people received. A healthcare professional commented, "I sincerely want to thank you for the invaluable kindness and support you have shown [person's name] throughout this time. Even when you were busy you still found time to help and make it easy to support and care for [name of person]. Thanks for all the support being provided."

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

- The service ensured people got the support they needed and wanted. For example, the management team advocated for one person who was struggling to access the support they needed. Staff went above and beyond and liaised with other professionals to ensure their package of care met their needs and preferences.
- A person who used the service said, "I don't know what I would do without them [staff]. Nothing is too much trouble for them. They will do anything for me."
- People and their relatives told us they were fully involved about the care they received.
- One person said, "The carers are always asking if I am happy with everything and the supervisor pops in to see me and goes through everything. Everything is done the way I like it."
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. One person told us, "I only have female staff as I need them to wash me. They always honour that."

Respecting and promoting people's privacy, dignity and independence

- The service promoted a culture where people were treated with the upmost respect and were supported to maintain their independence.

- One person told us the best thing about the service was, "The caring attitude shown by all the staff and the way they help me get out of the house every week to maintain my independence."
- Another person said, "They [staff] are always encouraging me and my [relative] to do what we can. This is good as it keeps us going."
- Another person told us, "Staff take me out once a week for two hours shopping. This helps with my independence as I am getting out and can see and choose what I like."
- People told us staff always respected their privacy and dignity.
- One person said, "Some days I can do myself but if I can't the carers will keep me partially covered up and close the door and curtains when helping me wash."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning and delivery was exceptionally person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person.
- It was clear that people were at the heart of the service and staff were focused on providing an exceptional standard of personalised support. A healthcare professional said, "I would certainly describe them as an outstanding team. The care is indeed excellent with timely interventions made when GP input is required."
- Following our inspection, the provider sent us additional information to demonstrate how their commitment to providing people with exceptional person-centred care resulted in positive outcomes for people.
- Staff noticed that one person was experiencing increased anxiety which resulted in challenging behaviours. The management team liaised closely with the person's GP and day-centre staff to try and establish any triggers. When none were identified they reviewed the staff who worked with the person and it became apparent the person became anxious during extended shifts with the same member of staff. Staffing was reviewed and the 24-hour support the person received, was provided by a team of staff who worked shorter shifts with them, thus giving them more variety. This had resulted in a positive outcome for the person. They appeared happy and settled and episodes of anxiety had greatly reduced.
- One person's health had dramatically improved after staff had quickly made referrals to other professionals when the person experienced swallowing difficulties. A healthcare professional involved said, "Over the last twelve months, complex dysphagia issues has necessitated a great deal of skilled working practice. The team have remained person-centred and professional throughout and it has been a pleasure working with them."
- Staff were exceptional in advocating for the people they supported. For example, overcoming conflicts with relatives and professionals to ensure people were able to express a view and choice about what they wanted to do.
- For example, with the support and commitment of staff who had got to know the person well, one person was supported to explore new activities which enhanced their quality of life.
- People and their relatives told us they were fully involved in the planning and review of the care they received.
- One person told us, "I have input with the care plan and the supervisor comes and goes through it with me. I have the care plan here with me in my house."

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.

- Care plans contained information about people's communication needs. These gave detailed information about how to recognise if a person was in pain, distressed or happy if they were unable to express themselves verbally.
- One of the registered managers told us that documentation could be produced in accessible formats for people who required this.

Improving care quality in response to complaints or concerns

- None of the people or relatives we spoke with had any concerns about the care they received.
- However, all confirmed they felt confident any concerns would be taken seriously.
- One person said, "I am very happy indeed. I cannot fault anything." A relative told us, "We are very happy and have no complaints at all."
- Where concerns had been raised, records showed the provider had carried out an investigation and provided a response to the satisfaction of the complainant within agreed timescales.

End of life care and support

- The agency was not providing a service to anybody who was receiving end of life care.
- However, care plans showed there had been discussions with people about their preferences for life saving treatment in the event of a medical emergency.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The culture of the service was exceptionally positive and enabled people to live their lives how they wanted to. A healthcare professional said, "The agency is well-led and managed on a daily basis by an experienced and dedicated team who strive to ensure the best quality, person-centred care is consistently provided to each of their customers."
- People and their relatives told us the service was exceptionally well-led.
- One person said, "The agency is exceptionally well led and managed with hands on management who are very responsive." Another person said, "Nothing is too much trouble for any of them. All the office staff and supervisors are all really super." A relative told us, "Everyone is most helpful when needed and any problems at all they let me know. They are very accommodating and flexible as well."
- All staff at all levels were committed to providing people with a high standard of care which was tailored to their needs and preferences.
- Where required, staff were recruited and trained for a package of care prior to the person using the service. This helped to reduce the length of a person's stay in a care home or hospital setting and enabled the person to receive care in their own home.
- People were introduced to potential staff before they started working with them. This gave people the opportunity to decide whether they were happy for the staff member to support them.
- The provider valued and responded to people's views.

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

- People were supported by staff who were trained and highly motivated to carry out their role.
- A member of staff said, "It's an amazing company with a personal touch. I feel really valued. The staff in the office and the support from colleagues is amazing."
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- There was a strong framework of accountability. There were effective performance management systems which monitored and dealt with any staff performance concerns in a timely manner. Staff were provided with additional support and training where needed to improve the quality of care people received. The provider followed their disciplinary procedures where required to ensure people received a consistently high

standard of care.

- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered managers had informed us about significant events which occurred at the agency within required timescales.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted an ethos of openness and transparency which had been adopted by the management and staff team.
- There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were raised with appropriate authorities such as the local authority safeguarding team.

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

- The agency had established strong links and has become an integral part of the local community. They were actively engaged in local events, building links and raising money for charity.
- Following our inspection, the provider sent us additional information and photographs of people enjoying a range of community events organised by the agency. They told us, "Last year we supported the local Foodbank. We chose to do this in order to reinforce links with the local community and in keeping with our culture of caring for and supporting people. It also helps our Service Users to join in with local community events as it provided an opportunity for our clients to pop down and say hello on the day, that might not otherwise have attended."
- People who used the service, staff and members of the public could drop in to the agency's offices to access a range of information and advice.
- Within the last year the agency had developed a newsletter which signposted people to local services and support within the local community.
- There were annual satisfaction surveys which provided people and their relatives to express a view about the quality of the service provided. The results of a recent survey showed a high level of satisfaction.
- People's views were sought daily when receiving support and through regular care plan reviews.
- There were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected.
- There were policies in place to ensure people's protected characteristics were considered and understood by staff.

Continuous learning and improving care

- The provider was committed to continuous improvement.
- People were at the heart of the service and staff at all levels were committed and motivated to ensuring people received a high-quality service.
- Quality assurance surveys, service satisfaction checks and spot check documentation showed that people's views were at the centre and were utilised to shape and continually improve the service.
- Staff training, performance and competence were regularly monitored to ensure they provided safe and appropriate care.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

Working in partnership with others

- The agency worked in partnership with other professionals and organisations to achieve good outcomes

for people. These included specialist healthcare professionals, hospitals, and commissioners.