

Salem Community Services Ltd

# Salem Community Services Ltd

## Inspection report

10 Beech Crescent  
Leeds  
LS9 6SQ

Tel: 07874659058  
Website: [www.salemcommunityservices.org.uk](http://www.salemcommunityservices.org.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Salem Community Services Ltd is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were four people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People told us they felt safe and were cared for and supported by a staff team that were caring and compassionate, and led by a motivated management team.

Staff understood how to recognise the signs of abuse and what action to take to protect people who used the service. The provider followed safe recruitment processes which included undertaking background checks on potential new staff before they started working for the service.

People were supported to manage and take their medicines safely where required. There were sufficient supplies of personal protective equipment, (PPE) and people confirmed staff wore this. Staff had received appropriate training including in infection control. The management team reviewed any accidents or incidents to identify any actions needed to keep people safe and reduce the risk of reoccurrence.

Risks to people had been assessed and were kept under review. People were involved in their care planning and encouraged to decide what care they wanted.

Staff completed an induction and ongoing training which enabled them to carry out their role effectively. Where people required support with their meals and drinks staff assisted them and understood people's individual nutritional needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they valued the service by staff and were treated with dignity and their rights to independence and privacy were respected. People gave us examples of how staff encouraged them to continue to be involved in their personal care, so their independence would be maintained.

There was a strong person-centred culture embedded within the service. Staff knew people well and had established positive relationships with them. Staff encouraged people to live as full a life as possible and assisted them to achieve the best possible outcomes. People received person-centred care which was

tailored to meet their individual needs.

People were aware of the process to raise concerns or complaints and were confident they would be listened to.

People and staff told us the service was well led and managed effectively by a registered manager who was interested in their wellbeing and were approachable. Staff told us they felt supported to provide good care as the team worked well together, and staff morale was good.

People and their relatives were encouraged to provide feedback about the service they received. The registered manager and provider checked the quality and safety of the care provided. They used the findings from their checks and feedback from people, relatives and staff to drive improvements and to develop the service further.

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

This service was registered with us on 2 July 2020 and this is the first inspection.

#### Why we inspected

This inspection was carried out because the service had not been inspected since it was registered.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Salem Community Services Ltd

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one Inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the registered manager would be available when we visited.

Inspection activity started on 28 April 2022 and ended on 4 May 2022. We visited the location's office on 28 April 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since it registered with us. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records. We looked at two staff files in relation to recruitment and staff supervision. We looked at two care plan records, policies, training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with two people, about their experience of the service. We spoke with two staff about working for the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff that knew how to protect them from the risk of abuse. Staff completed safeguarding training and all staff we spoke with demonstrated a good understanding on how to recognise the signs of abuse.
- People we spoke with told us they felt safe. One person said, "I am always safe when they [staff] are here."
- Staff told us they were confident to raise any concerns about people's safety. One person said, "I've never had to raise any but I have confidence, any raised would be acted on."
- The provider had a safeguarding policy. Staff knew how to access this and to report any concerns they had.

Assessing risk, safety monitoring and management

- The provider had systems in place to manage identified risks to people's health, safety and wellbeing.
- The registered manager undertook assessments to help them identify risks to people and used this information to instruct staff on how to manage these risks to reduce the risk of harm or injury to people.
- Staff understood the risks to people they supported and the action they should take to help people stay safe. A person told us they felt safe when being assisted, commenting, "I'm not so steady on my feet but they take their time and do everything safely. It gives me confidence and comfort."
- Staff had been trained to deal with emergency situations and events if these should arise in people's homes.

Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff confirmed the registered manager carried out checks that included gaining employment references and a criminal record check, before staff worked with people.
- There were enough staff to meet people's needs. One staff member told us, "We definitely have enough staff to make sure everyone gets good, reliable care." Staff told us they had enough time to provide the care each person needed. People told us staff were reliable, arrived on time, and told them if they were likely to be late or their call time was going to be changed. One person said, "They [staff] are always here on time, they are wonderful."

Using medicines safely

- People were supported to take their medicines as prescribed.
- Staff completed training about the safe administration of medicines. Staff competency was checked

regularly to ensure they followed best practice.

- Records showed there was guidance for staff about what medicines people needed, what they were for, and any potential side effects.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- Staff confirmed they had access to enough PPE and had received infection control training. One staff member said, "I always wear a mask, apron and gloves."
- People confirmed staff always wore PPE during visits and changed gloves between tasks. One person told us, "They [staff] are never without masks and gloves, they change them all the time."
- Staff were part of a regular testing programme for COVID-19.
- The service had an up to date business continuity management plan which included the identification of risks associated with COVID-19.

#### Learning lessons when things go wrong

- The provider had a system in place to monitor incidents and understood how to use them as learning opportunities, to try and prevent future occurrences.
- Audits were in place to review all incidents and accidents to ensure any trends or themes identified could be acted upon, to help mitigate risk.
- Information about any accidents or incidents resulting in a change to people's needs, were communicated with staff via private social media, text messages or in person.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to using the service, an assessment of needs was undertaken to ensure the service could meet the persons' needs.
- People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- People's current needs were regularly reviewed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- New staff were required to successfully complete a period of induction. During this period the registered manager assessed their skills and knowledge to make sure they were competent to work alone with people
- Staff told us they received relevant training to help them meet the range of people's needs. A staff member said, "There are always training opportunities which are relevant to our jobs."
- Staff had supervision meetings with the registered manager to support them in their role and to identify any further training or learning they might need. A member of staff said, "I have regular supervision and chats with the manager. It is always useful and productive"

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

- For people requiring support to remain healthy and well, guidelines were in place for staff to follow. This included ensuring food and drinks were accessible to people to prevent the risk of malnutrition and dehydration.

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

- People's physical, mental health, social and emotional needs were assessed and regularly reviewed. Records were kept up to date to ensure staff had the most relevant information.
- Staff liaised with healthcare professionals to seek advice and guidance, so they were working in line with best practice. This ensured individual needs were met safely.

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.

- People were supported in line with the principles of the MCA.
- Staff received MCA training and obtained people's consent before providing support.
- People's consent to care and ability to make decisions was recorded within their care plans.
- The registered manager demonstrated a good understanding of the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were looked after well by staff. A person told us, "They do so much for me, I am so lucky to have them."
- People were supported in line with their preferences. For example, gender of staff to provide the support.
- People's wishes in relation to how their social, cultural and spiritual needs should be met were recorded so that staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People and their relatives were involved in developing their care plan. Each person's care plan was tailored to their individual needs and preferences.
- People were encouraged to make decisions about their care. Regular spot checks were completed to monitor staff competency and to obtain feedback from people.
- Regular reviews of people's care and support were completed, and care plans were updated to reflect any changes.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. People confirmed staff treated them in a way that ensured privacy and dignity when receiving care. Observations of staff during spot checks included whether people's privacy and dignity during personal care was respected by staff.
- People were supported by consistent staff where possible.
- Staff explained to us the importance of supporting people to remain as independent as possible, so they can live safely in their own homes. One staff member said, "Preserving and promoting independence is vital for people's self-esteem."
- Care records promoted people's independence, highlighting what people were able to do for themselves.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People were involved in the care planning process. Care and support was personalised and tailored to meet individual needs and preferences.
- People's care and support needs were regularly reviewed with people and any changes to people's needs was effectively communicated to staff.
- People benefitted from having regular care staff to promote continuity of care. One person told us, "They [staff] are all fantastic. It's nice to see the same faces."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us any communication needs would be identified during the initial assessment and information would be provided to people in their preferred format. For example, large text and easy read.
- People's communication needs had been assessed and were documented within care plans. Care plans described how people communicated and any support required for staff to follow.  
Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- The service was not commissioned by anyone currently to support them outside their home with their interests, which were noted. However, this support could be provided if required.
- People's care plans documented those who were important to them and their arrangements for contact with them.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements. Documents were in place to record complaints, detail the nature of the complaint and the actions taken to resolve the concerns.
- People told us they did not have any complaints about the service they received. People knew how to complain and felt confident any complaint would be listened to and acted on appropriately.
- The registered manager recorded and monitored complaints and compliments. Compliments were

shared with staff to celebrate areas of good practice.

#### End of life care and support

- The provider was not currently supporting any end of life care at the time of our inspection.
- End of life care planning was discussed as part of people's care assessment. Where information was provided this was documented within care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff we spoke with were positive about the service and spoke highly of the registered manager. They told us they could raise concerns and would be listened to. The team were described as approachable, supportive and always there. One staff member said, "[Registered manager name] is fair and always very respectful and supportive. One person said, "They [all staff] are a wonderful, wonderful group of people."
- The registered manager and staff spoke passionately about the people they were supporting. One staff member told us they were allocated the time required to provide good care and said, "We have a positive culture and always have enough time to provide quality care."

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

- The provider, registered manager and care staff all had a clear understanding of their roles and how they each contributed to the safe running of the service.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and dignity and respect.
- The provider and registered manager had a process in place to monitor the quality and safety of the service. This included reviewing systems and processes and carrying out unannounced checks on the service being delivered. The registered manager was very open about seeking advice and guidance from external professionals to help continual improvement of the service and its systems.
- The registered manager and provider understood their responsibilities to notify us of significant events promptly and were aware of their responsibility to report to other partner agencies.

Continuous learning and improving care

- The manager reviewed and monitored all aspects of the service. They sought the views of people using the service and staff and showed timely action was taken in response to areas identified for improvement.

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 registered manager understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

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

- People and their relatives were asked for feedback on the service they received and anything which could be improved on. All comments we saw were positive and people were happy with the care and service being provided. For example, one relative fed back to the registered manager about a member of staff who had undertaken a specific task, "This is what we'd hoped for from [person's] carers and this level of exemplary care has been delivered. Superb. [Staff] make [person] feel special and beautiful and they should be praised for their care and support."
- Staff told us they were able to speak up and make suggestions and described the management team as approachable and responsive.

Working in partnership with others

- Staff worked in partnership with external healthcare professionals to ensure that people received joined up care. For example, they liaised with people's GPs and community nurses.