

Solsken Limited

Solsken Limited

Inspection report

Unit 12
President Buildings, Savile Street East
Sheffield
S4 7UQ
Tel: 01143271460
www.solskencare.com

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We carried out this short notice announced inspection of this service because at our last inspection in February 2022 we rated the service overall as inadequate and the service remained in special measures. We gave the service short notice the day before the inspection visit because it supports people across a large area, and we needed to be sure that the registered manager would be available.

Our rating of this location improved. We rated it as good because:

- The service had made a number of improvements since our last inspection to improve the quality and safety of the service.
- The service had enough staff to care for clients and keep them safe. Staff had training in key skills, understood how to protect clients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to clients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of clients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to clients, families and carers.
- The service planned care to meet the needs of local people, took account of clients individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of clients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with clients and the community to plan and manage services and all staff were committed to improving services continually.
- We found the provider was embedding a supervision process that sought to meet the needs of the staff as a priority. The supervision process focused on points of contact for staff which included clinical and managerial supervision but also included more focused and individualised sessions in terms of probation meetings, welfare checks, spot checks, themed supervisions, team meetings and appraisals.
- We found the providers use of information technology in the community was maintaining good quality records and managing effective communication between staff and managers. There was good governance, audit and oversight of this.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good 	Our rating of this service improved. We rated it as good. See the overall summary for details.

Summary of findings

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Summary of this inspection

Background to Solsken Limited

The service is operated by Solsken Limited. It is based in Sheffield, South Yorkshire but operates nationally. The service provides care to individuals with complex care needs in their own homes. Solsken Limited are commissioned to provide care under the NHS continuing healthcare budget. At the time of our inspection the service provided care to six clients.

The service has a registered manager in post and the service registered in December 2019, although it had been registered previously at a different location. The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Personal Care

We have inspected Solsken Limited two times since it registered at this location. This service was placed in special measures in July 2021 and at our last inspection in February 2022 the service remained in special measures and we issued eight requirement notices in relation to the following breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 safe care and treatment
- Regulation 16 receiving and acting on complaints
- Regulation 17 good governance
- Regulation 18 staffing.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited the registered office in Sheffield;
- undertook one home visit to a person using the service;
- spoke with two clients who were using the service;
- spoke with three carers or family members of clients;
- spoke with the managing director;
- spoke with five other senior staff; including the registered manager, clinical lead, nurse and two operational managers responsible for client packages and recruitment and compliance;
- received feedback from four senior health care assistants and ten health care assistants, either remotely or face to face;
- looked at all six care and treatment records;
- received feedback from five commissioners about their experience of the provider;
- looked at a range of policies, procedures and other documents relating to the running of the service.

The inspection was carried out by two CQC inspectors, a specialist professional advisor and an expert by experience and overseen by head of hospital inspection.

Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that the risk register includes dates of when risks are reviewed, when the initial risk rating was recorded and dates for when mitigating actions are to be in place. This would show how long the risk has been present, allow the service to assess whether controls in place are effective and show how often these are reviewed.
- The service should continue to ensure that revised governance systems and ways of working are embedded in the longer term.
- The service should consider adding a section to the incident reporting tracker to show if a duty of candour letter is sent following an incident.
- The service should consider adding a separate signatory box to client contingency plans for relatives/carers to sign in addition to clients.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for adults

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Community health services for adults safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. Overall compliance with mandatory training was 96%. All staff we spoke with told us that they completed and were up to date with their mandatory training and managers monitored mandatory training by using a red, amber and green rating system. They alerted staff when they needed to update their training, we saw evidence of this in team meetings minutes and time was given for staff to complete this.

The mandatory training was comprehensive and met the needs of clients and staff. This included courses such as basic life support, health and safety and documentation and records keeping. The service also provided training for staff that met the specific care needs of the client being supported such as fluids and nutrition, dysphagia, diabetes and pressure ulcer risk assessment. Staff told us they were educated and guided to gain a better understanding of the individual client's condition and this improved their practice.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse and staff were 93% compliant with safeguarding adults training and 95% compliant with safeguarding children training.

All 14 staff we spoke with could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Community health services for adults

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had made 24 safeguarding referrals between 01 March and 30 November 2022. The service kept a log of all safeguarding concerns.

During our last inspection, we told the service that we were concerned about the employment of client's family members. The service had since rectified this concern.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect clients, themselves and others from infection. They kept equipment and the premises visibly clean.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service carried out weekly stock checks of PPE. Updates were cascaded to all staff, any PPE incidents logged and appropriate action taken. Appropriateness of appearance and any PPE requirements was reviewed during spot check visits to client's homes which were conducted by a senior member of staff.

Staff undertook cleaning duties as part of caring for clients, they cleaned equipment after client contact and in line with policy.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Managers completed an environmental risk assessment for each client's home which included security processes in place such as alarms and checking smoke alarms were in working order. Staff told us that they could raise concerns regarding the home environment and managers would speak with the families with the view to resolving any issues.

The service had enough suitable equipment to help them to safely care for clients.

Staff disposed of clinical waste safely. Sharp bins were in place if this was required for the client and sharps awareness training was provided.

Since the last inspection, the service had made improvements to their lone working arrangements. The service had a lone working policy and all 14 staff we spoke with raised no concerns regarding lone working. A mobile phone was provided for all packages and all staff had access to emergency contact numbers and told us that managers were responsive.

Assessing and responding to client risk

Staff completed and updated risk assessments for each client and removed or minimised risks. Staff identified and quickly acted upon clients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating clients and escalated them appropriately. Most staff consistently worked with an individual client, they understood the condition of the client and knew the client well. All clients had a sepsis care plan which included symptoms staff needed to be aware of. During a home visit to a client we saw several assessments completed to identify risks and enable prevention and control measures to be put in place. These included falls, medication, respiratory, oral care, Malnutrition Universal Screening Tool and a Waterlow assessment for assessing and managing pressure ulcers.

Community health services for adults

Staff completed risk assessments for each client after initial assessment and reviewed this monthly, including after any incident. During a home visit we saw multiple risk assessments completed for an individual client including medication, epilepsy, tracheostomy, management of water temperature, infection prevention and control, immobility and choking risk assessments.

Staff knew about and dealt with any specific risk issues. The provider had policies on specific care needs and care plans considered any specific needs relating to the client.

Shift changes and handovers included all necessary key information to keep clients safe. The service used a secure electronic client record system to provide a summary of the previous shift. Staff also completed hourly notes and all staff working within the package could access this information. Staff shared key information to keep clients safe when handing over their care to others. For external agencies and relatives who did not have access to the providers electronic client record system staff completed a written handover document.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep clients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough nursing and support staff to keep clients safe.

Managers recruited the correct number of healthcare assistants needed for each individual package in accordance with client needs and commissioning. Since the last inspection the provider had introduced a contingency team who were recruited to cover short notice or to temporarily cover gaps in packages whilst recruitment was underway.

The service had low and reducing vacancy rates. At the time of inspection, the service had three whole time equivalent support worker vacancies across two packages of care.

The service recorded staff turnover and reported 37 leavers in the previous six months leading up to inspection and 27% of these leavers was due to individual packages of care coming to an end. The service sent out exit interview invites, where appropriate, and the tracker identified 25 invites had been sent but only four had been completed.

The service had reducing sickness rates. The service was using a tool to monitor individual staff absence, this showed there had been 30 periods of staff absence due to sickness between 01 March and 30 November and 20% of this absence was due to staff testing positive for COVID-19.

Managers limited their use of agency staff and requested staff familiar with the service. Between 01 March and 30 November agency staff were used on three occasions. Each package of care had an associated contingency plan in place which detailed what should happen if shifts could not be filled by core support staff. We looked at two contingency plans during inspection and these included the use of agency as an option, but managers told us that families would not always agree to the use of unfamiliar staff and relatives we spoke with confirmed this.

Managers made sure all agency staff had an induction with a clinician and understood the client's needs. One family member, we spoke with, confirmed they were part of the contingency plan as an agency worker and had completed all relevant training.

Community health services for adults

We looked at uncovered shifts across all packages in the previous six months and found that there were four occasions, across two packages, where short notice absence had left a shift uncovered. These four occasions were incident reported and accounted for 0.5% of shifts during this period. Relatives we spoke with told us that they sometimes covered shifts due to staff absence. Managers told us that this was agreed with families as part of the commissioning arrangements and contingency planning, but they did not employ family members.

One relative felt the contingency plan for their relative was ineffective. Staff told us clients and their families were involved in contingency planning. We looked at the contingency plan for this client, which had been reviewed and updated in October 2022 and signed but there was not a specific section for a relative or carer signature so it was unclear as to whether it was the client or relatives signature.

Records

Staff kept detailed records of clients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Client notes were comprehensive and all staff could access them easily. Password protected electronic tablets were located at patient's homes, allowing staff to update records throughout their shift. A back-up paper file including a copy of the client's care plan, risk assessments and other documents was also stored in client homes.

When clients transferred to a new team, there were no delays in staff accessing their records. If clients went out during the day any relevant documentation and electronic tablets would travel with them to ensure support staff had accessible information and to ensure consistent care delivery. Clients would travel with their own secure bag containing all medication, equipment and paperwork which was all accessible in an emergency.

Completed paper records were removed from client homes by managers using a locked box and stored securely in an office.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Medicines were prescribed and reviewed by each client's GP. Staff told us they could raise any concerns with regards to medicines with one of the provider's clinical staff members who would then liaise with the relevant GP.

The initial assessment of a client's needs included medication and the team established the level of support required in terms of administering and then medicines administration formed part of a client's care plan where this was relevant.

Staff completed mandatory medication administration training and staff were 95% compliant. Staff also had bespoke learning in the clients home depending on clients' needs, this learning was observed by the clinical staff who checked competencies before signing a member of staff off as competent.

Staff followed systems to administer medicines safely. Staff completed medicines records accurately and kept them up to date. Staff completed a paper medication administration record which was then uploaded on to the electronic client record system and audited by the clinicians within the team. The service had completed a medication error review which covered 01 December 2021 to 31 July 2022 which indicated that 16 errors had occurred during this time, this accounted for less than 1% of medication administered during this timeframe. The provider had identified several actions for the following 12 months following this review.

Community health services for adults

During a home visit we were told by a relative that staff took a lead in the administration of medication, medicines and prescribing documents were stored safely, a stock check was completed monthly and the senior healthcare assistant ordered and collected medication. The relative we spoke with told us that they had no concerns regarding medication and medication had never been administered incorrectly.

Staff followed national practice to check clients had the correct medicines when they were admitted or they moved between services.

Staff learned from safety alerts and the service confirmed they received national central alerting system patient safety alerts and public health messages. The service also learned from incidents to improve practice. The management team had weekly incident management meetings and kept incidents open until all action had been taken.

Incidents

The service managed client safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. We spoke with 14 staff who confirmed that they could always escalate concerns to clinicians and operations managers and could also access the electronic incident report form.

Staff raised concerns and reported incidents, near misses and serious incidents in line with provider policy. Between 01 July and 30 November 2022, the staff had reported 66 incidents. Incidents reported included client incidents, medication issues and staffing problems.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. However, the services incident reporting tracker did not indicate when duty of candour letters was sent following an incident.

Staff received feedback from investigation of incidents. The service produced lessons learnt posters which were circulated to staff electronically and discussed in team meetings.

Staff met to discuss the feedback in team meetings and look at improvements to client care.

There was evidence that changes had been made as a result of feedback. For example, an incident of a client absconding across the road led to an investigation and lessons learnt put in place. As a result of this the provider had implemented the Herbert Protocol form which was a document that can be completed in advance and contains information to help the police if a person goes missing.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident. As part of our document review we saw evidence of incident related supervisions being held with staff.

Community health services for adults

Are Community health services for adults effective?

Good 

Our rating of effective improved. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Each client had personalised care plans indicating how staff should provide care and treatment for specific needs such as tracheostomy care, bowel care and percutaneous endoscopic gastrostomy care. Since the last inspection the service had produced their own overarching policies around specific care needs which all 14 staff we spoke with could access electronically in the knowledge library. This guidance was also incorporated in pictorial form within the six care records we reviewed. We found that care plans reflected good practice guidance, were personal to the individual client and written collaboratively with family and other healthcare professionals.

Nutrition and hydration

Staff regularly checked if clients had enough food and drink to meet their needs and improve their health. They worked with other agencies to support clients who could not cook or feed themselves. The service made adjustments for clients' religious, cultural and other needs.

Staff made sure clients had enough to eat and drink, including those with specialist nutrition and hydration needs. Clients that required them had specific nutrition care plans which were detailed in terms of how and when feeds should be delivered.

Staff used a nationally recognised screening tool to monitor clients at risk of malnutrition and we saw evidence of this in client records.

Specialist support from staff such as dietitians and speech and language therapists were available for clients who needed it.

Pain relief

Staff assessed and monitored clients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed clients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. One relative we spoke with told us that handovers between staff and to family were detailed in terms of pain relief, as this changes regularly, and this was always recorded appropriately.

Staff followed personalised pain management care plans tailored to the individual needs to reduce and control pain, ensure comfort, monitoring and medication. Staff administered and recorded pain relief accurately on a medication administration record.

Community health services for adults

Client outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for clients.

The service supported clients with long term conditions. The service regularly gained feedback from staff, clients and families which included questions regarding outcomes for clients. One question asked if the service supports clients in achieving their identified outcomes and 100% of those that responded stated yes. Managers had a meeting in August 2022 to look at improving response rate to feedback requests to aid service delivery improvements and improve patients' support. Management told us they had identified several actions including creating a client forum, implementing senior management feedback visit forms and adding a feedback link to their email signature. We saw evidence of the implementation of senior management feedback visit forms.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Audits included infection control, clinical documentation audits, medication and operational audits. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and development.

We spoke to 14 members of staff who were experienced, qualified and had the right skills and knowledge to meet the needs of clients.

Managers gave all new staff a full induction tailored to their role before they started work. We spoke with the recruitment and compliance manager who confirmed that all staff underwent an induction which covered both operational and clinical training.

Since the last inspection the service's policy relating to supervision had been amended in September 2022 to the staff supervision/points of contact policy and procedures which stated staff would have a minimum four points of contact in 12 months. Managers kept a tracker indicating all points of contact, when probation, clinical and operational supervision and appraisals were due or overdue. We could see that managers had acted in a timely manner where this was the case. We also saw that over the previous six months staff had received, on average, eight points of contact such as clinical and operational supervision, appraisal, welfare checks and team meetings.

Managers supported staff to develop through yearly, constructive appraisals of their work and 93% of staff had completed appraisals.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. All staff had monthly team meetings within the package of care which they worked in to discuss the client and improve their care. We viewed minutes of team meetings, there was a set structure, discussions were relevant to the individual client and staff members on that team and minutes showed a shared learning across packages as well. For example, a new system was implemented for document storage in the clients home due to errors being picked up during paperwork audits and a shift leave form was created to have better management and oversight of leave across the packages. Managers also told us they had organised a national staff team meeting virtually.

Community health services for adults

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The clinical lead told us they were completing a mental health first aid course to provide further support to the staff team. Managers told us they could arrange additional training for staff where necessary, such as communication, challenging behaviour and professional boundaries training where clients were exhibiting behavioural challenges.

Managers made sure staff received any specialist training for their role. Clinical staff completed clinical competency checks on all staff and whilst new staff were undergoing their competency checks they would work alongside a competent member of staff. Since the last inspection the clinical staff had undergone train the trainer training to ensure they had the experience to provide training to others. The service also had training from external services to increase their knowledge and competence where a patient had specific needs.

Managers identified poor staff performance promptly and had a robust recruitment process including a probation period for staff with competency checks, spot checks and regular reviews to assess ability and support staff to improve.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit clients. They supported each other to provide good care and communicated effectively with other agencies.

Staff told us that they had good links with a range of staff and services which included district nurses, percutaneous endoscopic gastrostomy nurses, tissue viability nurses and neurological nurses and occupational, physio and speech and language therapists. The service also requested feedback from stakeholders and was working to improve response rate to this. We received feedback from five commissioners as part of the inspection who were all positive about the service. One commissioner told us that the service has managed difficult situations within an individual package of care, communicated with relatives in a sensitive manner, contacted relevant healthcare professionals when assessments have been required and raised safeguarding referrals where appropriate.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported clients to make informed decisions about their care and treatment and they gained clients' consent. They knew how to support clients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained consent from clients for their care and treatment in line with legislation and guidance. When clients could not give consent, staff made decisions in their best interest, taking into account client's wishes, culture and traditions.

Staff made sure clients consented to treatment based on all the information available and clearly recorded consent in the clients' records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. At the time of inspection staff compliance with this training was 95%.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Are Community health services for adults caring?

Community health services for adults

Good 

Our rating of caring improved. We rated it as good.

Compassionate care

Staff treated clients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

All six clients and their relatives were given the opportunity to speak with us. We spoke with three relatives and one client. Relatives we spoke with said staff were discreet and responsive when caring for clients. Staff took time to interact with clients and those close to them in a respectful and considerate way.

The client we spoke with said staff treated them well and with kindness. The service regularly requested feedback from clients and relatives. The service had carried out a client survey in July 2022 and 100% of clients answered yes when asked if staff treated them with dignity and respect. The service received a 36% response rate and due to the low response rate managers reviewed their approach to increase the response rate in future.

Staff followed policy to keep client care and treatment confidential. The service used locked boxes to transport completed paper documents from client's homes to the office. The service used an electronic client record keeping system and a secure platform for information sharing. At the time of inspection 79% of staff had received training on General Data Protection Regulation. We also spoke with the recruitment and compliance manager who had completed training on safer recruitment, customer service, General Data Protection Regulation and communication. They told us that all staff spent time during induction learning about expectations, log in details and secure record keeping. One relative we spoke with raised concerns regarding data security due to staff using their own phones however there were no incidents recorded. Managers told us that all client packages were issued with a mobile phone and electronic tablet.

Staff understood and respected the personal, cultural, social and religious needs of clients and how they may relate to care needs. All clients had an 'all about me' document completed, and we looked at six care records which considered the individual needs of all clients.

Emotional support

Staff provided emotional support to clients, families and carers to minimise their distress. They understood clients' personal, cultural and religious needs.

Staff gave clients and those close to them help, emotional support and advice when they needed it. One relative we spoke with told us how supportive the service had been following issues with some external services and informed us that the service was also supportive towards staff, who had received complaints, ensuring they had regular supervision and check ins.

Staff undertook training on end of life care and demonstrated empathy with clients and their families. Staff we spoke with expressed a good understanding and empathy for the entire family and the service recognised the importance of listening to family members and supporting them.

Community health services for adults

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff supported clients with social activities both inside and outside of the home, this included support in school, therapy sessions, walks and support to shops and café visits. Staff also supported clients if they went on holiday.

Understanding and involvement of clients and those close to them

Staff supported clients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure clients and those close to them understood their care and treatment.

Staff talked with clients, families and carers in a way they could understand, using communication aids where necessary. Staff informed us they used or tried a variety of tools with clients if required.

Clients and their families could give feedback on the service and their treatment and staff supported them to do this. The service undertook regular surveys. On the home visit we looked at a folder which contained blank client and relative surveys, so these were available to be completed at any time. The operations manager visited all clients on a monthly basis as a minimum and recorded any feedback. All relatives we spoke with told us that the service was supportive, and one relative told us they were being supported to return to work. Clients also gave positive feedback about the service.

Staff supported clients to make advanced decisions about their care. The service completed advanced care plans which included reference to any additional documents such as a do not resuscitate order, advanced directive or a recommended summary plan for emergency care and treatment document, where appropriate. All these documents created personalised recommendations for a person's clinical care and treatment in a future emergency in which they were unable to make or express choices.

Staff supported clients to make informed decisions about their care.

Are Community health services for adults responsive?

Our rating of responsive improved. We rated it as good.

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. Care was delivered across the country and packages of care tailored to individual needs. The service undertook environmental assessments, fire action and evacuation plans completed within the client's home to ensure safety.

The service also had on call for out of hours contact and numbers to contact in an emergency. Copies of these numbers were kept in all client's homes and both staff and relatives we spoke with told us managers were easily accessible and responsive.

Community health services for adults

The service had systems to help care for clients in need of additional support or specialist intervention. Care packages were planned in collaboration with commissioners in order to meet individual client's needs. Staff liaised with professionals external to the organisation, such as GPs, consultants and specialist nursing teams in order to support the client with medicines, specialist equipment and training.

Meeting people's individual needs

The service was inclusive and took account of client's individual needs and preferences. Staff made reasonable adjustments to help clients access services. They coordinated care with other services and providers.

Staff supported clients by using an all about me document and individualised care plans to meet client's needs. Each package was bespoke and staff requirement was individually planned. Part of the recruitment process was that clients and families could be involved in 'meet and greets' prior to staff being taken on as employees of the company to ensure they would be a good fit for the package of care. Managers recruited staff geographically local to the location of the package of care to minimise difficulties in staff being able to attend for shifts. Since the last inspection the service were continuing to recruit to a contingency team to cover short notice or to temporarily cover gaps in packages whilst recruitment was underway.

Staff understood and applied the policy on meeting the information and communication needs of clients with a disability or sensory loss. Staff had access to communication aids to help patients become partners in their care and treatment. Staff explained that they used or tried various ways aided with a device, using pictures or symbols and unaided with the use of gestures, facial expressions and understanding the individual needs, likes and dislikes of the client.

The service had information leaflets available in languages spoken by the clients and local community. When clients and their families required information in a different language the service provided this.

Managers made sure staff, and clients, loved ones and carers could get help from interpreters or signers when needed.

Access and flow

People could access the service when they needed it and received the right care promptly.

The service designed bespoke care packages for each individual client and provided care in their homes. The clients supported by the service had long term and complex needs.

Staff supported clients when they were referred or transferred between services. One stakeholder had fed back that the service supported a care transition for a client in a challenging situation and were always able to put the client first.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included clients in the investigation of their complaint.

All clients and relatives and carers we spoke with knew how to complain or raise concerns. We saw a complaints and compliments policy in client's homes. The client's handbook also outlined the complaints procedure including an appeal procedure and if unresolved how to escalate the complaint to the Parliamentary Ombudsman.

Community health services for adults

Staff understood the policy on complaints and knew how to handle them. Between 01 February and 30 November 2022, the service had recorded eight complaints. Managers shared feedback from complaints with staff, when appropriate, and learning was used to improve the service and improve daily practice. For example, two complaints identified communication between nurses and healthcare assistants needed to be more effective, so a review sheet was implemented at the back of care plans to ensure a monthly summary of assessments which we saw evidence of during a home visit.

We saw evidence that managers followed policy and investigated complaints and identified themes. The service had a complaints tracker in place where all complaints were recorded, and detailed aspects such as a lead investigator, the date of resolution, lessons learned, any appeal and whether the complaint was upheld or not. Acknowledgement letters were sent following all complaints in line with policy. Four complaints were partially upheld, and two complaints in November 2022 were still being investigated. We saw evidence of complaints being discussed in relevant governance and team meetings.

Are Community health services for adults well-led?

Good 

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service.

They had a good understanding and managed the priorities and issues the service faced. Staff told us leaders were visible in client's homes, contactable and approachable.

During inspection we spoke with 14 members of staff who told us the leaders of the service encouraged an open, honest and supportive culture. Since the last inspection leaders had focused on improvements. There had been an addition to the leadership team and the service had developed and improved its systems to ensure their focus on clients experience and outcomes was evident. They supported staff with a supervision process which focussed on the needs of the individual, support to develop their skills and take on more senior roles.

Vision and Strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team.

Since the last inspection the service had developed a vision for what it wanted to achieve, a set of values and a strategy to turn it into action.

The vision and strategy were focused on quality, bespoke care for all age ranges of clients with physical disabilities and a happy workforce. The plan was for the service to keep taking on care packages through collaboration with commissioners. Managers told us that they always tried to find ways of providing care when approached about new packages, they also took time to ensure that the service could effectively deliver the package safely.

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Leaders and staff understood and knew how to apply them and monitor progress. The service completed weekly monitoring and assurance forms which were sent to commissioners. We sought feedback from five commissioners who told us they received clinical monthly assurance forms which were comprehensive in nature and provided regular updates on the client's package of care.

Managers also told us about learning and continuous improvements in terms of embedding the new systems and processes and further work to align the vision and values to the supervision agenda. The service was approaching external providers to foster partnership working to continue to improve tools and systems and have external oversight of management of incidents and complaints. In terms of clients and their families there was a focus on improving positive outcomes and gaining feedback by introducing a client forum.

Culture

Staff felt respected, supported and valued.

All staff we spoke with told us that the service was focused on the needs of clients receiving care.

The service promoted equality and diversity in daily work and provided opportunities for career development. Some staff we spoke with told us about progressing within the service into senior healthcare assistant positions and operational manager roles. As staff progressed, they were encouraged and supported to complete a relevant national vocational qualification. The service had introduced a whistleblowing email which enabled staff to raise concerns anonymously. Staff wellbeing was also being considered, the provider was implementing some staff rewards and the clinical lead was completing mental health first aid training to provide additional support for staff.

The service had an open culture where clients, their families and staff could raise concerns without fear and all staff, clients and families we spoke with confirmed this. Staff we spoke with told us that feedback forms are sent out to staff and clients and all feedback is welcomed to improve the service. One member of staff told us that the ethos was that anyone could have a bright spark idea, and this was supported by senior management.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Leaders operated effective governance processes, throughout the service and with partner organisations. Since the last inspection the service had reviewed and made improvements to the systems and processes in place to assess, monitor and improve the quality of the service. For example, the service had reviewed their electronic file hosting system to ensure this was organised, policies and procedures were up to date and implemented levels of access so that information could be stored and updated accordingly. All staff had access to areas that they required to undertake their roles. The service had implemented several trackers for recruitment, training, supervision/points of contact, absence, safeguarding, complaints and incidents. We observed that these trackers were working effectively. The service had developed a meeting structure such as Monday morning meetings, governance meetings, weekly incident meetings, monthly team meetings for staff in individual care packages and fortnightly meetings for senior health care assistants.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

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Despite national staffing shortages the service had managed to recruit staff in all individual packages of care and had low vacancy rates. The service also had a clear recruitment and induction process to ensure staff had the skills and abilities to meet individual needs. As part of the recruitment process clients and their families could meet and greet staff to ensure they were a good fit for the package. The service had also recruited contingency staff to cover short notice absences and provide temporary cover in packages that had vacancies.

We spoke with 14 members of staff who all told us that they were well supported, able to contact managers in an emergency and were staff worked over their hour's, managers would undertake welfare checks. A new supervision/ points of contact policy had been implemented since the last inspection which sought to meet the needs of the staff as a priority and was being embedded.

The service had systems in place to ensure the proper and safe management of medicines, including appropriate storage, documentation and administration records. At the time of inspection, the service were completing paper medication administration records due to issues with the previous electronic medicines management system however, the service recognised that an electronic system was beneficial and were meeting with software companies to find the best option for the service.

The service had several quality checks in place in terms of an audit schedule to ensure that infection control, clinical documentation, handover summaries and medication records maintained a high standard. The service had monthly visits from managers to oversee the quality of care packages, data between 01 July to 30 November 2022 showed they undertook an average of 19 spot checks per month of staff and ensured other regular points of contact to support staff in their role and at the time they most needed it. The service had implemented a risk assessment regarding closed cultures and identified actions to reduce the risk.

The service had a complaints and compliments policy which was accessible to all clients and their families. However, the copy we saw in a client's home was due to be reviewed in October 2022 and needed to be replaced with the most up to date version. Following inspection, the service confirmed this had been updated. The service also requested feedback on a regular basis from clients and their families and recorded any concerns on a monthly basis during home visits by managers. Regular feedback was also requested from stakeholders and staff. The service had implemented a tracker to log all complaints and reviewed this. Actions from complaints were recorded and lessons learnt shared with staff.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff had easy access to client information, we reviewed six client records during inspection and found staff were maintaining good records. All clients had an individualised assessment and were reviewed and updated as client needs changed.

Leaders and teams used systems to manage performance effectively. The service had a schedule of audits and assessments in place which were completed by competent persons and were up to date. Learning from these audits was shared and used to improve service provision, performance and client outcomes.

They identified and escalated relevant risks and issues and identified actions to reduce their impact. The service had a risk register in place which identified multiple risks for individual clients, employees and service risks. Three of these

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current service risks were categorised as a high risk, such as COVID-19 and medication errors. We were told these were reviewed regularly by the management team, management and staff had a good understanding and we saw discussion of these risks in meetings however there were no dates on the risk register, for initial risk rating, target dates or review dates.

They had plans to cope with unexpected events. The service had business continuity plans for events that may stop the service operating as usual.

Information Management

The service collected reliable data and analysed it.

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The service used systems to collect data from the service that was not over-burdensome for staff. The service had implemented audits of paperwork, systems to track and have oversight of care being delivered and to ensure appropriate action was taken if incidents occurred or complaints were made.

The information systems were integrated and secure. The service had recognised that their electronic file manager system was disorganised and duplicated documents, so this had been improved. Areas within the system have been isolated so that the all staff can access the information they need, for example policies and the on-call register were accessible to all.

Managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care and we observed that this information was in an accessible format, and was timely, accurate and identified areas for improvement.

The service worked well with commissioners and other local services in order to share information and work collaboratively to meet the needs of the clients.

Staff submitted data or notifications to external organisations as required such as the local safeguarding team and Care Quality Commission.