

## Care Solutions Nottingham Limited

# Care Solutions Nottingham

### Inspection report

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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

Care Solutions Nottingham is a domiciliary service providing care for people within their own homes. At the time of our inspection there were 16 people using the service. 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

People were protected from the risk of abuse and neglect. Risks to people's health were assessed and reviewed to reduce the risk of them experiencing avoidable harm. Changes to environmental risk assessments were made to ensure they included how to make people safe in an emergency. There were enough staff to provide safe care. Medicines were well managed. Staff followed infection control policies and procedures, including COVID-19 guidance to reduce the risk of the spread of infection. Accidents and incidents were recorded. Amendments to the recording process had been made to ensure sufficient detail was recorded and time was given to review the impact of decisions made to reduce risk.

People's needs were assessed prior to them receiving personal care. Staff were well trained, supervised and encouraged to develop their roles. Where needed people were supported with their meals and to maintain a balanced diet. People were supported to lead healthy lives; this included attending appointments with other health organisations.

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 felt listened to, they were able to make decisions about their care and they found staff to be kind, caring and respectful. Care was provided in a dignified and respectful way. Independence was supported and encouraged wherever possible.

People's received person-centred care. People were able to make choices about the way they wanted their care to be provided. Staff ensured people with a sensory impairment were provided with information in an inclusive way. Formal complaints had not yet been received. Policies were in place to handle them appropriately. People felt able to raise concerns with staff and management if needed.

The service was well-led. The manager was not registered with the CQC but did have a good understanding of the regulatory requirements of their role. The provider actively sought people's feedback. People felt they had positive experiences when speaking with office-based staff. People told us they would recommend this service to others. Staff felt their views mattered.

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

This service was registered with us on 13 November 2020 and this is the first inspection.

#### 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

# Care Solutions Nottingham

## 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 an inspector and an Expert by Experience (EXE). An EXE 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 houses and flats.

#### 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 not a registered manager in post. However, an application has been received for the current manager to become registered.

#### Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 August and ended on 8 September 2022. We visited the location's office on 19 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, other health and social care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven people and three relatives by telephone and we asked them about their experiences of the care provided. We spoke with or received responses to a questionnaire from six members of staff. This included, four members of the care staff, manager, care coordinator and the regional manager.

We reviewed a range of records. This included four people's care records, medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

# 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 of 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 protected from the risk of abuse and neglect.
- People felt safe when staff cared for them in their home. One person said, "I feel safe with my care team, I would tell someone if I didn't."
- The provider had processes in place that ensured any concerns about people's safety were investigated and reported to the appropriate authorities such as the CQC.
- Staff were aware of these procedures and this reduced the risk of people experiencing avoidable harm.

Assessing risk, safety monitoring and management

- People received care from staff that reduced the risks to their health and safety.
- People told us staff understood how to provide them with safe care.
- Regular assessment and reviews of people's needs were completed. Any changes were dealt with immediately. This could mean increased care calls or support with accessing other health professionals.
- Assessments of people's homes had been completed to ensure both people and staff were safe when care and support was provided. We noted plans to make people safe in an emergency when staff were with them were not in place. After the inspection the manager told us this had been implemented. This will help to keep people safe in an emergency.

Staffing and recruitment

- There were enough suitably qualified, experienced and skilled staff in place to provide people with safe care and support.
- People told us they found it reassuring that the majority of their care calls were carried out at the time they requested. One person said, "Staff stay as long as I need and they are on time, they will stop longer if I need more help."
- Staff were recruited following robust recruitment procedures. This included a check on the staff's criminal record and job references. This helped to keep people safe from inappropriate staff.

Using medicines safely

- People's medicines were managed safely.
- People's ability to manage their own medicines had been assessed. Guidance for staff was in place to support people safely should they need it.
- People's medicine administration records were completed electronically. This ensured that if a staff member had not administered a medicine at a call, an alert would be activated meaning the staff member could address the issue immediately. This has reduced the risk of medicine errors.

- Medicine audits were completed that ensured any issues regarding dosage, 'as needed' medicines and refusal to take medicines were addressed before they became a serious issue. This helped to reduce the risks associated with medicines.

#### Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- People told us staff wore gloves and aprons whilst carrying out personal care and continued to wear face masks. People told us they had felt safe and protected throughout the pandemic. A person said, "The staff wear gloves and masks, they pull the mask down when they are not near me."
- The provider had measures in place to prevent visitors to their office from catching and spreading infections.
- The provider told us they had supported staff and the people they cared for to access testing.
- The provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider had the processes in place to investigate and act on any incidents that could affect people's health and safety. When mistakes occurred, the provider would investigate and take action to address any issues and reduce the risk to people's safety.
- Since the provider commenced providing personal care for people in April 2022 there has been one incident. Documents relating to this incident were viewed during the inspection. We noted the recording process lacked detail of the actual incident and did not include a process for reviewing whether recommended actions had been effective.
- The manager told us since the inspection they have reviewed this process and amended reporting documentation. This will help the provider to identify any trends or themes that could affect people's health and safety.



# 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

- People's care needs were assessed prior to them receiving care to ensure their needs could be met.
- People received care and support in accordance with best practice standards, guidance and law, reducing the risk of discrimination.
- Recognised best practice tools were used to assess and monitor people's health. This included monitoring people's skin care, mobility and food and drink intake.
- People's protected characteristics were respected when care was planned; protecting them from the risk of discrimination.

Staff support: induction, training, skills and experience

- People received care from trained, skilled and experienced staff who were encouraged to develop their roles.
- People told us staff were well trained and understood how to care for them.
- Staff felt supported in their role. Supervisions and spot-checks enabled the provider to monitor performance and to identify areas where staff needed support and development. This reduced the risk of people receiving poor quality care.
- Staff were encouraged to complete externally recognised qualifications relevant to their role. A small number of staff had achieved their diploma in adult social care. More staff were being encouraged to complete this course, further improving the quality of care people received.

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

- People received the support needed to eat and drink enough, maintain a balanced diet and to lead a healthy lifestyle.
- Care records and risk assessments took account of people's health conditions, cultural background and religious choices; providing staff with guidance to support people with their dietary requirements in their required way.

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

- Staff worked with other health and social care professionals to ensure people received consistent and timely care with access to a range of health services where needed.
- Staff supported people with attending health appointments or, where needed, helped to remind them if they had an important appointment to attend.

- People's health conditions were monitored, and any significant changes were reported and acted on quickly to reduce the impact on people's health.

#### 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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager had a good understanding of the Mental Capacity Act 2005.
- People's consent was sought when receiving personal care. Where people lacked the capacity to consent to aspects of their personal care, the provider followed the principles of the MCA. This ensured people received care in a lawful way.
- Where people had appointed others to manage decisions about their health and welfare, this was noted in people's care records.
- The manager was aware of the process to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

# 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 well treated by staff. They provided caring and respectful care and support.
- People found staff to be kind and caring. One person said, "The staff are kind and gentle; I have very delicate skin and they do care for me."
- The provider had policies in place that were designed to protect people from the risk of discrimination and to encourage people to lead their lives in their chosen way.
- The manager told us they had plans to assign the role of a LGBTQ+ champion to a staff member as well as a dignity champion. These staff members will be available to people should they require the support to lead open and inclusive lives.

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

- People were supported to make decisions about their care.
- People told us they felt able to contribute to decisions and felt staff listened to them and respected their views. One person said, "I am able to make my own decisions about the care I want."
- The manager sought views in a variety of ways. Reviews took place in face to face meetings where required. Telephone discussions were also held, and people were encouraged to give their views on many aspects of their care, the staff and call times.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, they received dignified care and their independence was encouraged.
- People told us they were treated with dignity and respect. One person said. "The staff are kind and very respectful; they are respectful all the time."
- People's cultural and religious beliefs were discussed with them prior to care commencing. If people required support from staff or needed staff to care for them in accordance with their religious beliefs, then staff were given guidance how to do so.
- People's independence was supported and encouraged. Care records contained individualised assessments of people's ability to do things for themselves and the level of support needed from staff. This helped to ensure unnecessary restrictions were not placed on people's freedom.

# 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's care was provided in their preferred way, they were continually involved with decisions about their care.
- People told us care was provided in their chosen way.
- Care plans contained clear guidance for staff on how to provide care in people's preferred way. This included guidance on the time people wanted their calls, the support they needed with their medicines and meals and how independent they were in relation to personal care.

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.

- People's care records were available in different fonts to support people who may be visually impaired. The option to provide documentation in Braille was also in place if people required it. This helped to reduce the risk of people being discriminated against as a result of a sensory impairment.
- Care plans contained guidance for staff on how to support people should they be visually impaired or deaf.

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

- As part of some people's care package they were supported by staff to maintain relationships with friends and family and to visit local shops and attractions. This helped to reduce the risk of isolation.
- If required, people were supported to visit their place of worship which enabled them to practice their chosen religion as well as meeting others.

Improving care quality in response to complaints or concerns

- Policies were in place to deal with people's complaints and concerns.
- In the first four months this service has been providing personal care, no formal complaints had been received.
- People knew how to make a complaint if needed. People felt office-based staff and the manager were approachable should they need to raise a concern.

#### End of life care and support

- End of life care was not currently provided. If a person required this type of care, the provider would ensure sufficiently trained staff were in place.

# 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 received good quality, person centred care that was empowering, inclusive and helped people to achieve good outcomes.
- In the short time the service has been providing people with personal care, satisfaction with the quality of the service provided was high.
- A recent customer service survey showed that 100% of all people who responded stated the quality of the care provided was either 'good' or 'outstanding'. 100% of people stated they 'agreed' or 'strongly agreed' that the care made them feel safe and 100% of people said they were either 'satisfied' or 'extremely satisfied' with the overall level of service provided. This indicated the provider ensured people received a good standard of care that helped them to achieve positive outcomes.

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 had the policies in place that enabled the manager to implement and adhere to duty of candour legislation.
- When mistakes were made, the provider would acknowledge this and apologise to those concerned.

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

- Staff and management had a good understanding of their roles. This resulted in people receiving good quality care from skilled and experienced staff.
- The manager was not currently registered with the CQC; however, they had a thorough understanding of their regulatory responsibilities, including, ensuring the CQC were notified of any incidents that could affect the health and safety of people cared for. The CQC has received an application for the manager to become registered ensuring this service will be managed by an appropriate person.
- Regular team and senior management meetings were held. Staff were encouraged to speak up in these meetings and to give their opinions.

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

- People felt involved and that their views mattered. People felt management were approachable and staff listened to them and acted on any issues they may have.

- People told us they had a good relationship with office-based staff and they always did what they said they would do. This reassured people. One person told us they discussed an issue with a member of the office-based staff and, "They said they would come out and see me and they did."
- Staff found the service an enjoyable place to work. They worked well with the manager and felt able to discuss any concerns they may have. Some also felt they had good opportunities for career development.
- People and staff received a newsletter, highlighting feedback from people, high quality performance from staff including, the staff member who had been awarded 'employee of the month'.

#### Continuous learning and improving care

- Although the service had only been providing personal care for four months, a culture of reviewing, listening and seeking continuous improvement had been instilled in the manager and their staff.
- The manager worked closely with the provider to ensure key performance indicators were understood, reviewed and complied with. This helped the provider to assess the quality of the service provided. High quality performance was rewarded, if areas for development were identified, support was in place to prevent this impacting people's care.
- Robust quality assurance process were in place. These helped the manager and other designated staff to continually assess factors that could affect the quality of care people received.

#### Working in partnership with others

- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.