Solsken Limited

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?	
Are services effective?	
Are services responsive?	
Are services well-led?	

Overall summary

Solsken Limited is operated by Solsken Limited.

The service provides care to individuals with complex care needs in their own homes. At the time of our inspection the service provided care to five patients. Solsken Limited are commissioned by three clinical commissioning groups, one in the South East and two in the Yorkshire and Humber region, to provide care under the NHS continuing healthcare budget.

We carried out a focused unannounced inspection on 17 May 2019 in response to concerns received by the Care Quality Commission about staff competencies and training, which highlighted potential risks to patient safety. Our inspection focused on regulation 12: safe care and treatment and regulation 17: good governance.

A focused inspection differs to a comprehensive inspection, as it is more targeted and looks at specific concerns rather than gathering a holistic view across a service or provider.

In our comprehensive inspections, to get to the heart of patients' experiences of care and treatment we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well led?

Summary of findings

Focused inspections do not usually look at all five key questions; they focus on the areas indicated by the information that triggers the focused inspection. Although they are smaller in scale, focused inspections broadly follow the same process as a comprehensive inspection.

We inspected but did not rate the safe, effective, responsive and well-led domains. We did not inspect caring. The focus of our inspection related to mandatory training, safeguarding, cleanliness, infection prevention and control, assessing and responding to patient risk, staffing , records, incident reporting, competent staff, learning from complaints, and governance, risk management and quality measurement.

We visited the head office and spoke with the registered manager, a director, the operations manager and the clinical lead. We reviewed staff files, training records and various documents relating to the overall management of the service. Following the inspection we spoke with three members of staff via telephone.

We found the following areas of good practice:

- The service provided mandatory training in key skills.
- Risks assessments were completed for each patient.
- Staff were recruited to work with specific packages of care and completed competencies on the basis of patient need.
- There were sufficient staff to provide cover.
- Staff received supervsision every three months.
- Patient's received information on how to make a complaint.
- Appropriate recruitment procedures were in place.
- Possible risks to the service were identified in a business contingency and emergency planning policy.

We also found the following issues that the service provider needs to improve:

- It was not clear from audits of log sheets that issues that had been identified and actions needed addressed.
- It was unclear what level of safeguarding training staff were completing.
- The service did not hold a formal risk register.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults		We found the following areas of good practice: • The service provided mandatory training in key skills. • Risks assessments were completed for each patient. • Staff were recruited to work with specific packages of care and completed competencies on the basis of patient need. • There were sufficient staff to provide cover. • Staff received supervsision every three months. • Patient's received information on how to make a complaint. • Appropriate recruitment procedures were in place. • Possible risks to the service were identified in a business contingency and emergency planning policy. We also found the following issues that the service provider needs to improve: • It was not clear from audits of log sheets that issues that had been identified and actions needed addressed. • It was unclear what level of safeguarding training staff were completing. • The service did not hold a formal risk register.

Summary of findings

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Services we looked at
Community health services for adults

Summary of this inspection

Background to Solsken Limited

Solsken Limited is operated by Solsken Limited. The service opened in 2018. It is based in Sheffield, South Yorkshire but operates nationally. The service provides support to people with complex care needs. At the time of our inspection the service provided care to five patients in North Lincolnshire, Calderdale and Milton Keynes.

The service has had a registered manager in post since 2018.

Our inspection team

The team that inspected the service comprised two CQC inspectors. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Solsken Limited

Solsken Limited provides care to people living in their own homes. They provide care, up to 24 hours a day, for people with complex health needs who are not in hospital, but have been assessed as having a primary health need. They work closely with local clinical commissioning groups to provide packages of care.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- The service provided mandatory training in key skills and made sure everyone completed it.
- Risk assessments were completed for each patient, these included environmental risk assessments, fire and rescue risk assessments, moving and handling risk assessments, skin assessments and falls assessments.
- Staff were recruited to work with specific packages of care and there were sufficient staff to provide cover.

However:

- Although we saw evidence that the log sheets had been reviewed and feedback given to staff during team meetings, it was not clear from the log sheets that issues and been identified and actions needed addressed as the sheets had just been signed to say they had been looked at.
- Staff completed safeguarding adults training. Those staff working in houses where children were present also completed safeguarding children training. However, it was not clear what level safeguarding training they were completing and the safeguarding children training was done from a DVD.

Are services effective?

- Staff we spoke with told us that they had received sufficient training to be able to safely care for the patient. Staff completed competencies on the basis of patient need. Staff were trained and competencies assessed by the clinical lead, who was a registered nurse.
- Staff had started to receive supervision every three months. We saw evidence in staff files of supervision sessions.

Are services responsive?

- Patient's received a service user guide which was kept in their home. This contained information on how to make a complaint.

Are services well-led?

- Appropriate recruitment procedures were in place. We reviewed staff files and saw evidence of experience, references and disclosure and barring service checks (DBS).

Summary of this inspection

- The clinical lead did spot checks on carers every three months. The spot check included: punctuality, personal appearance, politeness and consideration, respect for client, respect for property, ability in carrying out care to the care plan and knowledge and skills. We saw completed spot check forms.
- The service did not hold a formal risk register. However, it held a business contingency and emergency planning policy, which identified the possible risks to the service and the action that should be taken.
- Staff we spoke with told us they had good support from managers and they could contact them at any time.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Community health services for adults

Safe	
Effective	
Responsive	
Well-led	

Information about the service

Solsken Limited provides care to people living in their own homes. They provide care, up to 24 hours a day, for people with complex health needs who are not in hospital, but have been assessed as having a primary health need. They work closely with local clinical commissioning groups to provide packages of care.

Summary of findings

We found the following areas of good practice:

- The service provided mandatory training in key skills.
- Risks assessments were completed for each patient.
- Staff were recruited to work with specific packages of care and completed competencies on the basis of patient need.
- There were sufficient staff to provide cover.
- Staff received supervsision every three months.
- Patient's received information on how to make a complaint.
- Appropriate recruitment procedures were in place.
- Possible risks to the service were identified in a business contingency and emergency planning policy.

We also found the following issues that the service provider needs to improve:

- It was not clear from audits of log sheets that issues that had been identified and actions needed addressed.
- It was unclear what level of safeguarding training staff were completing.
- The service did not hold a formal risk register.

Community health services for adults

Are community health services for adults safe?

Mandatory training

- Mandatory training included medication training, moving and handling, principles of care and confidentiality, role of the care worker, safeguarding, infection control, health and safety, food hygiene, the care certificate, mental capacity act and deprivation of liberty safeguards, equality and diversity, fire safety and first aid.
- We saw records that confirmed all staff had undertaken and were up to date with mandatory training.

Safeguarding

- All staff completed safeguarding adults training and those staff working in homes where there were children present or visiting regularly had completed safeguarding children training. Staff completed online safeguarding training from an accredited e-learning provider for health and social care providers of all types. However, it was not clear what level of training had been completed.
- The operations manager was the safeguarding lead for the service. They were unsure what level of training they had completed. Following our inspection, managers told us they were going to update all of their safeguarding training.
- We reviewed staff files and saw evidence of appropriate recruitment checks, such as Disclosure and Barring Service (DBS) checks, references and proof of identity.
- We saw evidence of appropriate actions taken and a safeguarding referral made by the service, following concerns raised about an agency staff member.

Cleanliness, infection control and hygiene

- Managers knew the importance of cleanliness and infection control in the home setting. We saw evidence of an email between a patient and the operations lead where the patient was asking that staff did not use personal protective equipment as the client did not like it. The service lead explained to the patient why this needed to be used and that care could only continue if this was adhered to.

Assessing and responding to patient risk

- When taking over a care package from another provider, managers explained that they had asked for an extension to the handover period to ensure that all of their staff were up to date with the specific moving and handling needs of that particular patient. Staff told us they put a lot of effort into getting things right for their patient, even if this meant that they lost money while waiting to pick up a contract.
- Managers told us that staff were trained to work specifically with their patient, and therefore would have a good insight into what was normal for that patient. Staff we spoke with confirmed this. If there was any deterioration in their condition, staff would call an emergency ambulance and speak to the clinical lead. We heard an example of this when a patient needed to be admitted to hospital on the first day of their new care package. This was successfully completed in a timely manner.
- Risk assessments were completed for each patient, these included environmental risk assessments, fire and rescue risk assessments, moving and handling risk assessments, skin assessments and falls assessments.

Staffing

- The service employed 22 healthcare assistants. There was one clinical lead, who was a registered nurse. When the clinical lead was on leave, managers told us that they were able to access nurses employed as bank staff to provide clinical direction.Carers had a good working relationship with their local district nursing teams and would ask them for advice and support as needed.
- Staff were recruited to work with specific patients so that they could complete person- specific training. There were enough staff recruited for each client to provide adequate cover, which in some cases was 24 hours a day.
- Staffing levels were determined by the individuals' specific needs.

Community health services for adults

Records

- All patient records were stored in the home with the patient. These consisted of daily log sheets and medicine administration record (MAR) charts. The clinical lead reviewed the daily log sheets and MAR charts once they came back to head office. Although we saw evidence that the log sheets had been reviewed and feedback given to staff during team meetings, it was not clear from the log sheets that issues and been identified and actions needed addressed as the sheets had just been signed to say they had been looked at.
- The service was investigating the potential to upgrade to electronic notes in the near future to enable 'real time' review of notes by the clinical lead.

Incident reporting, learning and improvement

- Staff contacted managers to inform them of incidents and then completed paper incident reports and sent them to managers. Managers investigated the incident and provided feedback to staff. We saw completed incident forms that had been appropriately investigated and action taken following the incident was documented.
- Learning sessions were held to share learning from any incidents and complaints.

Are community health services for adults effective?
(for example, treatment is effective)

Competent staff

- Staff we spoke with told us that they had received sufficient training to be able to safely care for their patient. Staff completed competencies on the basis of patient need and specific requirements. Staff were trained and competencies were assessed by the clinical lead, who was a registered nurse.
- Training took place in the patient's home, with experienced members of staff training new staff members. Staff we spoke with told us they had shadowed other members of the team before they started the job.
- We checked competency workbooks and found they had been signed by the clinical lead. Competencies were planned to be updated yearly. The clinical lead told us that if they observed any practice they did not feel was competent, they would review that person's skills and abilities and provide refresher training if required.
- We saw evidence that the service ensured that staff with the correct competencies covered the rota for each patient, in order to provide a safe service.
- Staff had started to receive supervision every three months. We saw evidence in staff files of supervision sessions.
- Additional training was provided for particular conditions as required, for example, training from the motor neurone disease (MND) association.

Are community health services for adults responsive to people's needs?
(for example, to feedback?)

Learning from complaints and concerns

- Clients received a service user guide which was kept in their home. This contained information on how to make a complaint. We saw communication between service leads and a patient which showed an appropriate response to concerns raised.
- Managers told us they visited clients every two weeks, which allowed time for any concerns to be discussed.

Are community health services for adults well-led?

Governance, risk management and quality measurement

- Staff we spoke with told us they had good support from managers and they could contact them at any time.
- The service did not hold a formal risk register. However, it held a business contingency and emergency planning policy, which identified the possible risks to the service and the action that should be taken.

Community health services for adults

- Managers told us that each patient had an individualised business contingency plan within their own plan of care, relevant to their environment.
- Regular team meetings took place. We saw minutes from team meetings and these included discussions around progress, clinical competencies, mobile phones, personal care, record keeping, conduct, stock control and team work. We saw evidence of discussion of log sheet audits and areas for improvement.
- There were processes in place to manage performance, which included a disciplinary process.
- The clinical lead did unannounced spot checks on carers every three months. The spot check included: punctuality, personal appearance, politeness and consideration, respect for client, respect for property, ability in carrying out care to the care plan and knowledge and skills. We saw completed spot check forms.
- The service had regular contact with the clinical commissioning groups (CCGs) that commissioned their service. We saw evidence of a joint action plan between the service, a CCG and a patient.
- Appropriate recruitment procedures were in place. We reviewed staff files and saw evidence of experience, references and disclosure and barring service checks (DBS). Managers told us that interviews for staff consisted of two stages, with the second stage involving the client.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The service should ensure staff are trained to the appropriate level of safeguarding. (Regulation 12)

The service should consider recording all risks within a specific register in order to monitor and review ongoing actions. (Regulation 17)

The service should ensure the review of log sheets clearly identifies issues found and actions needed. (Regulation 17)