







Leonard Cheshire Disability Solent Care at Home Service

Inspection report

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Ratings

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

Overall summary

We undertook this announced inspection on 29 and 30 September 2015.

Solent Care at Home is a domiciliary care service providing care and support to people living in their own homes. The office is based in Waterlooville and the service currently provides care and support to people living in the surrounding area. At the time of our inspection there were 192 people using the service.

The service had a registered manager. This is a person who has registered with the Care Quality Commission to

manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had not received all of the training relevant to their role. Despite describing itself as a specialist learning disability and autism service, staff had not undergone training in these areas.

Summary of findings

People told us they felt safe using the service. They said their care workers identified themselves on arrival and this made them feel safe. All staff had had safeguarding training and knew what to do if they had concerns about the well-being of any of the people using the service.

Staff were safely recruited to help ensure they were fit to work with people who use care services.

Staff supported some people with their meals. Most people said they were pleased with how their meals were prepared and served however some people felt this could be improved. Staff were flexible with meals and understood that people might change their minds about what they wanted on a day to day basis.

People told us staff were aware of their health care needs and knew when to call the GP or other healthcare professionals if they needed them. If people appeared un-well staff knew what to do. If people needed support with their medication staff provided this safely.

People told us the staff were caring and treated them with dignity and respect. They gave us many examples of

staff member's caring approach to them. Records showed that people's care was provided by either a single staff member or a group of two to three care workers. This enabled people to get to know the staff who supported them.

People were directly involved in the planning of their care and encouraged to be independent and made choices about how they wanted their support provided.

All the people we spoke with said they were happy with the service which they said was well-run.

People told us they were often visited by 'managers' to check on their well-being and monitor their care and support. People using the service were consulted and their opinions sought on all aspects of the service.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Staff recruitment was robust and there were enough staff to make sure people had the care and support they needed.

Good



Is the service effective?

The service was not always effective. The programme of training had not been fully effective at ensuring that staff had all of the skills and knowledge they required to help them to carry out their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes.

Requires improvement



Is the service caring?

The service was caring. People said their care workers were kind and caring.

People were involved in their care planning and made decisions about their care.

People's privacy and dignity was respected at all times.

Good



Is the service responsive?

The service was responsive. People received care that was responsive to their needs and care plans were regularly reviewed to ensure they contained accurate information.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Good



Is the service well-led?

The service was well led. The registered manager and provider carried out regular audits to monitor the quality of the service and make improvements.

People and relatives told us they had been asked for their views about their care and the registered manager acted on it.

Good



Solent Care at Home Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to talk to were available.

The inspection team consisted of one inspector and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had expertise in services for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

We used a variety of methods to inspect the service. We looked at records in relation to eight people's care. We spoke with nine people using the service, nine relatives, the registered manager, two care co-ordinators, and six members of care staff.

We also visited and spoke with four people in their own homes to obtain feedback on the delivery of their care and to view care records held at people's homes.

We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

We last inspected this service in October 2014 when we found one breach of legal requirements. This was because the provider did not have an effective system in place to assess and manage risks relating to the health, safety and welfare of service users and others. The provider wrote to us with an action plan which stated they would have made the required improvements by November 2014.

Is the service safe?

Our findings

At our last inspection in October 2014 we found that the registered person did not have an effective system in place to assess and manage risks relating to the health, safety and welfare of service users and others. The provider wrote to us with an action plan which stated they would have made the required improvements by November 2014. At this inspection we found the required improvement had been made.

People told us they felt safe. One person said, "I feel safe when they are in my home with me". Another person told us, "I feel very safe with my carers". A relative commented, "Definitely safe, I've been there when the carers have been there, met them all and I feel mum is safe in their hands. They are very gentle with her". Another relative told us, "My dad feels very safe with his carers. He has never had any problem with them".

People said care workers identified themselves on arrival and this made them feel safe. One person said, "They always call out when they come in. I feel very safe with them. I have anxiety and OCD and I used to shut doors all the time. I do it less now. They've supported me in that very well." A relative commented, "My mums carers always knock and wait for me to let them in. We feel very safe with the carers".

Staff spoken with knew what to do in the event of possible abuse, they were clear on who they would report to and the action they would take to keep people safe. Staff told us and training records confirmed that they had received training on how to keep people safe and recognise the signs of potential abuse. For example, staff told us they would speak with people and observe for signs of bruising or changes in their behaviour which may give cause for concern. Records we hold showed us that the manager reported concerns to us and appropriate referrals were made to the appropriate authority. This meant that the provider had clear procedures in place to keep people safe. Staff knew about whistle blowing. Whistle blowing means staff can raise concerns and their identity would be protected.

People's care records included appropriate risk assessments. Records showed these covered people's physical and mental health needs, health and safety, and areas of activity both inside their homes and, where

relevant, out in the community. Risk assessments identified the level of risk and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, falls and mobility. For example, where there was a risk to a person, such as falling in their own home, clear measures were in place on how to ensure risks were minimised. We saw that staff were told to ensure that rooms the person used were tidy and 'clutter free' at the end of each visit. Individual risk assessments were reviewed and updated to give guidance and support for care staff to provide safe care in people's homes.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) checks. DBS enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

People and relatives told us they received their medicines safely and on time. One person said, "The carers always remind me to take my tablets and write it down in my record book". A relative commented, "They make sure my mum takes her tablets. I check to make sure when I visit. It's always recorded". Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. A relative told us, "They give him his medication four times a day. They do a good job. They know what they are doing".

We had received concerns before our inspection that the agency had a high turnover of staff. We reviewed the work rosters for the previous two months and found there were sufficient numbers of staff deployed to support and meet people's needs. The registered manager told us staff retention had been an historical problem and on the day of our inspection interviews were being held to recruit additional staff.

The agency supported people locally and we saw calls (visits to people) were arranged in geographic areas to decrease the travelling time between calls. This decreased the risk of care staff not being able to make the agreed call time. The registered manager told us that where possible, the calls to people were arranged with location in mind.

Is the service safe?

When appropriate the service involved people with a regular review and risk assessment of their medicines. For example, staff noted one person suffered increased sickness after taking one of their medicines. Staff liaised with the person and their family and discussed requesting a GP review. All parties agreed and following the review, the

medicine in question was discontinued. This was closely monitored and recorded as having a positive impact on their wellbeing. A relative said, “The problem with the medication was picked up by the care agency, they talked to us and since the doctor came out; mum has improved”.

Is the service effective?

Our findings

Staff had not received all of the training relevant to their role. Some of the people being supported by the service were living with autism, learning Disability, acquired brain injuries and sensory impairment however staff had not received training in these specialisms. In June 2015 this was brought to the attention of the provider by the quality monitoring team of the local authority. They had identified that the service did not have training in place to support people living with these disabilities. However at the time of our visit training had still not been undertaken. Training in this area would give staff a greater understanding of how a disability affects individuals and would promote good practice to enable and support people to live their lives fully in the community they live in. A number of staff told us that they felt additional training in autism and other subjects would be helpful and would assist them to understand in more detail why people presented with particular behaviours that could challenge.

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

When we spoke with the registered manager about this, she was aware that training in autism was required and was trying to facilitate this with the provider.

Staff were supported in their role and all had been through the provider's own corporate induction programme. This involved attending training sessions and shadowing other staff. Staff told us they received regular supervision and an annual appraisal. The registered manager showed us the providers updated induction programme which covered the 15 standards that are set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. They told us their own corporate induction would run alongside the Care Certificate for all new staff.

Staff understood and had knowledge of the main principles of The Mental Capacity Act 2005 (MCA). Staff put this into

practice on a daily basis to help ensure people's human and legal rights were respected. Staff told us how people had choices on how they would like to be cared for and assured us that they would always ask permission before starting a task. A staff member told us, "I don't just go in and start doing things to people; I ask if they want me to help them and offer them choices about what they wear and everything".

We received mixed feedback about how people were supported with food preparation. Most of the people we spoke with had their meals prepared by family or left for their carers to heat through. One person we spoke with told us, "Most of the carers are good. But one did not even know how to boil an egg". Another person said, "Some of them do not know how to cook vegetables". Another person told us, "They do what I ask and prepare whatever meals I ask them to prepare and usually it's very good no complaints"

All staff spoken with were aware of how to support people who may be at risk of poor nutrition and hydration. One staff member told us, "If people were not eating and drinking, I would try to encourage them and report the concerns so we could monitor them". People using the service and relatives told us staff were aware of people's health care needs and knew when to consult with families/ seek medical attention if there was a problem. One person told us, "They will call the GP or the district nurse for me when I need their help. On one occasion my care worker called an ambulance for me and waited with me until it arrived." A relative commented, "If my relative has any health problems the carers always ring me on my mobile to let me know."

The registered manager confirmed referrals to relevant healthcare services were made quickly when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. If staff noted a change they would discuss this with the individual and with consent seek appropriate professional advice and support. For example, a GP was contacted promptly when a person showed signs of being unwell. A relative commented, "Carers consider every aspect of mum's health and act quickly to get her the support she needs, when she needs it".

Is the service caring?

Our findings

People told us they were well cared for and treated with kindness and compassion. One person told us, "Staff are caring, I'm happy". A relative said, "The carers are very good, they treat mum with care and consideration". Another person told us, "The care I get is excellent. Nothing is too much trouble for them". A relative commented, "The care my daughter gets is excellent. The carers are wonderful". Another relative commented, "They are pleasant people. It's the right mixture of people". Staff comments included, "It's all about caring for people, I have a passion for caring for people" and "We take care of people very well". All the staff we spoke with understood the importance of providing support that was caring.

People received care and support from staff who understood their history and knew their likes and dislikes. People told us they were able to make decisions and plan their own care. For example, one person requested their care package was reduced. They had made improvements in their ability to manage their own health needs, and had family who could offer additional support. This was respected by staff, the care record had been adjusted accordingly to reflect their decision, and was signed by the individual.

People using the service and relatives we spoke with said that they were directly involved in the planning of their care. One person told us, "I was involved from day one and can always make changes when required." A relative said, "I was involved in the planning of dad's care which was important for me." A friend commented, "They give my friend total respect and try to involve her in her care. They are very patient."

People using the service and relatives also told us staff always consulted with people before providing care. One person said "When they do any personal care they always ask if it's alright." A relative commented, "They always ask permission before they do anything."

All the people we spoke with said staff treated them with dignity and respect and protected their privacy. They also said staff encouraged them to be independent. One person told us, "They treat you with real respect. They are polite and courteous. They always make sure that I do as much as I can for myself." A relative commented, "The care my father gets is excellent. They treat him with the respect he deserves and they always make sure he does as much as he can for himself."

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety. Staff told us they assisted people to remain independent and said if people wanted to do things for themselves, then their job was to ensure that happened in a safe way.

We observed staff in the office speaking to people on the telephone in a warm and caring manner. Staff were patient and took time to let the person speak and discuss any issues they may have. The office staff were as familiar with people's needs as the staff who delivered care. All the staff we spoke with including the management, office and care staff, referred to people in a respectful and caring way.

Is the service responsive?

Our findings

People using the service and relatives we spoke with said care workers provided a personalised service that was responsive to people's needs. One person told us, "The carers know exactly what I like and what I don't like. The service is really good." A relative commented, "The carers do understand my mum".

People spoken with told us that staff asked at each visit what they would like help with. Care records confirmed people had agreed what care they needed when they started using the service. People told us the registered manager or a team leader had visited them to see if the service was meeting their needs and to review their care. People's care was reviewed annually or as needs changed. Staff told us they always discussed the care with people. This meant that people received care and support as agreed with them.

Most people told us care workers arrived on time or called to let them know if they were running late. They said the care workers always stayed for the full time they were allotted and sometimes longer. One person told us, "They always arrive on time and if they are going to be late they ring to update me." A relative commented, "They always arrive on time and stay until they have finished the job." However two people told us carers were not always "on time" and didn't let them know they would be late. We spoke to the registered manager who told us, "Sometimes traffic or medical emergencies do delay staff and they overlook telling their next client they are running late. We will strive to put this right going forward".

Records showed the service was responsive to people's needs. For example, one care plan highlighted that the

person had good and bad days. The care plan summary clearly explained the response required from staff to support the person on good days, and the extra support that may be required when they were experiencing bad days. A second care plan detailed the person's life history and emphasised their right to make choice about all aspects of their life including meals, and trips out.

Care workers explained to us how they provided responsive care. One told us, "We meet the clients before we begin caring for them and we read the care plan. However I always like to talk to them myself to see if there is anything they want done differently or changed."

The service had arrangements in place to respond appropriately to people's concerns and complaints. People said they felt confident raising any concerns or issues they had with the registered manager and staff. A relative said, "I would feel comfortable raising any issues. They are quite approachable." Another relative said, "On one occasion I made a comment about something I wasn't too happy with and it was followed up quickly and dealt with."

The service had a complaints procedure which detailed how people's complaints would be dealt with. A pictorial and easy to read version of this was contained in people's care plans in their home which told people what to do if they wish to make a complaint or were unhappy about the service.

The agency had received seven complaints since our last inspection in October 2014. These had been responded to in a timely way by the registered manager or provider and response letters sent to the complainant outlining the findings of any subsequent investigation.

Is the service well-led?

Our findings

People and relatives told us they had been asked for their views about their care and had completed questionnaires and received visits from the office. One person said, “They have come to visit me from the office and we talk about my care and the staff”. Records showed that advice had been sought from other professionals to ensure they provided good quality care. For example, we saw that they had worked with advice and guidance from district nurses and GP’s. Three people told us that the office staff contacted them often to ask for their views on their care over the telephone. These had been recorded and we saw where people had made comments changes had been made. For example, one person had not been happy with one particular member of staff who they couldn’t “get on with”. Records showed that the person concerns had been addressed and resolved and the person had been allocated a different care worker.

The service collated the responses from satisfaction surveys to produce a service monitoring report. This included improvements that had been suggested by people using the service. Examples were ‘improved communication with the office’, ‘regular, monthly and detailed invoices’, and ‘more information about my relative’s care in advance’. The service was able to demonstrate a response to this feedback by showing how it had implemented changes and improvements. They did this by producing a summary action plan. Last year, the service made changes to ensure that office staff went out and met with service users to introduce themselves and stayed in contact with them every two weeks to check they were satisfied with their care.

In discussions staff demonstrated they had strong caring values and a commitment to providing high quality personalised care. The registered manager told us most of the staff had had personal experience of caring for family members prior to working for the service. She said, “We ask them to treat our clients as if they were family members. They will always go the extra mile. If something extra needs doing and is safe then the staff will do it.”

Care staff told us the management team conducted unannounced checks (spot checks) to make sure they delivered the service as agreed. A member of staff told us, “They check we are in uniform and are wearing our ID badge and check we are where we should be. They check the home, medicines, the way we deliver care and ask the person if they are happy with their care.” We saw records of the unannounced checks were kept on staff’s files and referred to during face-to-face supervisions and end of year performance meetings. A member of care staff told us, “We have supervision meetings and they tell us what we have done well and any improvements we can make.”

An audit of the service had been carried out by the provider in June 2015. An action plan had been developed as a result of the audit and actions had been taken. For example, the audit showed that not all medication risk assessments had been fully completed. It was noted at this inspection that peoples medication risk assessments had been fully completed and gave clear guidance on the level of support people need to take their medicines safely.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Persons employed by the service provider in the provision of a regulated activity had not received appropriate training as is necessary to enable them to carry out the duties they are required to perform.</p> <p>Regulation 18 (2) (a)</p>