

Solid Global Limited

Solid Homecare

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

This inspection took place on 26 May 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and support to people living in their own homes and we wanted to make sure staff would be available to talk with us about the service. This was the provider's first inspection since registration in November 2013.

Solid Homecare is registered to provide personal care and support for adults and children in their own homes. The service currently provides care and support to 16 adults, ranging in age, gender, ethnicity and disability.

There was a registered manager in post at the time of the inspection. A registered manager 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.

People were supported to make choices and were involved in the care and support they received. The provider knew what appropriate action should be taken to protect people's legal rights, although staff knowledge required some improvement.

People felt safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People were supported with their medication by staff that had received appropriate training. People had been involved in the planning of their care and received support in line with their care plan.

People felt staff had the skills and knowledge to care and support them in their homes. Staff were trained and supported so that they had the knowledge and skills to enable them to care for adults and children in a way that met their individual needs and preferences. Where appropriate, adults and children were supported by staff to access health and social care professionals.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs.

People, relatives and staff felt they could speak with the provider about their worries or concerns and felt they would be listened to and were confident changes would be actioned if needed

The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective.

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

People felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by sufficient numbers of staff that was effectively recruited to ensure they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People's consent was sought by staff before they received care and support.

People received additional medical support when it was required.

Is the service caring?

Good ●

The service was caring

People were supported by staff that was kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive

People received care and support that was individualised to their needs, because staff was aware of people's individual needs.

People knew how to raise concerns about the service they had received.

Is the service well-led?

Good ●

The service was well-led

Quality assurance and audit processes were in place to monitor the service to ensure people received a good quality service.

People were encouraged to provide feedback on the quality of the service they received.

People were happy with the quality of the service.

Solid Homecare

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.

The inspection took place on the 26 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that the registered manager and staff would be available to meet with us. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also looked at the information we held about the service. This included notifications received from the provider which they are required to send us by law. We used this information to plan our inspection and ensure that any areas of concern were looked at. We also contacted the local authority that purchased the care on behalf of people, to see what information they held about the service.

We spoke with six people that used the service, one relative, five care staff and the registered manager. We looked at records that included three people's care records and the recruitment and training records of three staff. This was to check staff was recruited safely, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of policies and procedures including complaints and audits carried out to monitor and improve the service provided.

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff was in their homes and that staff supported them with their care and support needs. One person said, "I feel safe with the staff that visit me." Another person told us, "I am always left with my walking frame close by and my alarm to hand if I need to get help in an emergency." A relative said, "I am reassured that the staff ensure mum is kept safe." Staff we spoke with told us and we saw they had received safeguarding training to protect people from the risk of abuse. Staff we spoke with identified what could suggest abuse and explained their responsibilities to protect people and how they would report concerns. A staff member said, "[Person's name] has very fragile skin and the slightest pressure will cause a bruise. Any marks on their body I speak to family. I make a record of it and how it happened and let my supervisor know. If there was anything I was unsure about or worried I wouldn't hesitate in contacting the authorities." Another staff member told us, "Some people we support can't tell you so we have to be extra vigilant and look for behaviours that wasn't usual for that person. I would then speak with my manager."

People and relatives we spoke with confirmed they were involved in planning the care and also discussed any risk elements involved in people's support. One person said, "I regularly talk to the manager about what I want included in my care." A relative told us, "We have the care package folder in mum's home and it's regularly checked to make sure it's up to date." We saw the care plans that we looked at contained detailed risk assessments. They included information about the person's home and living environment, identifying potential risks for staff to be aware of. For example, it was identified a person was at risk of choking. There were clear instructions for the staff on how to ensure the person's food was at the right consistency to prevent choking. One staff member said, "We make sure [person's name] food is fork mashed and their drink is thickened to the same as single cream." Staff told us they had access to risk assessments in people's care plans so that they knew how to support people safely.

People told us they were given information by the registered manager when the service first began. This information included the office number so they knew who and how to contact the provider, if required. Staff explained what action they would take if a person they were visiting was found unconscious on the floor or suddenly became ill. A staff member told us, "I would check the person was breathing and if possible put them in the recovery position then ring 999 and then let the office know." Another staff member explained how they had completed a first aid course. All of the staff we spoke with said the registered manager was available for advice, guidance and support at the end of the telephone at any time of the day or night. A third staff member said, "I don't think [registered manager's name] goes home, she always makes sure we can contact her if we need her."

The registered manager discussed with us the difficulties they experienced in recruiting and retaining staff. They told us they had an ongoing recruitment programme and they had tried different approaches. For example using recommendations from staff, advertising in specific areas and recruiting from the local job centres. The registered manager explained how staff had met the criteria and stayed with Solid Homecare for a few months but then left because they did not like the work or had found alternative employment in a different field of work. They agreed the recruitment and staff retention was problematic and we saw they

were working to try and address it.

People and relatives we spoke with confirmed they had not been left without care and support although they were supported by different staff members. However, people received a weekly schedule from the registered manager. The schedule gave people and their relatives the time, date and name of the staff member who would be calling on them during that week. One person said, "I do have different staff but I know them all and because [registered manager's name] lets you know in advance who will be coming, I know who to expect, it's very helpful." Another person said, "You get used to someone coming then they leave, but everyone the manager has ever sent has always been lovely." A relative we spoke with explained how useful it was for them to see from the provider's schedule which member of staff would be supporting their family member during each week. Staff we spoke with confirmed they received a weekly rota detailing who they would be providing support to for the week and felt there was adequate time allocated to meet people's individual care needs.

The staff we spoke with felt there was sufficient numbers of staff to support people. One staff member said, "I think we have enough staff at the moment for the number of people we support." Another staff member told us, "I always have plenty of work and have never had any problems with booking time off so I think that means we have enough staff." The registered manager told us that there was a system in place for identifying the number of staff hours needed and that there were currently sufficient numbers of staff employed so that they were able to cover all care calls and also cover for unplanned absences for example, staff sickness. The registered manager explained that there may have been some late calls but no missed calls. We looked at the daily records of care provided to three people and saw that they had received their calls generally at the agreed times. People told us staff arrived around the times agreed. One person told us, "Staff arrive on time and do what they need to do in the time allowed."

Staff spoken with explained they were interviewed and their references and police checks had been completed before they started to work for Solid Homecare. We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed. All staff records we looked at showed current Disclosure and Barring Services (DBS) checks had been completed. The checks identify if staff had a criminal record and can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People told us they received appropriate support with their medicines. One person said, "I take my own medicine, the staff just pop it in a little plastic cup for me." Another person told us, "I can sometimes forget so the staff just give me a little reminder." Staff we spoke with confirmed to us that they supported people with their medicines and had received the appropriate training. We saw that systems were adequate to record what medicines staff had supported people with. Staff had recorded accurately each time a medicine had been given or taken by a person.

Is the service effective?

Our findings

People and relatives we spoke with felt that the quality of the support delivered by staff was consistent and met people's needs. One person told us, "I have an excellent rapport with [staff name] she will go out of her way to help me." Another person said, "The staff are very good, I do play them up a bit though (laughing)." A third person told us, "The service and staff are excellent." A relative said, "I can't fault the staff or [registered manager's name], we've increased the number of hours care because we have been so happy with the service, they know exactly what to do to support mum." Staff we spoke with was able to explain to us about the individual needs of the people they supported. One staff member said, "When I arrive, I always check the care plan and daily records to see if there is anything I need to be made aware of." Another staff member told us, "[Person's name] can't always tell me but I have been helping them for a while and have got to know them really well."

We saw that new staff members had completed induction training which included working alongside an experienced member of staff. One staff member told us, "I shadowed a colleague during my induction which I found was very useful." Another staff member said, "Although I had done this type of job before, I did find the induction quite useful." The registered manager confirmed and we saw that staff completed regular training throughout the year. One person said, "All the staff are lovely and seem well trained." Staff told us they felt they had the necessary training and they felt supported by the provider to carry out their role. A staff member told us, "The training is good, everything is explained." Another staff member said, "I have found the training to be most useful."

Staff we spoke with told us they received supervision and confirmed the registered manager or supervisor would complete spot checks and observations of their work. Staff continued to tell us the registered manager was 'very approachable'. Records we looked at confirmed that staff did have supervisions and spot checks. A spot check is where a member of the management team would assess the capabilities of a staff member in the workplace environment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We were told by the provider that the adults they provided a support service to had the mental capacity to make decisions about their care and support. We saw from people's care plans that they were supported to make decisions about the care they received. People we spoke with said staff would always explain what they were doing and ask them for consent before carrying out any support and care needs. One person said, "Staff always ask me first before they do anything." Another person told us, "Staff do support me to be independent as I can." A relative explained, "The staff are very careful to ask mum if it is alright before supporting her, they are very good at that."

Staff told us they had completed training in the MCA and gained consent from people they provided support to. Staff confirmed in their conversations with us they knew the people they supported well. Staff explained

how they involved people in their day to day choices. One staff member said, "It's about giving people a choice." Another staff member said, "I have to rely on [person's name's] eye contact, she will point to what she wants when I show her what the choices are." Another staff member told us, "[Person's name] can't move around as much as they used to and they have limited ability to tell me what they want, but I make sure I do as much as I can to give them that choice."

The law requires the Care Quality Commission (CQC) to monitor the operation of Deprivation of Liberty Safeguards (DoLS). This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. At the time of the inspection the provider had not needed to make any applications to the court of protection, although they had sought guidance for one person and was waiting for a response from the appropriate authority. We explained that staff knowledge around DoLS was limited for three of the five staff we spoke with. The provider told us that they were planning to do some further staff training to ensure that staff understood the requirements of the MCA and DoLS.

Staff we spoke with told us 'mostly' everyone they supported lived with a family member or their relatives visited regularly, so they did not 'always' become involved in people's nutritional choices. However, staff explained they did sometimes support people preparing food and drinks. People we spoke with confirmed staff would offer them a choice. We saw from care plans that people who needed support from staff to cook prepared meals, were supported in the way that they preferred.

We saw from care plans there was significant input from health and social care professionals, for example, GPs, occupational therapists and social workers. People and relatives we spoke with confirmed they were supported by additional healthcare professionals. The registered manager told us they contacted health care professionals when required and worked well with other agencies so people's health and support needs were met.

Is the service caring?

Our findings

Everyone we spoke with felt staff was caring and kind. One person told us, "The staff are always respectful and polite." Another person said, "I'm very happy, the staff are really good, very polite and kind." A relative said, "I would recommend Solid Homecare to anyone who is looking for an agency to care for their family member."

People and relatives we spoke with told us they felt listened to and were involved in planning the care and support received from staff. One person told us, "We done all the reviews, [registered manager's name] comes out regularly to see me." Another person said, "[Registered manager's name] calls me at least once a month and yes, I have reviewed the care document that I have in my home." A relative told us, "[Registered manager's name] involves me in the reviews, she is in regular contact with me."

We saw that people were provided with a detailed care plan and people and relatives confirmed a copy of this was left in each person's home for reference. The registered manager explained they discussed the care plan in detail with the person and relatives at the time of the assessment.

Staff we spoke with was positive about their role and the relationships they had developed with the people they supported. Staff were able to tell us about things that were important to the people they cared for. A staff member told us, "I've been supporting [person's name] for a couple of years now and we have a great relationship." Another staff member told us, "It can be embarrassing for some people when someone much younger than them is helping them to wash so I try put people at ease and talk about their family or things they enjoy doing to take their mind off being washed."

People and relatives told us that they never heard staff talk disrespectfully about another person while they were in their home. People and relatives felt staff was conscientious and maintained people's confidentiality. One person said, "I've never heard staff talk about anyone else when they are helping me." One staff member said, "What is discussed with people in their homes, remains in their homes."

Staff told us that people's independence was promoted as much as possible and gave us examples of how they did this. One staff member explained, "[Person's name] has limited mobility but I always try to encourage them to do what they can." People we spoke with told us staff supported them to make day to day decisions about their care and support.

Staff told us they always treated people with respect and maintained the person's dignity. One person told us, "I am treated with dignity and respect by the staff." Staff gave us examples of how they ensured a person's dignity and privacy was maintained. For example, always making sure people were covered, wherever possible, when supporting them with personal care and curtains and doors were closed and 'politely' requesting family members leave the room.

Is the service responsive?

Our findings

People and relatives we spoke with told us they felt people's needs were being met. People and relatives confirmed they had been involved in the initial assessment process with how care and support needs would be delivered. One person told us, "The manager came out and we went through what was needed." Another person said, "[Registered manager's name] comes out and will ask me if everything is ok." All the people we spoke with confirmed staff recorded what they had done in the 'care document' left at the person's home, after every visit. A relative explained how useful they found this document, they said, "It details clearly what staff have done for [person's name] when they have visited."

The registered manager explained what arrangements were in place to review the care and support being provided to people. This ensured people were given every opportunity by the registered manager to raise any issues. People and relatives spoken with confirmed the registered manager had contacted them through telephone calls and visits to people's homes. Care files we looked at showed that reviews of people's care and support needs had taken place and recorded any points that required action. For example, the provider had followed up a request for pressure relieving equipment.

We saw that care plans were detailed and written to reflect people's individual care and support needs. Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. One person said, "Staff do what I need them to do." Another person told us, "Staff do what they are supposed to do." A third person said, "I'm quite independent and the staff know when I need help." A relative said, "[Person's name] can't remember things like she used to and [staff name] knows exactly what to say and do to support them." We saw from records people had carers that provided regular support to them, staff knew what was expected of them and how to deliver individualised care and support to people. A staff member told us, "We all know to make sure we read the daily records and care plan."

People and relatives we spoke with told us they were happy with the service received from the provider and had no complaints. Everyone we spoke with confirmed if they did want to complain they would feel confident the registered manager would deal with their concerns quickly. We saw there had been one complaint recorded since the provider's registration. Records showed the complaint had been investigated and action taken to resolve the complaint to the person's satisfaction. Staff explained what action they would take if a person wanted to make a complaint and told us they had confidence that the registered manager would resolve the complaint in a timely manner. We also saw that there had been a number of compliments received by the service. Comments included "[Staff name] goes above and beyond", "Very good, brilliant carers" and "Very good excellent service."

Is the service well-led?

Our findings

There was a registered manager at the service who had provided continuity and leadership; they understood the responsibilities of their role. We saw there had been two notifiable incidents and the provider had not informed CQC as they are required to do so by law. However, the registered manager had acted promptly and reported the incidents to an external authority. We saw the incidents had been investigated and closed. The provider had taken the appropriate action to ensure the safety and wellbeing of the people involved. The registered manager assured us that we would receive future notifications as required.

Staff we spoke with told us they felt supported in their role by the provider. Staff explained the registered manager or supervisor completed spot checks on the care they delivered. We saw from spot check records there had been a number of issues with staff not wearing their identification badges. We discussed the reasons for this with the registered manager. They explained they were in the process of replacing all identification badges because the design was 'not practical' and would sometimes become 'entangled' which could lead to a health and safety issue. Staff we spoke with confirmed they had their identification badges with them at all times but were not always able to wear them. People we spoke with confirmed they knew all the staff that supported them. The registered manager and staff explained to us the importance of wearing identification badges when supporting people. The registered manager assured us they would address the identification badges issue and make it a priority to resolve quickly.

Staff we spoke with told us staff meetings had taken place, although they admitted they did not always attend them. We saw only three staff meetings had taken place since January 2015 and staff supervisions were also infrequent. The registered manager explained and their PIR had identified these were areas they needed to improve upon. However, staff we spoke with told us that they were always updated with an email from the registered manager on events and information about the service that they needed to be made aware of. Staff explained the registered manager was approachable and helpful and they would have 'no hesitation' in requesting support or assistance. All staff spoken with said they knew what was expected of them. One staff member said, "I really like this job, it's rewarding and challenging." Another staff member told us, "I like to know that the clients are happy."

Staff told us if they were worried or concerned about anything they would speak with the registered manager. One staff member said, "I would go straight to the manager if I was worried about anything." Another staff member said "If I needed to I'd speak with the manager or my supervisor." We saw the provider had a whistleblowing policy. Staff had told us, although they were confident in approaching management, if it became necessary, they would contact other local agencies, for example, the police and Care Quality Commission (CQC).

Everyone we spoke with was positive about the service they received and told us they would recommend Solid Homecare to other people. One person said, "I have recommended them." Another person told us, "It is excellent." A relative said, "I can't praise them [staff] enough." The provider had systems in place to support people and staff to express their views about the service. We saw the results of surveys which had

been completed by people using the service and staff. The information was collated and made clear the areas that required some improvement. Where required, this was recorded and monitored for trends to ensure people's experiences were improved.

We asked the provider to complete a provider information return (PIR). This document told us how the service provided care that was safe and what the provider had planned to develop the service in the future. The provider had returned the PIR and it reflected what we found during the inspection.

There were systems in place to monitor and improve the quality of the service provided. These included audits of plans, risk assessments, training for staff, daily records and medication recording sheets. We saw audits had highlighted areas for improvement including ensuring that records were always signed and dated.