

Solitaire Homecare Services Limited

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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

Solitaire Homecare Services Limited provide a Domiciliary Care Service to people living in their own home and is registered to provide personal care. They currently provide care for 107 service users

At the last rating inspection in January 2016, the service was rated Good. A subsequent focussed inspection in the area of Well Led, in May 2017, identified that there were areas for improvement regarding call times and management of concerns/complaints however, the rating remained as Good.

At this inspection we found the service remained Good.

There was a registered manager in post. 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 kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with kindness and compassion. People's rights to privacy and confidentiality were respected by the staff that supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. People's views on the quality of the service were gathered and used to support service development.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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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 checked 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 was a comprehensive inspection which took place on 10 and 11 September 2018 and was announced. The membership of the inspection team comprised of an 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.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also contacted the Health Watch Birmingham who provide information on care services.

During our visit to the provider we spoke with five people who use the service, five relatives, six members of care staff, the provider, the registered manager, the deputy manager and the training manager.

We looked at the care records of three people and three staff files as well as the medicine management processes and records that were maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Is the service safe?

Our findings

People and relatives we spoke with told us that care staff made them feel safe and secure. One person we spoke with told us that they felt safe in the company of care staff and were not worried or concerned when they were in their home. We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.

Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm and were able to give us examples of the different types of abuse. One member of staff we spoke with told us about signs they would recognise, indicating that someone may be at risk of abuse, they also gave us an example of when they had raised a safeguarding concern with the provider when they believed a person using the service was being neglected. They confirmed that the provider listened to their concerns and informed the local authority. All staff we spoke with told us that they would raise any concerns they had to the registered

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. One relative we spoke with told us how their family member was supported safely by care staff when being moved using a hoist. They told us, "[Person's name] really doesn't like it and always feels a bit unsure of what's happening, but the carers [care staff] are really good and they always talk them through what they are doing, I can hear them saying they won't lift until [person's name] is absolutely comfortable and feels safe. They go through this routine every day and never lose patience ... which I find really comforting".

The registered manager told us that people's risk assessments were completed whenever there were changes in people's circumstances. We saw that risk assessments were reviewed on a regular basis. A member of staff we spoke with gave us examples of the sort of risk assessments they made when supporting people in their home, they said, "We [staff] check that equipment [hoist] is in good working order and that it's been safety checked". Another member of care staff we spoke with told us that they checked the temperature of food and drinks before offering them to people. This demonstrated that staff were aware of the risks that each person might be susceptible to.

There were sufficient numbers of staff to meet people's needs. We saw that the provider had processes in place to cover staff absences. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. Some people we spoke with told us that their care calls were occasionally late, however, we saw that the provider had addressed these issues and was in the process of implementing a new IT call logging system to ensure that late calls were reduced.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people accessing the service. Staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work. We saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People received their medicines safely and as prescribed. One member of staff we spoke with told us, "Most people have their medicines dispensed by the pharmacy in blister packs. I observe that people have taken

them [medicines] and record it". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they had received training on how to manage and administer medicines.

Staff we spoke with told they understood how to protect people by the prevention and control of infection. A member of care staff told us that the provider provided all staff with protective gloves and aprons, they went on to say that they ensured that they kept their hands clean when providing care and support and that any 'sharps' [needles] were disposed of correctly.

Is the service effective?

Our findings

Staff had received appropriate training and had the skills they required in order to meet people's needs. One person we spoke with told us, "As far as I've experienced, the girls [care staff] I have, all have the necessary skills to be able to help me and I haven't had to explain anything to them other than how I like things to be done". A member of staff we spoke with told us, "We [staff] get plenty of training and it's really beneficial". They went on to tell us that some people using the service require support with stoma care and that the provider had responded to this by providing specific stoma care training. A stoma is an opening on the front of the abdomen which is made using surgery. It allows faeces or urine to be collected in a pouch (bag) on the outside of your body. We saw that the registered manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who use the service. Staff told us the management team completed spot checks and they had supervision meetings with their line manager to support their development. We saw that although there was no formal structure for face to face supervision, the provider had an open-door policy and staff always had access to the registered manager and deputy manager if they required extra support and guidance. The provider told us, "We have good communication with people using the service and with staff. If a practice issue is raised we go out and check". We saw staff development plans showed how staff were supported with their training and supervision.

We saw that the provider had processes in place that involved people in how they received personalised care and support. People we spoke with told us they felt that care needs were supported and that they were involved in decisions about their care. A person we spoke with told us, "I can't say that I always feel like having a shower every morning, which is what it says in my care plan, so my carer [care staff] will usually ask me how I'm feeling when they come in in the morning and then I decide whether I'm going to have a full shower or just have a strip wash". Staff were able to explain people's needs and how they supported them. Staff explained how they gained consent from people when supporting their care needs. A staff member told us, "I talk to? them [people using the service] and find out what they need. It's all about what they want to do and when".

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. All the people being supported by the provider had capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

People we spoke with told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with said, "My carer [care staff] will organise both my breakfast and my lunch each day of the week. She will always ask me what I fancy and I do change my mind from one morning to the next". A relative we spoke with said, "We [relatives] have to encourage [person using the service] to drink these days and the carers are really good and make sure that every opportunity they have, while they're there, [person's name] drinks as much as they can persuade her to. They will always leave her with a cold drink as well as a hot drink when they go".

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. A staff member we spoke with told us, "Some people have softer diets, which I follow [dietary guidelines]". They told us that they are aware of people who have specific nutritional needs and that these were recorded in people's care plans. This showed us that staff knew how to support people to maintain a healthy diet.

People we spoke with told us that their relatives supported them with their health needs. Care staff we spoke with understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff we spoke with said, "If I notice any [health] concerns I let the office know, as well as colleagues, by writing it in the communication book. I also let relatives know".

Is the service caring?

Our findings

People we spoke with told us that staff treated them with kindness and compassion. One person said to us, "I have one carer who comes to me most of the time and they are absolutely lovely. [Staff member's name] has become almost like a [family member] to me and there is nothing that is too much trouble for them to do. They will sometimes bring some cakes in for me when they come and it's so thoughtful". We spoke with told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives.

Care staff we spoke with told us that most of the people they supported were able to communicate how they preferred to receive their care and support. A member of staff we spoke with told us that when they communicated with a person living with dementia, they ensured that they spoke clearly and at a steady pace, making sure they did not use language or scenarios that might be confusing. The provider supported people to express their views so that they were involved in making decisions on how their care was delivered.

We saw that people were involved in developing care plans that were personalised and contained detailed information about how staff could support their needs. A relative we spoke with told us about when their family member first received care support, "I recall us sitting down with somebody [staff] and talking through everything [person's name] needed help with. [Person's name] needs have changed over the years, and we have a regular meeting with our manager where we talk about any changes needed and if I need to, I know I can phone up the office and get our manager back out between times if my [family member's] condition changes drastically."

Care staff we spoke with all knew the importance of respecting people's privacy, dignity and the promotion of their independence. One relative we spoke with told us, "My [family member's] carers [care staff] always make sure that the door to our bedroom is shut before they start undressing them in the morning and again at night when they're getting them ready for bed".

One person we spoke with also told us how staff supported their independence. They said, "It's important to me that my carer [care staff] lets me at least wash my top half when I'm in the shower. They will usually tell me to give them a call when I'm ready for her to do my lower half which I can't reach any more. They is very good at allowing me to get on with the few tasks I can still do, even though they can take a bit longer than they would be able to do them for me".

Is the service responsive?

Our findings

We found that staff knew people well and were focussed on providing personalised care. We saw that staff were responsive to people's individual care and support needs. One person we spoke with told us, "My carer [care staff] knows that I like a nice warm shower every morning so they will usually go in and turn the water on so it's warming up while I'm getting undressed. While I'm in the shower they will usually warm up my towel so it's ready for me when I step out. Little things like that really make a difference in my book". Another person told us, "Nothing is too much trouble for my carers [care staff]. They will sometimes bring me a magazine or lend me one of their books to read. They also know I struggle to change the duvet cover and sheets on my bed because it's rather large so although it's not on the care plan, they will usually do that for me each week and then put the fresh ones back on".

Staff we spoke with told us they had received training on equality and diversity and understood the importance of relating this to people they supported. A member of staff we spoke with told us, "It's about understanding what they [people using the service] want as an individual. We're all different and it's important to respect everyone's individuality". We saw that the provider had detailed, personalised care plans that identified people's specific care and support needs.

People we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. One person we spoke with told us, "We [person using the service and relatives] were told how to make a complaint and I know there is some information about that in [person using the service's] care plan, but to be fair we haven't had to talk to them [provider] about any problems so far". Another person we spoke with said, "If I had any problems at all I'm fairly confident they [provider] would listen to me and do something about it". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised, and that these were used to improve and develop the service.

Is the service well-led?

Our findings

At a previous focussed inspection in May 2017 concerns were identified that care staff rota's were not always clear about when their call times should be and that people did not always receive their care support calls on time. During this inspection we identified improvements had been made and people were being asked to complete call sheets to acknowledge when care calls were completed. The provider had also invested in computer software to monitor and record care call activity to ensure that service consistency was improved. The system is due to 'go live' in October 2018. On the day of the inspection we were unable to determine how effective the system was as it was not yet in operation.

At our focused inspection in May 2017 it was also identified that complaints were not always addressed satisfactorily. At the time of the inspection, the main subject of complaints raised was regarding late care support calls. During this inspection we saw that the provider was being more responsive to complaints and concerns, an example being the implementation of new call monitoring systems.

We saw that the provider supported staff and that they were clear about their roles and responsibilities. We saw that people and staff were involved in making decisions about how the service was run. One person we spoke with told us, "I remember the [registered] manager saying originally that they would come and see us at least once a year and to be fair, they have telephoned at least a couple of times so far to make sure that we were happy with everything and that nothing needed to be changed". Another person we spoke with told us, "I've had one named manager since joining the agency [provider] and although I'm not very good at names, I remember them saying that if I had any problems at all, all I had to do was call on the number that I've got in my folder [care plan]".

A member of staff we spoke with told us that the registered manager and other senior members of staff were supportive and responded to their personal or professional requests. Another member of care staff said, "I love it [working for the provider]. I'm supported very well, if I need anything I only have to ask and they try to help. If the [registered] manager's not around there's always another manager or senior staff to help". Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff we spoke with told us that they felt that they were listened to by the registered manager.

At the time of our inspection there was a registered manager in post. 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. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

A person we spoke with told us, "We [person using the service and relative] have been extremely happy with the service we receive and have to say that all the carers [staff] we have met have been professional, well trained, caring and a delight to spend time with". We saw that quality assurance and audit systems were in place for monitoring service provision. The provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets. We saw that the provider used feedback from people and relatives to develop the service.

The provider informed us of how they worked closely with partner organisations to develop the service they provide. They told us how they attend meetings with the local authority, other service providers and healthcare professionals to identify areas for improvement and aims for social care provision in the future. Staff told us that they understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.