

365 Care Solutions Limited

# 365 Care Solutions Ltd

## Inspection report

Unit 156, Light Box, 111 Power Road  
London  
W4 5PY

Tel: 02083168994

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

365 Care Solutions Ltd provides supported living services to people with a learning disability or autism and people with mental health needs. At the time of our inspection the provider operated 2 of these services, 1 based in the London Borough of Hammersmith & Fulham and 1 in the London Borough of Harrow. Staff provided 24 hour support in each service. 1 was a house where 3 people lived, the other was a house where up to 4 people lived. There were 2 people living there at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Only 2 adults were receiving personal care at the time of our inspection.

### Right Support

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to meet their health needs and worked with other agencies to do so.

Staff aimed to help people have a meaningful everyday life by supporting them to take part in activities at home, in the community and online. People were supported by staff to pursue their interests.

There were infection prevention and control practices arrangements in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; policies and systems in the service supported this.

Staff enabled people to access health and social care support at home and in the community.

### Right Care

Staff had training on how to recognise and respond to safeguarding concerns, but not all staff were clear on how to report and share information appropriately about such concerns. We have made a recommendation about promoting safeguarding adults awareness.

Staff received training on how to support people.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff knew and understood people and responded to their individual needs.

People's support plans reflected their preferences and needs to promote their wellbeing and enjoyment of life.

Staff communicated with people in ways that met their needs.

### Right Culture

The provider operated monitoring processes to ensure people consistently received good quality care and support.

People and those important to them were involved in their care.

The provider had a clear vision for the service based on improving people's quality of life.

People received compassionate and empowering care that was tailored to their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 19 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about promoting safeguarding adults awareness.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 365 Care Solutions Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 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

#### Service and service type

This service provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the service's registered location on 17 November 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the service was registered with us. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and a director. We reviewed a range of records relating to the management of the service including the recruitment records for 5 staff and the care and risk management plans for 1 person.

After our visits we spoke with 4 relatives of people who use the service and 4 professionals who have worked with the service recently. We continued to seek clarification from the provider to validate evidence found. We looked at training, procedures, 3 people's incident records and another person's care and risk management plans, medicines support records and management records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection.
- These arrangements were not always managed in line with Department of Health & Social Care (DHSC) guidance at the time of our inspection as the registered manager said staff were not required to always wear masks when supporting people in their homes. This minimised distress for some people. There were, however, additional measures in place to help the provider identify and minimise the risk of staff spreading COVID-19. For example, staff completed a COVID-19 test and checked their temperatures each time they worked. Some relatives also told us they had observed staff wear personal protective equipment (PPE) when they visited.
- The registered manager told us staff were required to complete a COVID-19 test each time they worked a shift supporting people. While this helped the provider identify and minimise the risk of staff spreading COVID-19, DHSC guidance stated testing of staff without COVID-19 symptoms was not required.
- The registered manager informed us they had not completed any individual or general staff COVID-19 risk assessments to help them determine the PPE needs and safe working practices for staff.
- We raised these issues with the registered manager and signposted them to DHSC guidance so they could make improvements.
- Staff were provided with PPE, such as masks, aprons and gloves, to wear when providing personal care so they could support people safely. Staff were shown how to use this.
- The provider had sufficient stocks of PPE to meet ongoing requirements and cope with a short-term disruption in supplies.
- We were assured that the provider's infection prevention and control policy was up to date.

### Using medicines safely

- The provider had processes in place to support people to take their prescribed medicines.
- Staff used medicines administrations records (MARs) to record when they supported people to take their prescribed medicines. There were protocols in place for supporting people to take 'when required' medicines, such as for pain relief.
- Staff had completed training on how to administer medicines to people safely and the provider had assessed their competency to do so.

### Systems and processes to safeguard people from the risk of abuse

- There were processes in place to safeguard people using the service from the risk of abuse. Relatives told us they felt people were safe.
- Staff had completed training on how to recognise and respond to safeguarding concerns. However, a

member of staff was not clear on how to report and share information appropriately about such concerns. We raised this with the registered manager so they could address this.

We recommend that the provider seek and follow best practice guidance on sharing safeguarding adults information and make sure all staff are aware of this.

- The manager and some staff we spoke with knew how to respond to concerns, including 'whistleblowing' to report issues to other agencies. The registered manager promoted staff awareness during regular team meetings and supervisions.

#### Assessing risk, safety monitoring and management

- Notwithstanding the above, the registered manager had assessed other risks to people's safety and well-being. Care and risk management plans considered various topics including support needed to keep people safe when out and about, reducing risks in their home environments, and eating too quickly. Relatives told us people were safe.
- Staff told us how they recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Staff handled some people's money to support them with day-to-day spending. Staff kept records of any expenditures and this accounting was checked at each staffing shift change. This helped to protect people for the risk of financial harm.
- The provider had contingency plans in place to help the service continue in the event of an emergency, such of as significant staff illness or a fire safety emergency.

#### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service. Staff told us they felt there were enough staff and the provider maintained appropriate staffing levels.
- A relative of a person who was new to the service told us they felt staff were building trusting relationships with their family member which meant they felt reassured about the person's support.
- People were able to exercise some choice about who worked with them. For example, when another person first joined the service they would choose only one staff member on a given day who they would consent to supporting them. The provider facilitated this which helped the person settle and then develop relationships of trust with the staff team so that they now they chatted with the staff team and went out into the community regularly.
- Staff recruitment processes promoted issues such as adult safeguarding, responding to people's distress appropriately and providing person-centred care by asking applicants questions about these during their interviews. The provider had completed necessary pre-employment checks so they only offered positions to appropriate applicants.

#### Learning lessons when things go wrong

- The provider had a process in place for recording and responding to incidents or accidents.
- The registered manager maintained records of these that noted what had happened and the actions taken in response to an event and identified lessons learnt from this to inform service.
- A relative told us staff called them when their family member had experienced an incident, such as when becoming frustrated or distressed. This helped them to know what had happened and also support the person to become calm. The relative appreciated this involvement and working with staff to help them understand how best to support the person.



- Professionals told us that incidents were reported to them in a timely manner so they were kept informed about people's experiences and how staff supported them.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training and supervision to help them be competent to support people.
- New staff received an induction when they started and staff had periodic supervisions with a manager. Induction records were not always clear if new staff who did not have a qualification in care already were supported to complete the Care Certificate or an equivalent level of training to promote their competency. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had accessed a range of training courses, such as medicines support, health and safety, and on working with people with a learning disability and autistic people. Staff said their training was helpful.
- Service records indicated that when some people communicated they were very anxious, frustrated or agitated, they had a tendency to strike out at or throw objects at staff with the risk of causing injury. Staff had attended positive behaviour support training to help them support people at such times and to maintain their personal safety.
- Professionals commented that staff responded well to training sessions they attended. For example, one professional told us, "During the trauma-based support training the staff showed a really good insight of [a person] and what [the person] might like and tolerate." Relatives told us they felt staff understood their family members' needs and were competent to support them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service supported people in line with the principles of the MCA.

- We found a person's support plan noted a relative held a Lasting Power of Attorney for them, legal authority to make decisions on behalf of the person as they did not have the mental capacity for this. However, the provider had not obtained evidence of this authority. We discussed this with the registered manager and they said they would address this.
- Staff empowered people to make their own decisions about their care and support and could describe how they supported people with this.
- The provider had identified when a person's agreed support arrangements were a restriction on their freedom and in their best interests and was supporting statutory agencies to apply to the Court of Protection. Professionals we spoke with confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service supported some people who expressed emotional distress when they were feeling anxious or frustrated and there were positive behaviour support plans for this. We found one person's support arrangements included a clear positive behaviour support plan that set out proactive and reactive ways for staff to support the person and de-escalate their anxiety at these times.
- Relatives and professionals told us staff provided positive behaviour support to people effectively in line with their plans and this had led to people experiencing less incidents of distress. This promoted people's well-being. A professional said, "They provide positive behaviour support, the staff are capable and they utilise the guidance given [for this]."
- The provider completed an assessment of a person's needs before or soon after admission to the service. People's families were involved in these assessments. This information was used to inform and develop people's support and risk management plans.
- A professional told us the provider worked with people and their relatives to plan a smooth transition to the service. They described people as being "very much involved" in this process by the staff and registered manager.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Staff supported people with complex needs to eat and drink in a way that met their personal preferences as far as possible and work towards making healthy choices about their food. Staff's consistent approach had helped a person lose weight over time and improve their health.
- People were involved in choosing their food, shopping, and planning their meals. A professional told us they had discussed a person's dietary support with staff and were assured they were offered choices about what they ate and "[the person] has a number of healthy options."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.

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

- The service supported people to meet their day-to-day health needs, including their oral care.
- Staff worked with people and their families to support people to maintain their health, access healthcare services and to attend health checks.
- The service worked with GPs, dentists and other health professionals as part of a multi-disciplinary team. For example, the service supported a person with a 'de-sensitisation programme' so they could visit a healthcare facility gradually and not experience distress. This meant the person could then receive their first health check in a very long time, have an ailment diagnosed and treatment for prescribed. This had a significant impact the person's well-being.
- Professionals told us the service worked in partnership with them to provide timely, joined up care and support to people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received respectful and caring support.
- Relatives told they thought staff were kind and responsive to people and treated them with respect. A relative said their family member's personal care was "excellent". A professional told us a person's care and support was "Very dignified, I have no concerns at all."
- Staff treated people in an equal, inclusive manner. A professional commented, "It's nice to see rather than a paternalistic approach, it is more of a camaraderie." A support worker told us, "We support them in the same way we would like to be looked after if we were in their position."
- The managers and staff we spoke with demonstrated a genuine interest in people's well-being and quality of life.

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

- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to their protected characteristics, such as respecting their cultural or religious preferences.
- People were empowered to make decisions about the service when appropriate and the service worked to accommodate these. Relatives felt confident about providing feedback about people's care and support and that they were listened to.
- Staff supported people to maintain links with those that are important to them, such as their families. A relative told us they were invited to weekly meetings with staff and their family member's social worker.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they helped people to be more independent and promoted opportunities for this. For example, when helping them to prepare meals or when prompting a person with the personal care.
- Staff knew when people needed their space and privacy and respected this. A professional also told us how staff respected a person's independence and how they preferred to spend their time.
- Staff understood how to promote people's dignity when providing personal care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care and support that met their needs and preferences.
- Relatives and professionals told us people's support was personalised and met their needs. A professional said a person's experience of the service "has been a really positive journey." A relative told us, "[Their family member] is so happy – [the person] loves it." Another relative told us staff had adapted their ways of working to meet a person's needs and to encourage them to take part in activities.
- Staff offered choices tailored to individual people using a communication method appropriate to that person, such as sign language and pictures.
- Staff respected and promoted people's cultural and religious preferences. For example, they supported people to choose culturally appropriate food ingredients and to observe days of the week important to their religion. A relative told us they appreciated staff checking with them regularly to ensure they were supporting their family member to observe their religion appropriately.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. For example, staff recognised that meals were a very important part of a person's routine each day and supported them to be assured that their food was exactly when they liked it to be. This helped to reduce the risk of them experiencing emotional distress and promoted their daily well-being.
- People's support plans set out personalised information about their support needs and preferences. For example, their food likes and dislikes, shops they liked to visit and personal grooming products they preferred to use. People's plans were clear about their personal care preferences and routines and how staff should prompt and support them. Staff told us they found the plans helpful in guiding them on how to support people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. This included staff successfully encouraging people to go out and about when they had been reluctant to do this before. A professional also told us that another person liked to go out frequently and staff supported them to do this every day.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People were supported by staff to try new things and to develop their skills, such as cooking and shopping.
- Staff were committed to encouraging people to undertake voluntary work, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. For example, staff had supported a person with a strong interest in wheeled items to gain a position as trolley assistant at a local supermarket.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- Staff we spoke with described how different people communicated and how they used techniques such as using simple sentences, sign language and objects to communicate with them effectively.
- People's support plans set out their communication needs and how staff can meet these effectively. For example, understanding how a person communicated through their behaviour when they could not use words to express themselves, or how asking a person 'yes or no' questions helped them to communicate without causing them distress.

### Improving care quality in response to complaints or concerns

- The provider had systems in place for receiving and responding to complaints and compliments. The manager maintained a record to monitor these so they were resolved and to identify any learning for service improvement.
- Relatives told us they felt comfortable raising any concerns or issues with the registered manager or nominated individual.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems and processes in place to assess and monitor the quality and safety of the service.
- The provider had recently identified the need to have a structured quality assurance system in place to monitor the quality and safety of the service. They had introduced a new monthly audit of the service shortly before the inspection. However, this system had not yet identified and made sure that there were always clear records to demonstrate new staff were supported to complete the Care Certificate or an equivalent level of training so as to promote their competency.
- Staff and relatives told us the registered manager and nominated individual visited the services frequently. This provided them with some insight and overview on how the services were supporting people.
- The registered managers, directors and nominated individual met monthly to discuss the service provision, strategic plans and make improvements.
- Professionals told us the provider worked to improve the services and discussed this with them in regular development meetings. One commented, "They have been forthcoming about the support they think they need."

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers and health practitioners, to help them provide coordinated care and support to people. Some professionals told us they felt the provider could have informed them of changes to people's accommodation in a timelier manner. However, all professionals told us the provider, particularly the registered manager, was responsive to requests for information and proactive in providing them with regular updates about people's well-being.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives, professionals and some staff described a positive culture and clear vision in the service to provide person-centred support that helped people to be more independent and experience good outcomes. A professional told us, "They're quite passionate about ensuring people rights, that their care is [informed by] positive behaviour support and is person-centred."
- Relatives and professionals said people's support had a positive impact on their quality of life. A relative told us their family member was "so happy – [the person] loves it".
- Relatives spoke of the registered manager positively, who they were able to meet when they visited and

who they felt involved them in discussions and meetings about people's care. The management team provided oncall support to staff outside of usual office hours.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had processes in place for responding and apologising to people when things went wrong. The registered manager demonstrated a sound awareness of their duty of candour responsibilities.

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

- People, their relatives and staff had opportunities to be involved in the running of the service.
- Relatives said they felt involved in people's care and support and could contribute to support plan reviews. One relative told us they were "involved in everything."
- The registered manager held regular team meetings with the staff team to discuss the service. Staff said these were constructive and they felt listened to. One support worker commented, "We discuss the care we give, what we really need, what we want to raise."
- The registered manager had conducted formal feedback surveys with relatives and staff which also enabled them to comment on and influence the service. We saw that 90% of staff and all relative respondents were happy with the service.