

Care Solution Bureau CIC

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an announced focused inspection of Care Solutions Bureau CIC on 21 and 22 March 2018. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our last comprehensive inspection on 31 October, 1 and 2 November 2017 had been made. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well led? This is because at our previous comprehensive inspection a continued breach of legal requirements was found. The provider was issued with a warning notice in relation to safe care and treatment. The warning notice asked the provider to make improvements within a limited period of time. We also found a breach of legal requirements in relation to notifiable incidents.

No risks or concerns were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions of safe and well led. At this inspection, we found that the provider had made a number of improvements however these were still in progress in relation to the records for all the people that used the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 240 people in the London Borough of Tower Hamlets. Not everyone using Care Solutions Bureau CIC receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Despite some improvements being made, procedures were not always in place to ensure people received their medicines safely and effectively. Information about people's medicines had been updated and care workers received refresher training and guidance in completing records accurately. However, not all records were being checked to ensure people received their medicines safely.

Improvements had been made to people's risk assessments and there was evidence that people living with specific health conditions were assessed to ensure their safety and welfare. The provider was in the process of updating all of the records for people who used the service.

People told us that they felt safe using the service and staff were confident that any concerns would be investigated and dealt with. The provider had taken action since the last inspection to ensure staff followed policies and procedures.

The provider had a robust recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care.

People using the service and their relatives told us that the service was well managed and spoke positively about the level of care and support they received.

Improvements had been made and the provider was now meeting their legal obligations to inform the CQC of notifiable incidents. Statutory notifications had been received, recorded and followed up appropriately with the relevant health and social care professionals.

There was evidence of positive action being taken after the last inspection and staff spoke highly of the support they received to make the necessary improvements. Systems to monitor the quality of the service were in place however were still in the process of being fully implemented.

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 not always safe.

Despite some improvements being made, procedures were not always in place to ensure people received their medicines safely and effectively.

Risk assessments had been updated with more detailed information provided and guidance for staff to follow. The provider was in the process of updating all of the records for people who used the service.

The provider continued to ensure safe recruitment procedures were followed and there were sufficient staff to meet people's needs.

We were unable to change the rating for this key question as although some improvements had been made, the provider was still in the process of completing the necessary improvements and we need to see evidence of sustained improvement over time. We will check this again during our next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was not always safe.

Despite some improvements being made and evidence of action being taken after the last inspection, systems to monitor the quality of the service were still in the process of being fully implemented.

People using the service and their relatives told us that the service was well managed and spoke positively about the level of care and support they received.

Staff felt that improvements had been made since the last inspection and spoke positively about the support they received from management.

We were unable to change the rating for this key question as although some improvements had been made, the provider was

Requires Improvement ●

still in the process of completing the necessary improvements and we need to see evidence of sustained improvement over time. We will check this again during our next comprehensive inspection.

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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 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 21 and 22 March 2018 and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

The inspection was carried out by one inspector. Inspection activity started on 21 March and ended on 4 April 2018. We visited the office location on 21 and 22 March 2018 to see the registered manager, office staff and to review care records and policies and procedures. Following the site visit we made calls to people who used the service, their relatives, care workers and health and social care professionals.

Before the inspection we reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. In addition to this we reviewed the action plans that the provider submitted after the last inspection to tell us how they were going to make improvements. We also spoke with the local authority commissioning and contract monitoring teams and used their feedback to inform our planning.

We called 13 people using the service and managed to speak with six of them and four relatives. We also spoke with 11 staff members. This included the registered manager, the director, two risk assessors, the quality assurance manager, a care coordinator and five care workers. We looked at 12 people's care plans, eight staff recruitment files and audits and records related to the management of the service.

Following the inspection we spoke with three health and social care professionals who worked with people using the service for their views and feedback.

Is the service safe?

Our findings

At our last comprehensive inspection on October 31, 1 and 2 November 2017 we found that people's safety was at risk. Where risks were identified, risk assessments did not have sufficient guidance for staff to minimise and mitigate the risk to people using the service. Where people were supported with their medicines, their records were not always clear as to what support they received and were not being checked to ensure they received them safely. We issued a warning notice to the provider asking them to make improvements by 30 January 2018.

During this inspection we found that improvements had been made but work was still in progress to update records for all the people that used the service. At the last inspection they were providing support to 160 people. At this inspection they were supporting 240 people as they had received a further 80 transferred packages of care from the local authority.

Since the previous inspection, the provider had implemented a new care plan and risk assessment and was in the process of reviewing and updating each person's records to the new format. The registered manager told us that approximately 50 people's records had been updated and they had scheduled to complete all of them by the end of June, beginning of July 2018. Two risk assessors had been recruited and were responsible for meeting people and updating their records. We spoke with both of them and they understood their role and the importance of identifying risk and providing guidance for care workers to follow. One of them said, "They are now much more detailed and person centred and we get as much information as possible about people's needs and how to support them."

We reviewed the care plans for all the people we had found issues with at the last inspection and had highlighted the concerns in the warning notice. The provider had updated these records as a matter of priority and we saw that all of the shortfalls of the previous inspection had been followed up and updated in clear and concise detail. A new section called 'My safety' had been introduced which highlighted areas of risk and what staff needed to do to keep people safe. Potential risk factors that were identified related to people's mobility, medicines, physical health, skin integrity, nutrition and finances. An updated environmental assessment had also been completed and we saw a fire risk assessment was now in place. One care worker said, "I have seen a difference with the new care plans. They ask us about the risks and feel they do a fuller assessment."

For people with limited mobility, there was much more detailed guidance about the support that was needed to minimise the risk of people having a fall. Moving and handling assessments had been completed including guidance and instructions to follow in the event of a fall. For one person, there was information for care workers about where to leave drinks and snacks at the end of the visit to minimise the risk of the person having a fall while they were home alone. For people at risk of developing pressure sores, information was provided for care workers including a body map of areas that were identified at risk of possible skin breakdown and what to do if they noticed any concerns. Improvements were also seen in how nutritional risks were managed and recorded. People with diabetes had more detailed information since the last inspection and we saw the provider had arranged diabetes awareness training for staff. Care plans reminded

staff to be aware of the signs and symptoms of high/low blood sugar levels but did not list the specific symptoms to look out for. The registered manager said that it had been discussed in training but added they would include a list in people's records to assist staff in recognising any concerns.

Where people were supported with their medicines, we saw that improvements had been made in how they had been recorded in people's files. Information had been included to show who was responsible for collecting and ordering people's medicines, along with the level of support required and if relatives were involved. Lists of people's medicines were recorded along with the dose, including if they were supported with the use of topical creams.

Staff had received refresher training in medicines and care workers we spoke with had a good understanding of their responsibilities when supporting people. One care worker said, "The training was thorough and they have given us an in depth view of what we need to do. It has helped in our day to day work." Care workers told us that this had been covered in detail since the last inspection and they had also received one to one supervision on how to complete medicine administration records (MARs) accurately. One care worker said, "They have been very concerned about this area and they are always checking that we are doing it correctly. They give us feedback so that we can improve."

Eight people of the 12 files we reviewed were being supported with their medicines and we reviewed a sample of MARs for each of them. The provider had implemented new MAR sheets which were produced monthly. They also included specific instructions about how some medicines had to be taken. For example, one person's record highlighted a medicine needed to be dissolved in water. Even though all of the records had been returned to the office, none of the records we reviewed had been checked for errors. The level of recording had improved since the last inspection but we found errors that had not been picked up. For example, two people's MARs for February 2018 had been completed and signed for up to 31 days, despite there only being 28 days for the month. When medicines were not taken, the MAR sheet highlighted that care workers should record the reason in the comments sheet on the back of the chart, but this was not being done. For another person, there were four gaps in the MAR that had no explanation as to why they had not been taken.

We discussed these findings with the registered manager who explained that at present they were only auditing a sample when they were returned to the office and acknowledged the issues that we had found had not been picked up. They showed us their sample audit which highlighted similar findings and saw they had been followed up appropriately with the care workers involved. On the second day of the inspection the registered manager explained that they had highlighted these findings with the staff team and would start to check all MAR charts on a monthly basis when they were returned with people's daily logs straight away.

Staff we spoke with had a good understanding of their responsibilities and understood the types of abuse people could be at risk of and what they would do if they had any concerns. One care worker said, "As we are the ones going into people's homes, we need to notify the office about any concerns we have. They are always reminding us about reporting and recording everything." We saw improvements had been made to ensure that staff followed policies and procedures. One person said, "She's never taken a thing when I've offered her a gift, they follow the company rules and stick to them I think." For one person who had been at risk of financial abuse, we saw that the care worker had raised concerns and a management plan was now in place. The registered manager had worked closely with the local authority and we saw that investigations had been carried out. All of the staff we spoke with were confident that any concerns reported would be dealt with immediately by the registered manager. We also saw correspondence that showed the registered manager had followed up safeguarding concerns with more senior health and social care professionals when they felt their initial concerns had not been addressed. We saw this had resulted in a positive outcome

for a person.

The provider continued to have safe recruitment procedures in place. The files we looked through were consistent and all Disclosure and Barring Service (DBS) checks for staff had been completed in the last three years. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. Appropriate references were in place and photographic proof of identity had been checked and signed that the original document had been seen. We saw that newly recruited staff were office based until checks had been completed. Interview assessment forms were in place which showed that the provider had assessed the suitability of staff they employed.

People who used the service and their relatives told us that they were generally happy with the continuity of care and time keeping was not an issue. Comments from people included, "They come on time and also let me know if they are ever running late", "She's never late and stays the full visit" and "They are prompt, I'm happy with them." Care workers told us their rotas were scheduled to allow time to get to calls. One care worker said, "All of my regular clients are in the same area, it has been arranged like that which is very convenient. I have no problem with time between visits." The office team were responsible for covering the out of hours' service and were available 24 hours a day, seven days a week. Electronic call monitoring (ECM) was not being used at the time of the inspection and the service was still waiting to go live with authorisation from the local authority. The registered manager was aware that for a service of this size it was important to have ECM in place so they could always be fully reassured that visits were taking place. They added, "We have identified our high risk clients and until ECM is put in place we make sure that there is regular monitoring of the service."

There were procedures in place for the reporting of any accidents and incidents. We saw that staff recorded what had happened and what action had been taken. We saw health and social care professionals involved in people's care had also been notified, with correspondence to show when incidents had been reported they were followed up by the provider. One care worker told us group meetings were held to sit down and discuss any issues they had and it was a good opportunity to share best practice. Another care worker said, "The meetings give us an opportunity to discuss errors and learn from them. They are always giving us reminders about this."

We saw that staff were reminded of their responsibilities to ensure infection control procedures were followed. All care plans recorded the importance of following guidelines and highlighted that personal protective equipment (PPE), such as gloves and aprons needed to be worn when supporting people with personal care or when preparing food. The use of PPE was also discussed with care workers during supervision.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. Our records showed he had been formally registered with the Care Quality Commission (CQC) in April 2017. He was present each day and assisted with the inspection, along with the director and office team.

At our last comprehensive inspection on October 31, 1 and 2 November 2018 we found a breach of requirements relating to notifiable incidents. We found evidence of two safeguarding incidents that had not been notified to us, which should have been. The provider sent us in an action plan after the inspection and told us how they were going to meet the legal requirements.

During this inspection we found that improvements had been made and the provider was now meeting this regulation.

The registered manager had acknowledged that the two incidents that had not been notified at the last inspection were an oversight and the issue had been discussed after the inspection. The registered manager told us that monthly quality assurance meetings had been implemented to ensure that any significant incidents were discussed and notified accordingly. We reviewed three further statutory notifications that had been submitted since the last inspection. We saw they had been logged and an investigation had been carried out, with the necessary action taken. They had also worked closely with the local authority and other organisations involved and shared relevant information. The registered manager added that he was the safeguarding champion and said, "I can assure you that everything that needs to be notified will be. That will not happen again."

At the last inspection there was not an effective system in place to check the records of the care and treatment that people received, which was acknowledged by the provider. At this inspection we saw the provider had been proactive and had taken action and made improvements in how they monitored the quality of the service. However, they were still in the process of being fully implemented.

We saw a team meeting had been held directly after the last inspection which discussed the feedback that had been given and action points that needed to be addressed. Key points focused on risk assessments and how people's medicines were recorded and monitored. A meeting for care workers was held where areas of concern were highlighted, but also thanked them for the positive feedback that had been received. Discussion points focused on the importance of recording and completing daily logs and medicine administration record (MAR) charts to promote a safe service. The provider had also received help from an external consultant to support them in making the necessary improvements. Staff spoke positively about the training and support that had been provided and felt it had had a positive impact on the service. Comments included, "We have frequent contact with [the external consultant] and we can get in touch if we are unsure and need any advice" and "The training on carrying out the risk assessments was great. He was honest and if we weren't doing it right, he'd tell us but would give feedback on where we needed to improve." We spoke with the consultant who told us that the whole staff team had taken their advice on board and implemented the changes and were embracing a new way of working.

For all the files we reviewed we saw that people's daily logs were being returned on a more regular basis and a daily log audit report had been implemented. Issues and concerns that had been identified through the monthly audit had been followed up with the relevant staff. We saw that care workers had been invited in for supervision and refresher training, issues were discussed in meetings and regular memos were distributed to remind care workers about their recording responsibilities. Daily logs for one person showed an improvement in the detail of recording after issues had been highlighted and discussed with the care worker. A daily log audit for another person showed that no improvement had been made since the previous monthly audit and care workers had been invited in to discuss the issues. The quality assurance manager said, "We discuss the issues as it might be about their understanding. We aim to give as much support and training as possible and give examples of best practice." One care worker said, "It has made a massive difference in how we operate and that we know it has to be done the right way."

This had also been implemented for people's MAR charts. However, at the time of the inspection none of the people's MARs from the files we reviewed had been checked so the provider had not identified the issues that we had found. The registered manager told us that they would start to audit each person's MAR chart along with their daily logs, rather than just auditing a sample. They added, "We'll speak with the medicines champion and the team as it would be better to do it individually." We spoke with the care coordinator who was the medicines champion who explained that at present they would check a sample of records, either 20 or 50, depending on how many had been returned. We looked at the audits for the past two months and saw action had been taken with any issues that had been identified. They added, "We are getting there and it is becoming much more consistent. There has been an improvement and we are still in the process of making sure the MAR charts are brought back every month." We saw correspondence that confirmed messages were sent out to all care workers at the beginning and end of each month about completing records accurately and returning them to the office. One care worker said, "They have given us one to one supervision about the MAR charts and if it isn't done correctly then they correct us and give us feedback so that we can improve."

The director and the registered manager explained that they had worked hard to make all the necessary improvements but had been somewhat challenged due to the further increase in size of the service since the last inspection. They highlighted that the quality assurance meetings that had been implemented to discuss the findings of the monthly audits and given them a better oversight of the service they provided as they could identify any issues and trends of poor practice. Minutes from the most recent meeting held on 15 March 2018 showed that 69 MAR charts and 50 daily logs had been audited. New staff had been recruited to increase the number of spot checks that were being carried out. Records of spot checks showed people were happy with the service and any issues identified were followed up. Telephone monitoring was also in place to monitor the quality of service. One person said, "They've called and they've visited and I can give my thoughts on the service. I'm happy and can let them know if I've got any queries." A member of staff said, "These improvements that have been put in place makes sure that people's safety is at the forefront of everything." The registered manager said that he was extremely proud of all of the staff for the work they were doing and they had been nothing short of "amazing".

People using the service and their relatives continued to speak positively about how the service was managed and the support they received. Comments included, "I am very happy at the moment and they are competent as they do contact me. I haven't had to call as there have been no concerns", "They are good if you ring up and they always get back to me so I'm happy with the care I receive" and "They are nice, they do look after me." One relative told us that they felt the office was well organised and would be updated if there were any concerns. They added, "We have regular meetings to find out about the service, I'm comfortable with them and overall am happy with the service."

All of the staff we spoke with told us they felt well supported in their roles and felt there had been a strong emphasis on improvement since the last inspection. Comments included, "[The registered manager], is doing his best and has done so much since the last inspection", "I certainly feel that there has been an improvement. There is a lot more feedback and we are much more involved which makes me feel part of the organisation", "It has been very helpful with them giving us lots of reminders. I'm happy with this" and "The support I receive is wonderful. There is no reason for me to leave. They take information on and I feel I get listened to." Staff also spoke positively about the support they received from the registered manager. One care worker said, "He is excellent and I'm very comfortable approaching them with anything." Another care worker told us during a period of recent bad weather the registered manager had helped to cover calls and had loaned people portable heaters. They added, "He even helped out over Christmas with transport as we couldn't use public transport." Even though they were happy working at the service and felt supported, two staff members told us they thought that some areas of communication could be improved.

At the time of the inspection the director told us that their annual survey had just recently been sent out as they had been waiting for the completion of all of the local authority transfer of packages. We had seen a copy of the survey at the last inspection which had 11 questions for people to answer about the care they received with an opportunity to provide additional comments about how the service could be improved. One person said, "I got the survey last week. I can send it back or give it to the carer to take to the office." We saw a suggestions box for staff had been introduced where they could provide feedback anonymously. This action had been taken after advice from the local authority contract monitoring visit in January 2018.