

Care Solutions Liverpool Ltd

Care Solutions (Liverpool)

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Care Solutions (Liverpool) is a care agency providing care to people in their own homes. They provide care to approximately 80 people and are registered to provide care to people with dementia, older people, people with a physical disability, people with a sensory impairment and younger adults.

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.

People's experience of using this service and what we found

People were kept safe, one person told us, "I feel safe with their care." Staff could easily access people's care plans and knew who to speak to if they had concerns. Most people had their care delivered on time and for the right amount of time.

People were supported by staff that received good inductions and training. People told us staff understood their needs and they saw new staff shadowing more experienced staff.

People were supported by staff that were kind and caring. People told us that staff were friendly and took the time to chat. One person told us, "I trust the staff, they know me well."

People's concerns and complaints were listened to. We spoke to one person who had complained to the service and found that improvements were made; they said, "It is now a good support for us all." People received care that was personalised to them, we saw that care plans were focussed on people's needs, likes and dislikes.

People received a service that had systems in place to deliver good quality and person-centred care. At times there were some gaps around the governance of the service although the provider and manager were aware and put things in place to improve.

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; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 2 July 2020 and this is the first inspection.

We have made a recommendation about the provider making sure they meet their statutory obligations. Please find more details at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care Solutions (Liverpool)

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 Care Act 2014.

Inspection team

The inspection was undertaken 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service does not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people including people who used the service and their relatives, about their experience of the care provided. We spoke with 10 members of staff including the provider, manager, office staff and care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to safeguard people from the risk of abuse.
- We saw an up to date and detailed safeguarding policy.
- Staff received safeguarding training and could describe what they would do if they had concerns.
- Office staff checked the electronic call monitoring system throughout the day and rang care staff if it showed a call had not been logged. This meant the risk of missed calls were reduced.

Assessing risk, safety monitoring and management

- The service assessed risk and had systems in place to manage.
- Managers assessed risks to service users and provided support accordingly. For example, whether people required help with taking medication at specific times.
- Senior staff undertook environmental risk assessments and checked that people's equipment had up to date services and electrical safety testing.
- We looked at five sets of care plans and daily notes and found these to be accurate and legible. Senior staff conducted care plan audits regularly.

Staffing and recruitment

- Managers completed rotas two weeks in advance and sent them to staff via an electronic app.
- Managers planned care 'runs' to make sure staff had enough time to complete their rota and reduced travel time in between calls. We observed call time logs for four people across a two-week period and found that people received their prearranged call times most of the time.
- We checked five staff recruitment files and saw that the service had safe recruitment practices.

Using medicines safely

- The service had a medicines policy and provided training to staff.
- Managers audited medication records and identified themes such as missed signatures.
- There were processes in place for people that received covert medicines and we saw an example where this had been agreed by the GP.

Preventing and controlling infection

- We saw an up to date infection prevention and control policy.
- The service provided training to staff and all staff were up to date.
- The service provided enough PPE to staff, both staff and relatives confirmed they wore PPE during their calls.

- Managers monitored Covid-19 testing of staff and we saw that checklists had been completed.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses.
- Managers conducted audits and identified themes and lessons learned.
- Managers made changes and action taken when mistakes were made. For example, changes were made to the recruitment process following an incident of concern.

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.

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

- People's needs were holistically assessed.
- The service used technology to help meet people's needs. For example, the electronic call monitoring system. Also, the service used electronic care plans so staff could view people's care plans via an app.

Staff support: induction, training, skills and experience

- We saw that all staff were up to date with their training.
- Where necessary staff received further training if they cared for people with extra needs, such as use of a peg feeding tube. Managers ensured that only staff with these skills were assigned.
- Staff received an induction and could shadow more experienced colleagues when they first started the job.

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

- Staff supported people to eat and drink where this was an assessed need.
- Staff could receive extra training for example to use a peg feeding tube.

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

- Staff provided holistic care to people.
- Staff worked with other agencies such as commissioners, social workers and district nurses.
- Staff and managers made referrals to external agencies to support people's health and wellbeing.

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 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.

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.

- Staff understood the principles of the MCA.
- Staff could give examples of seeking further advice for people they had concerns about fluctuating capacity.
- The service provided MCA training to staff, and staff were up to date.

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 told us that the staff treated them well and knew their likes and dislikes.
- One person told us that staff looked service users in the eye and explained what they were doing during care.

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

- People and their relatives told us that they were involved in putting together their care plans and could choose preferences for example the gender of care staff.
- We found that staff knew people's preferences, likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity

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

- Care plans reflected holistic needs of the people supported.
- The service was moving towards a new system which recorded people's care plans electronically via an app. Some people told us they liked this, and some people said there were teething problems with the transition over.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service gave us examples of where they have assisted people, such as use of different coloured card and flash cards. These make it easier for people with dyslexia or other sensory impairments to read and/or communicate using pictures.
- The provider has arranged for interpreters to support people where English is not their first language.

Improving care quality in response to complaints or concerns

- The service had a system to track complaints and a complaints policy.
- We looked at the most recent complaints and found these had been responded to timely and as per the policy.
- We contacted people that had previously complained and found changes were made and people were more satisfied.

End of life care and support

- The service did not provide end of life care and support.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Previously the provider did not raise a safeguarding alert with the local authority or notify CQC of an incident of concern. We discussed this during the inspection and found changes had been made.

We recommend the provider make sure they are aware of their statutory responsibilities and continue to audit whether processes are being followed.

- Managers undertook quality performance and acted when required. Senior staff completed spot checks on site and addressed issues through supervisions.
- The provider used an external company that completed reviews of the service every six months.

At the time of the inspection there was no registered manager, however an application was in progress.

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

- We found that although the provider understood the concept of duty of candour, they had previously failed to notify organisations following a concern.
- We saw that staff and managers contacted people if mistakes were made, investigated and apologised.

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

- The provider promoted a positive culture for staff and people that used the service.
- All staff we talked to spoke highly of the service and were happy in their role. Staff visited the office on an informal basis regularly.
- Many people that used their service and their relatives provided positive feedback.

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

- The provider understood the importance of engaging well with users of the service, and staff.
- The managers sent a recognition email each month with a monetary reward and arranged employee of the month.
- The provider arranged coffee mornings for service users and their relatives and engaged with their local

community through charity work and raising funds.

Continuous learning and improving care

- The provider used feedback from people that used the service, and staff to improve care.
- The provider used information from incidents and investigations to make changes and improve, for example, improvements to the recruitment process.

Working in partnership with others

- The provider worked in partnership with others such as clinical commissioning groups and the local authority.