

Anikacare Limited

Walfinch Solihull

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Walfinch Solihull is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 6 people using the service. They support older people and those living with dementia, physical disabilities and sensory impairments.

People's experience of the service and what we found:

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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Risks to people were not always well managed which meant risk of harm to people had not always been considered. There was no evidence that people had been harmed. There was evidence to demonstrate people had been supported with things which were important to them such as their interests, and staff knew people well. Medicines were not always well managed, this included lack of robust information for staff to follow in relation to 'as required' medicines.

People were supported to live in their own homes. There were adequate numbers of staff to support people.

Right Care

People's care plans and risk assessments did not always provide robust guidance for staff to follow in relation to people's known health needs. This included how to support people with distressed behaviours to minimise the risks to themselves and staff. This meant people could be placed at risk as staff may not have information in relation to how known health conditions impact on people's needs, wishes and abilities. However, there was no evidence to demonstrate people had been harmed. People were supported and encouraged, promoting their independence.

There was a stable team of staff who knew people's needs and were kind and caring.

Right Culture

The registered manager told us how they had communicated with staff and people using the service to ensure the culture within the service was open and inclusive.

People were not consistently supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider had systems in place to monitor the quality and safety within the service. However, these needed some improvement as they had not highlighted some of the issues we found. For example, concerns about the lack of care plans and risk assessments for people's known health conditions, a staff member being logged into two calls at the same time and lack of guidance for staff to follow in relation to 'as required' medicines. Where the provider's systems had highlighted concerns, the systems in place to action and follow up on these were not robust and did not evidence appropriate actions had been taken.

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

Rating

The service was registered with us on 17 November 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.

Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Walfinch Solihull

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 team consisted of 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

The inspection was announced. We gave the service 24 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.

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 also contacted the local authority who commission services with the provider.

During the inspection

Inspection activity started on 29 November 2023 and ended on 06 December 2023. We visited the service on 30 November 2023, which was announced, as agreed in advance with the registered manager.

We spoke with 2 people who used the service and 3 relatives about their experience of the care provided.

We spoke with 6 staff members which included the registered manager, nominated individual and care staff.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents and records for 4 people, this included care plans, risk assessments, daily notes, and medicine records. We looked at 2 staff recruitment files and training records. We also looked at records, systems and processes related to the management and quality assurance of the service.

After the inspection

We continued to review information which the registered manager and provider shared with us.

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 service since they registered with CQC. They have been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not robustly assess risks to ensure people were supported safely.
- People did not always have appropriate care plans in place to correspond with their known risks. For example, people with known health conditions such as; diabetes or Parkinson's disease did not have personalised care plans to ensure staff had clear guidance to follow about the impact these health conditions had on the person, how to recognise deteriorating health and appropriate actions to take.
- This meant people were placed at risk of their known health conditions not being managed safely.

At this inspection we found the provider had failed to robustly implement care plans and risk assessments for people's known health conditions. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found that although health condition care plans were not robust, staff members we spoke with clearly knew people well. This included people's individual assessed needs and wishes. This meant people received appropriate care and support but there was a risk to people due to the lack of guidance.
- We found no evidence that people using the service had been harmed due to this lack of guidance.
- During the inspection, the provider told us how they would address these shortfalls and added these improvements to their action plan to start addressing the lack of guidance for staff to follow.

Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- For people who had 'as required' medicines prescribed and those purchased from the pharmacy, we saw that the protocols in place did not provide staff with clear guidance on the safe use of these. The provider failed to follow their own policies in regard to 'as required medicines' which had the potential to lead to giving too much or too little medicines.
- Some guidance for medicines added to the electronic Medication Administration Records (MARs) was not clear when to use or had not been added at all. This meant it was not possible for staff to see when they should use these or record on the MAR chart when they had used such medicines. Staff told us they would record this in their daily notes that it was administered, in such cases. This was not a safe and robust system when administering medicines.

At this inspection we found the provider had failed to implement clear and effective guidance for staff to follow for 'as required' medicines and ensure Medication Administration Records included all medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- People told us they were happy with how their medicines were managed and we found no evidence that people had been harmed due to this lack of guidance.
- We saw records to demonstrate members of the care team were applying people's cream, as prescribed to reduce the risk of deterioration of their skin.
- The registered manager told us how they would address these shortfalls and added these improvements to their action plan to start addressing the lack of guidance for staff to follow.

Preventing and controlling infection

- People were not consistently protected from the risk of infection due to the lack of robust care plans and risk assessments to ensure staff were following safe infection prevention and control practices. For example, for a person who required continence aids there was not a detailed care plan in place to ensure aids were applied correctly and safely.
- We found systems and processes were not robust for identifying and actioning safe infection prevention and control practices (IPC).
- Records demonstrated and staff told us they had received IPC training and could tell us safe practices.
- The registered manager carried out un-announced spot checks to ensure staff were adhering to the correct and safe use and disposal of Personal Protective Equipment (PPE).

Staffing and recruitment

- We saw that new staff received a Disclosure and Barring Service (DBS) check and overall suitable references were obtained prior to commencing employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We looked at 2 staff files and found their written references were only obtained after they had commenced employment. The registered manager told us they obtained verbal references following the interview. However, they did not have any evidence to support this and acknowledged that they would change this practice and obtain written references prior to staff commencing employment.
- The provider ensured there were sufficient numbers of suitable staff. Documents demonstrated and people told us they were supported at consistent times and staff had the opportunity to spend time with people. However, one person told us she felt some calls were rushed as staff wanted to 'get the bus in time'.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People and their relatives told us they felt safe. One relative told us, "I 100% feel [Name] is safe with the carers. It is not just a job for them it is a vocation."
- The provider had ensured staff members had received training in safe processes to support people and meet their known needs.
- Records demonstrated the registered manager had implemented systems to monitor safeguarding incidents, to ensure they reported any safeguarding concerns to the local authority and CQC.
- Records confirmed and staff told us they had received training in relation to safeguarding people from abuse. Staff were able to tell us what action they would take should they have any safeguarding concerns.

Learning lessons when things go wrong

- During the inspection the provider demonstrated they had learnt lessons from our findings. Although they had identified some lessons learnt prior to the inspection, due to the lack of audits, this was not robust.

- Systems were in place to record accidents and incidents and the registered manager told us they would analyse as they occurred, to identify trends and themes, to mitigate future risks.
- Incidents which occurred or where complaints were received, were discussed with the people and their relatives, and shared with staff to help reduce the risks of similar incidents occurring.

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 of this service since they registered with CQC. They have been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not always ensure the service worked effectively within and across organisations to deliver effective care, support, and treatment. For example, for one person who had distressed responses when staff were providing support, this was referred to by the register manager as 'normal'. They had not explored additional support from other agencies to reduce such responses in a timely way.
- The relative of this person felt that more could be done to reduce the impact on their loved one by seeking more support to reduce these distressed responses, improving the overall experience. Although the relative told us they were very happy with the support their loved one received from the staff.
- We did see evidence of the registered manager working with other professionals such as the GP, Occupational Therapy and Speech and Language Therapy.
- Staff told us they knew what to do if they had concerns about a person's health or if there was a medical emergency. Records demonstrated staff followed correct protocols when a person became unwell and promptly called the emergency services.

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.
- The provider was not always compliant with the MCA. For people who were unable to make their own choices and decisions, the provider had not obtained evidence, that those making decisions on their behalf had the necessary legal authority to do so. This meant the provider could not assure themselves people were being supported in the least restrictive way and decisions were not being made on their behalf inappropriately.
- Based on our inspection findings and discussions with the provider and registered manager, we had concerns in relation to their understanding and application of the MCA. We found the required principles of

the MCA were not consistently applied. Decision specific mental capacity assessment had not been carried out.

- Whilst we found no evidence that people were being unlawfully restricted or were having inappropriate decisions made on their behalf, the provider failed to ensure correct procedures were always followed.
- People and relatives consistently told us they had been consulted and involved in developing their care plans. They also told us they had been given the opportunity to read and consent to the information made available to staff members.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.

- People's needs were assessed and overall, people received care to meet their assessed needs.
- People and relatives told us they had been involved in care reviews. A relative told us, "Dad was at the initial meeting and we talked about his needs. I have reviewed the care plan they wrote and they [Registered manager] sent it for me to read and sign. It is currently meeting Dad's needs."
- Care plans and risk assessments were updated every 3 months and reviewed, to ensure they reflected any changes to the support people required.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff members told us they had received appropriate training and could tell us how they supported people. However, we discussed with the provider some poor terminology used to describe people's health needs. The provider told us they would seek additional training.
- We received feedback from people and relatives we spoke with, who were satisfied with the level of skill demonstrated by the staff. One relative told us, "I feel the staff are well trained and I am confident they support [Name] safely."
- Competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way or if there were any areas for development needed.
- Staff told us when they first started working at the service, they received an induction. The training was in line with the Care Certificate. 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 told us and records demonstrated they received supervision and changes within the service were communicated with staff. Staff told us they felt supported by the registered manager.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People who required specialised diets had this information recorded in their care plans. Staff we spoke with could tell us about people's dietary requirements.
- Overall people told us they were happy with the support they received with preparing meals and drinks.

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 of this service since they registered with CQC. They have been rated Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were well supported, and their privacy, dignity and independence were respected and promoted.
- Although care plans and risk assessments in place did not always include clear guidance for care staff to follow in regard to health conditions, staff knew people well.
- People and relatives told us staff treated them well, were kind and caring and respected them and their homes.
 - When speaking to people and their relatives they told us how kind and caring staff were. One person told us, "They [staff] are good I have no complaints." A relative told us, "The main carer that comes to support [Name] is very good and she really cares."
 - People told us they were comfortable and relaxed around staff members and were confident if they made specific requests, these would be responded to.
 - Relatives we spoke with told us they felt people were supported to help promote their independence and were encouraged to make decisions, no matter how small.

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

- People were supported to express their views and make decisions about their care.
- There was evidence to demonstrate people's views were considered and this was used to help record and form the care and support they wanted. This included changing the times of the support visits when people had appointments or other social events to attend.
- People and their loved ones were actively involved in care reviews, during which they had the opportunity to share their views.
- Meetings were held every 3 months, and people and relatives spoke positively about these and knew they could raise their views or concerns at any time.

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 of this service since they registered with CQC. They have been rated Good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences.
- All people and relatives we spoke with told us they had been involved in a care review and had the opportunity to discuss their loved one's care. They found this valuable and were able to contribute to their care and support plans.
- The registered manager had a system in place to ensure the care reviews took place every 3 months or sooner if required should the person's needs change. This meant that any changes in needs could be captured, and an updated care plan could be completed. People and their loved ones were involved in the care reviews.
- The registered manager also visited people's homes every 3 months to ensure staff were following the person's care plan, meeting the person's preferences, when providing support.
- We saw information about people's preferences and personal histories were included in their care plans. This meant staff had information of help them get to know the person and how they liked to be supported.
- People and their relatives told us the staff offered them choices when they were providing support.

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 provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported.
- For people who had difficulty communicating their care plan advised staff to communicate with simple words and sentences. Their care plan also provided staff with key words which the person would use and what this meant the person wanted.
- Staff we spoke with told us how they communicated with people with limited communication and felt confident they knew people's communication needs well.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to.
- People and relatives told us they knew how to raise a complaint if needed and they would speak to the

registered manager or staff members.

- People and relatives, we spoke with felt any concerns they raised were dealt with and responded to. They felt confident the registered manager would act on concerns. One relative told us, "I raised about the inconsistent approach of staff, and this was dealt with and has improved."
- We saw there was a system in place for recording and responding to complaints.
- Complaints were shared with the staff members to help reduce the risk of similar complaints occurring.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- At the time of the inspection there was one person being supported with end of life care.
- We saw people had been consulted when moving into the service in relation to their advanced care plan needs and wishes. This meant when people required end of life care, all the important wishes and needs of people were already known.

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 of this service since they registered with CQC. They have 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;

- The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- The governance system had not been operated effectively and had failed to identify the concerns we found during the inspection.
- Actions had not been taken by the provider to ensure all systems and processes were operated robustly and effectively. For example, we found the systems for the safe handling of medication and implementation of care plans and risk assessments for known health conditions had not been robust. This had the potential to place people at risk of harm.
- Although some audits had taken place by the registered manager, they had failed to identify the required improvements. For example, the shortfalls regarding lack of health care plans and poor 'as required' medicines guidance. The provider could not demonstrate they had oversight of the audits completed by the registered manager to ensure they were being operated robustly.
- These systems in place and audits still required significant improvement. We found no evidence that people had been harmed however, systems in place to monitor and improve the quality of the service were not always effective.

The providers systems, processes and governance were not robust in identifying the concerns we found at this inspection. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 .

- Robust systems were not in place to ensure for people who lacked capacity or had distressed responses when being supported. This included records for decision specific MCA assessments and best interest decisions.
- The provider and registered manager lacked some knowledge in relation to applying the MCA but they told us they would immediately address this and seek further training.
- Although staff knew people well and how to meet their needs, this was not always supported by the records. The provider's systems did not identify these shortfalls in staff members' daily records.
- For example; for 1 person who required specific communication methods, their records did not reflect this support had taken place. Staff members and the registered manager assured us such support had taken place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had created a learning culture at the service however, the systems they operated did not robustly identify where improvements were required to impact positively on people care. In addition, they did not reflect on positive outcomes and share these with staff to help drive improvement for all people using the service.
- We saw evidence feedback from people had been sought via questionnaires. People were positive about the service they received.
- People and relatives told us they understood how to contact the office to discuss concerns and told us that communication was good.
- Staff told us the training they received had prepared them for their roles and had access to the on-line training should they feel they needed to refresh their knowledge.
- The provider was receptive to our inspection feedback and told us how they wanted to improve the service. They demonstrated they had taken on board our findings and shared some of the improved documentation and systems they implemented during the inspection.

Working in partnership with others

- The provider told us they understood they needed to work in partnership with and share information with other agencies, including the local authority and community health and social care professionals, to ensure people received joined-up care.
- We found the provider had failed to apply this practice in the best interests of people when making decisions about the support they required. However, we saw other evidence that the registered manager sought guidance and advice, working with external agencies to provide good care.
- The staff told us how they would report concerns to escalate such referrals to other health professionals.

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 understood their responsibilities under the duty of candour.
- The registered manager was aware of their responsibilities including those under the duty of candour. Statutory notifications [notices registered providers must send to notify CQC about certain changes, events and incidents that affect their service or the people who use it] had been submitted to the CQC promptly.
- The registered manager recognised that further improvements were needed and demonstrated a willingness to listen and improve by making some changes and acting on areas of concern we identified.
- Staff understood their roles and were clear about when and how to raise concerns.
- There was a procedure for dealing with complaints and serious incidents. We saw evidence when things went wrong these were discussed with the staff team to allow reflection to help reduce the risk of recurring themes.

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

- There was a positive and open culture at the service although the provider did not always have effective systems to provide person-centred care that achieved good outcomes for people.
- Whilst there were still improvements required, which were acknowledged by the registered manager and the provider, people and relatives were overall very happy with the care and support they received.
- People and relatives knew how to raise concerns and felt confident any issues would be addressed. Staff felt supported in their role and described the management team as approachable.
- People and relatives consistently told us they had been involved in care reviews and staff competency checks were completed to confirm staff were working in line with their expectations.

- We saw evidence monitoring calls were made at people's homes to obtain feedback on how well staff were meeting their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>At this inspection we found the provider had failed to;</p> <ol style="list-style-type: none">1. Robustly implement care plans and risk assessments for peoples known health conditions.2. Implement clear and effective guidance for staff to follow for 'as required' medicines and ensure Medication Administration Records included all medicines. <p>This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers systems, processes and governance were not robust in identifying the concerns we found at this inspection. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>