

Solihull Care Limited

# Solihull Care Limited

## 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

Solihull Care Limited is a domiciliary care agency providing personal care to people living in their own homes. Support is provided to older people, younger people, people living with dementia, people with learning disabilities and people with physical disabilities. 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. At the time of our inspection visit 36 people were in receipt of personal care.

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

Governance had improved since our last inspection, but the provider continued not to have effective oversight of the service provided. Action was planned to address this. People and relatives spoke positively about how the service was run. Staff enjoyed their jobs and the registered manager was proud of the service provided.

People felt safe and they remained living in their own homes in line with their wishes. Risk management had improved since our last inspection and procedures were in place to protect people from harm. Staff understood the risks associated with people's care and knew how to keep people safe. Staff were recruited safely, and enough staff were employed to ensure people received all their care calls, from consistent staff at the times agreed.

People and their relatives had confidence in the ability of staff to deliver care effectively. People received personalised care from staff who knew them well. People received their medicines when they needed them.

People were encouraged to remain independent. People's care and support was provided in a dignified way by respectful staff.

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.

People's needs had been assessed before they started using the service and people and those closest to them were involved in planning and agreeing to their care. Overall, care plans contained detailed information to help staff provide personalised care.

The management team and staff worked in partnership with health and social care professionals to ensure people received effective care. Systems were in place to manage and respond to complaints and lessons were learnt when things had gone wrong.

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 and update

The last rating for this service was requires improvement (published 31 October 2018). The registered manager completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# Solihull Care Limited

## 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

Two inspectors and an Expert by Experience undertook this inspection. 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the registered manager short notice of the inspection. This was because we needed to be sure they would be available to support the inspection. Inspection activity started on 25 September and ended on 1 October 2019. We visited the office location on 1 October 2019.

#### What we did before the inspection

We gathered feedback from six people and eight relatives about their experience of the care provided via the telephone. We reviewed information we held about the service since the last inspection. We sought feedback from commissioners who work to find appropriate care and support services for people and fund the care provided. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, two care coordinators and four care workers. We reviewed five people's care records and medicine administration records (MAR) to ensure they were reflective of their needs. We reviewed records relating to the management of the service including quality audits, training data and people's feedback. We also reviewed three staff files to check staff had been recruited safely.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk management had improved since our last inspection. Risks associated with people's care had been assessed and risk management plans informed staff how to provide safe care.
- One person was assessed at high risk of choking on food and fluids. Records contained clear instructions for staff to follow to mitigate and manage this risk.
- Staff members described how they managed this risk with positive effect. One staff member said, "Risks are high so call times have been increased. We have more time to make sure food is swallowed and not stored in [person's] mouth as they might choke."
- Staff knew what to do in the event of an emergency. For example, what action they needed to take if they arrived at someone's home and they found were unwell.

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

- People felt safe and safeguarding procedures were in place to protect people from harm.
- Staff members completed safeguarding training which supported them to understand the different types of abuse people may experience.
- Staff members knew to report any suspected or witnessed abuse to their managers and whilst confident these would be addressed, they understood how to escalate their concerns if they were not.
- The registered manager had shared information, when required with the local authority and with us, (CQC) to ensure allegations of abuse were investigated.

### Staffing and recruitment

- Staff were recruited safely and enough staff members were employed to ensure people received safe, consistent care.
- People confirmed their care calls had taken place at the agreed times and for the correct duration. Comments included, "On the whole it's very good," and, - "It's perfect. Spot on."

### Using medicines safely

- People continued to receive their medicines as prescribed.
- Staff were trained and deemed competent by the management team before they administered medicines.
- A series of medicine checks had been implemented since our last inspection which meant any errors could be identified and addressed promptly.

### Preventing and controlling infection

- People confirmed staff followed good infection control practice in their homes.
- Staff had completed infection control training and understood their responsibilities in relation to this.

### Learning lessons when things go wrong

- Accidents and incidents were recorded. Completed records were reviewed to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of staff to deliver care effectively which demonstrated improvements had been made. Comments included, "They (staff) are all trained," and, "Some are more experienced than others, but we have had no issues with any of the carers."
- Before new staff worked unsupervised they worked alongside experienced staff to help them understand what was expected of them and to help them to get to know people.
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.
- A staff training matrix had been implemented since our last inspection. That meant the management team had clear oversight of the training staff had completed to help them carry out their roles.
- Staff spoke positively about their training which included training to meet people's specific needs, such as epilepsy and dementia awareness. Regular observations of staff practice had been implemented since our last inspection to check staff practices reflected their learning.
- Staff received one to one meetings with a manager to help guide them with their work and continually improve their practices.

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

- People's needs were assessed by the registered manager before they started using the service. People and those closest to them contributed to their assessment which included lifestyle choices and required call times.
- Protected characteristics under the Equality Act were considered. For example, people had been asked about their cultural needs and their preference of either male or female staff members.
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and meet their needs.

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.

- The service was working within the requirements of the MCA. No one using the service at the time of our inspection had restrictions on their liberty.
- Staff had completed MCA training to help them understand the principles of the Act.
- People confirmed staff gained their consent before they provided them with assistance which meant people had choice and control of their lives.

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

- People were supported to eat and drink enough and maintain their health if needed. Discussion with staff confirmed they knew what people liked to eat and drink.

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

- Most people told us they made their own health appointments with support from their relatives. However, they felt staff members would offer this support if needed.
- The management team and staff worked in partnership with health and social care professionals such as speech and language therapists to ensure people received effective care.
- Staff monitored people's health and understood their responsibility to obtain further advice or support if they noticed any changes or signs of illness.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 continued to receive care from staff they knew and trusted.
- People felt staff members were kind and caring. A relative commented, "They (staff) do care. They will put on a piece of music she likes when they leave so she can listen to the tape."
- Staff enjoyed their jobs and confirmed they would be happy for someone they loved to receive a service from Solihull Care Limited.
- Staff completed equality and diversity training and the individuality and diversity of people and staff was recognised. A staff member said, "Everyone is different. Our differences are respected."

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

- Care plans demonstrated the inclusion of people and those closest to them. The plans helped staff understand what decisions people could make for themselves and when they needed prompting or support.

Respecting and promoting people's privacy, dignity and independence

- People confirmed support from the service helped them to remain independent and living own homes in line with their wishes.
- Care plans supported people's privacy and dignity and promoted their independence. Plans informed staff what people could do for themselves and when they needed prompting, or support.
- Staff members explained how they provided dignified and respectful care to people. One staff member said, "We honour and respect dignity. We shut the door and close the curtains when we help people to wash and dress."
- People's personal information was managed securely in line with data protection law.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The aim of providing a high quality, reliable, caring and flexible service was achieved.
- People received care from a consistent staff team. A relative commented, "(Person) has three main carers and there is a personal profile with information about her that every carer reads to help get to know her."
- Staff knew how to provide comfort and reassurance to people. For example, they sung to one person when they were feeling anxious which had a positive effect.
- Overall, care plans contained information such as, people's life histories which helped staff to provide personalised care. This demonstrated improvements had been made since our last inspection. However, two care plans we reviewed lacked minor detail to ensure care was provided consistently. The registered manager took immediate action to address this.
- Staff recorded the care they provided to people electronically using an app on their mobile telephone. Staff told us because they did not have to complete paper records they had more time to sit and chat with people which improved their wellbeing and supported a good quality life.
- People were involved in reviews of their care. Changes in people's needs were monitored and information was regularly reviewed and updated. This meant staff always had up to date information to provide the care people needed.
- People were supported to maintain relationships that were important to them and were also supported to access the community if this was part of their planned care.

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.

- People's preferred methods of communication had been assessed and their care plans provided staff with guidance on how to meet people's communication needs.
- The registered manager was aware of the AIS. They told us they planned to review the information provided to people to ensure everyone using the service could understand it.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint.
- Staff understood their responsibility to support people to complain if they wished to do so.
- Systems were in place to address any concerns and actions taken to avoid reoccurrences. The registered manager told us they acted upon complaints in an open and transparent way and used

them as an opportunity to improve the service.

#### End of life care and support

- People were asked about their future wishes which were documented if they had chosen to share this information.
- Staff had received training and told us they felt confident to support people at they neared the end of their lives.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant leadership and management could be inconsistent in some areas.

Continuous learning and improving care; 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

At our last inspection, systems and processes to monitor, assess and improve the quality and safety of the service were not effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance)

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17 but further improvements were still required.

- The provider continued to be heavily reliant on the registered manager to assess the quality and safety of the service. The provider did not undertake any audits or checks which meant they unable to assure themselves the service provided was safe and was being managed effectively.
- Following our visit, the registered manager informed us the provider planned to make changes to their registration to drive forward improvement.
- Despite the lack of provider oversight, governance had improved. For example, the use of the electronic call monitoring system demonstrated people had received the care they had been assessed as needing. Also, checks of completed medicine records took place.
- The registered manager understood their responsibility to be open and honest when things had gone wrong. For example, learning from complaints had been shared with staff, to prevent reoccurrence.

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

- At the time of our visit, the rating for the service was not available on the provider's website as required. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments. The registered manager took immediate action to address this.
- The management team consisted of a registered manager, two care coordinators and a senior care worker. The team were supported by the provider's general manager.
- Risk management had improved since our last inspection and the registered manager demonstrated a good understanding of their regulatory responsibilities. They had informed us of significant events that had happened which helped us to monitor the service.
- The registered manager kept their knowledge of legislation and best practice up to date. For example, by attending local manager forums.

- Staff confirmed communication between them and their managers had improved since our last inspection. They understood their roles and were aware of what the registered manager expected of them. One said, "Things have settled down a lot, its better now and the on-call phone is answered if we need advice."

#### Planning and promoting person-centred, high-quality care and support

- People told us they were happy receiving care from Solihull Care Limited and spoke positively about the leadership of the service.
- Relatives shared this view point. One relative explained when their family member had fallen prompt medical assistance had been sought. They commented, "It gave me a real sense of confidence in the service."
- Staff felt supported and appreciated by their managers. One staff member said, "One the whole we are supported, they do say thank you to us."
- The registered manager was proud of the care provided to people. The service had received multiple compliments since our last inspection. For example, in February 2019 a relative had commented, 'I wanted to send my heartfelt thanks for the care and kindness that you gave over the last six months. The support meant (person) could remain at home, which is what they wanted.'

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to provide feedback about the service they received. Recent feedback was positive.
- People told us they would recommend the service to others. One person said, "We would recommend it as they are people who care."
- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers.

#### Working in partnership with others

- The management team and staff worked in partnership with other professionals to ensure people experienced positive outcomes in relation to their care.