

Solutions Social Care Limited

Rockware Business Centre

Inspection report

Unit 12, Rockware Business Centre
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Middlesex
UB6 0AA

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Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Rockware Business Centre is a domiciliary care agency operated by Solutions Social Care Limited. They provide personal care in people's own homes and in the local community. Whilst the agency is registered to provide a service to children above the age of 13, younger and older adults, some of whom might live with dementia and disabilities, their focus was working with children and people who had learning disabilities and autism.

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 five people were receiving personal care.

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 had detailed person-centred support plans which stated their preferences. Staff were provided with training to equip them to understand people's behavioural support needs and to support people in a positive and proactive manner.

The registered manager and management team had systems and processes in place to allow them to monitor and have oversight of the quality of the service being provided. They provided staff with support which included supervision.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The care provided by staff maximised people's choice, control and independence. Care plans were person-centred and promoted their dignity, privacy and human rights. The ethos, values, attitudes and behaviours of the managers and care staff ensured people using services led confident, inclusive and empowered lives.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 October 2019) and there were multiple breaches of regulation. The provider 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

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions effective, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rockware Business Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 effective?

The service was effective.

Details are in our effective 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 well-led.

Details are in our well-led findings below.

Good ●

Rockware Business Centre

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

One inspector carried out this inspection.

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 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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service has been operating during COVID-19 from their own homes and we wanted to be sure the registered manager would be available at the office location to speak with us and support the inspection.

Inspection activity took place on the 8 April 2021 when we visited the office location.

What we did before the inspection

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.

We reviewed the previous inspection report and action plan sent to us by the provider. We also looked at information we had received about the service since the last inspection. This included notifications the provider is required to send us by law.

During the inspection

During our inspection we met with the registered manager who is also the owner of the agency. We also met with the acting human relations manager. We reviewed three people's care records and partially reviewed a fourth care record. We looked at two staff training records and a variety of training related documentation.

After the inspection

We were provided with and reviewed a range of records related to the management of the service. We continued to seek clarification from the provider to validate evidence found.

We contacted seven health and social care professionals and four responded. We wrote to three care staff and received two replies. We telephoned and spoke with one relative who had agreed to speak with us.

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 now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection the provider had failed to obtain people's or their legal representatives' consent for care being offered. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

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 provider was working in line with the MCA 2005. They had consulted with people's relatives and had written to them to determine if they had Lasting Power of Attorney (This is the legal authority to make decisions on someone's behalf if they do not have or lose the mental capacity to make decisions for themselves.)
- The registered manager and staff had taken part in mental capacity assessments and best interests decisions for people. Health and social care professionals told us the staff had advocated and spoken up for people in their care, to work in their best interests.
- The management team and staff had attended training in MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). Support plans promoted people's choice. One staff member described how they gave choice and respected people's day to day decisions, "I always verbally offer options to clients I work with, whether they are verbal or non-verbal. If I don't get a clear response, I sense how they respond to different options and look for cues as to what they prefer and to help confirm what I think their choice is, so they feel empowered."

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

- The registered manager met and spoke with relatives prior to offering a service to establish what support was required and how it could be best provided to meet people's preferences.
- They reviewed documents provided by health and social care professionals to assess risks, and establish measures, including staffing levels to keep people safe from harm.
- The management team and staff undertook observations before the service began to see how care was provided. A relative we spoke with told us prior to the service commencing the care workers went out for two days with their family member and their permanent care worker. This was so they could learn about the person and to understand how they communicated and how best to interact with them.

Staff support: induction, training, skills and experience

- People who used this service were supported by staff who had appropriate skills. From April 2021, the CQC expect to see all services across health and social care use training in restrictive practices that is certified as complying with the Restraint Reduction Network Standards 2019 (The standards apply to all training that has a restrictive intervention component and provide a benchmark for training in supporting people who are distressed in education, health and social care settings).
- The provider demonstrated they were listed as an organisation who was working towards certification and therefore complied with the Restraint Reduction Network Standards. Staff had received appropriate ongoing training to manage behaviours which could be challenging. A staff member told us they felt their training had helped them keep people, themselves and others remain safe.
- Staff had received training in Positive Behavioural Support. (Positive behaviour support (PBS) is 'a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.)
- There were designated PBS leads who held regular PBS meetings these were used to discuss incidents, review people's support plans, analyse data and record staff observations. This led to updated guidance for staff and meant all were aware of any changes in approach, ensured consistency of approach and identified future goals for people.
- Staff received an induction and training to support them to undertake their caring role. For example, recent training had included, adults at risk, MCA and DoLS, safe administration of medicines, moving and handling, health and safety, hand hygiene, epilepsy training, administration of medicines to manage seizures, first aid and autism, stress and anxiety.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- At the time of our inspection staff supported people to eat snacks and drink enough to ensure they remained hydrated. People lived with their relatives who had oversight about what they ate and drank.
- Support plans contained relevant information for people who had a specific diet or food intolerance and stated their drink preferences. Staff prompted and encouraged people to choose and buy a healthy snacks and drinks of their choice.
- When a person was at risk of choking because of dysphagia, (This is the medical term for swallowing difficulties), staff received training to support them to recognise signs of choking and know what action they should take.
- Staff supported people to remain healthy during the pandemic. Gyms and swimming pools were closed so staff had supported people to go for walks in parks and open spaces so they could continue to exercise and remain active. A staff member had undertaken training to teach yoga to people with learning disabilities and had provided virtual classes. This offered exercise and relaxation both important for people's well-being.

Staff working with other agencies to provide consistent, effective, timely care

- The agency worked closely with health and social care professionals. We received all positive feedback from health and social care professionals. They found staff to be well informed about people in their care, proactive in raising concerns and followed advice and instruction.
- The registered manager and management team had attended multi-disciplinary meetings and had provided reports and shared records to inform the meetings. The staff played an active role in keeping all professionals informed and in turn ensured their care workers were kept informed of changes of approach and relevant information arising from these meetings.

Is the service responsive?

Our findings

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

At the last inspection the provider had failed to ensure some records had been reviewed regularly. Therefore we could not be sure care was being provided in an appropriate and personalised manner. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's support plans were reviewed to ensure information was up to date and goals were identified, and progress assessed. For example, one person's goals focussed around an activity of daily living to promote further independence. Staff had reviewed the support plans to check progress and added further goals.
- People had personalised support plans, one-page profiles and when appropriate positive behavioural support plans. These documents detailed how people wanted their care to be provided. They informed staff about the person's background, who was important in their life and what their preferences and dislikes were. This helped staff understand people in the whole context of their life.
- Many people supported by the agency had complex needs which included autism, physical impairment and behavioural support needs. Positive behavioural support plans detailed what people required to feel safe and happy and how they communicated their feelings. Triggers which might upset people such as noise or crowds were clearly described so staff knew how to plan support to avoid those.
- The provider ensured there was guidance for staff when people needed support to receive personal care. For example, one person's guidance stated steps to take and what to say as a prompt to support the person.

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 plans detailed how they communicated to others and how they understood information or made sense of what was taking place. Staff used a variety of methods to communicate with people. This included, using phrases they recognised and understood, objects of reference, MAKATON, (a language that uses symbols, signs and speech to enable people to communicate) and picture references so people could show what it was they wanted to do.
- Health and social care professionals confirmed staff communicated well with people. One professional

told us, "Have heard back from several families that the communication is excellent with service users and family members."

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

- The provider had continued to offer activities to people through the pandemic. They had made adjustments to their usual programme of events to support people to remain active. We saw prior to the pandemic staff undertook a wide variety of activities with people. This had included swimming, cycling, attending the gym, cooking, shopping and many activities in their two activity centres called "hubs" which some people travelled to, to undertake activities. Whilst they had reduced their activity programme, they had managed to offer a range of meaningful activities which included virtual yoga, music, and drama sessions online. Staff took people out and about for walks and offered some people socially distanced activities in smaller groups to maintain a familiar routine.
- The provider had supported some people and families by offering emergency respite at a time when other services had to close. This had supported the person using the service and had given families respite opportunities. One relative told us, "I appreciated they offered this help until [person's] centre reopens. It meant [Person] did go out and about, it was very helpful."
- People who used the service often had different requirements to enable them to enjoy activities. For example, some needed low stimulus places, activities which were quiet, had few people and ample space to move around. Other people preferred loud noises, specific songs or music or brightly coloured objects they could throw. Therefore, the staff planned carefully how activities were delivered, who could safely travel together in the agency's transport and who could comfortably be in each other's company at the hub centre.

Improving care quality in response to complaints or concerns

- The provider ensured relatives knew how to complain and maintained oversight of complaints made. They aimed to address complaints in a timely manner by acknowledging, investigating and responding to the complainant. They apologised if mistakes were made and discussed lessons learnt with the staff team.
- People using the service were encouraged to speak up when they could do so. Staff advocated for people who demonstrated by their behaviour they were not happy with aspects of their support. There were easy read forms to support people to express how they were feeling and complain.

End of life care and support

- This service does not currently provide end of life care and support.

Is the service well-led?

Our findings

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection in August 2019 we found there were shortfalls in the oversight and monitoring of the service, and we made a recommendation about staff supervision. At this inspection these concerns had been addressed.

- The registered manager, who was also the director of the agency, had developed systems and protocols to help ensure they had oversight of the quality of the service provided.
- They had reviewed the management team and developed further posts so they could delegate responsibilities and have individual accountability. There was now a senior leadership team and a senior management team. Teams members met weekly and this allowed for greater scrutiny of the service.
- Records were more readily available than at the previous inspection. The registered manager had reviewed existing systems and had invested in technology so they and the management team could review daily records in, "real time." The registered manager made spot check visits to observe carers at work and review the quality of the service.

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

- The registered manager had closely worked with the local authority to ensure people with complex support needs had access to some activities when services and centres they had attended had to close. They had provided an emergency service for people who otherwise would not have been able to access activities and have opportunities to go into the local community.
- A health and social care professional told us, "I think that Solutions (the provider) have been able to offer a service to people during this time of crisis with the highest levels of challenge and risk where a lot of other services have closed or have reduced down their services significantly."
- Professionals described the service offered by the agency as flexible and at times staff had gone beyond the expected service to support people and families in difficult circumstances. Another professional told us, "An excellent company...genuinely do their best for people...absolutely very flexible...a creative package of care."
- The registered manager had developed a group for people using the service, this was called, "How we work group." People in the group were called "Experts by experience." They visited and spoke up for other people using the services. They had been recruited using an easy read application form and job description and were paid as workers for their time.
- As part of their role and to support the agency to meet the Restraint Reduction Network standards they

gave a talk to staff during training, about their experiences in the past of being restrained, what they did not like and what effect it had on them. The aim of this was to empower people and help staff to understand restraint from people's point of view.

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 registered manager demonstrated they understood the need for transparent and open dialogue with people, relatives and professionals. They notified the appropriate bodies when there was, for example, a safeguarding adult's incident. They had learnt from previous concerns and shared the learning with staff.
- The registered manager demonstrated they knew when they had a legal responsibility to notify the CQC and had provided information when requested. They had trained senior staff to take responsibility and notify CQC appropriately to avoid delay should they be unavailable to take the necessary action.

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

- The provider gathered equality information during recruitment and when offering a service to people and families. People's care records outlined if they had diverse support needs and detailed what staff must do to meet these.
- Staff were provided with group supervisions throughout the year and received payment for their time when attending. The registered manager had identified previously this had been a barrier to attendance and so had addressed this. Staff also had opportunities to speak to senior management both informally and formally. For example, one staff member told us, "Extremely well managed. Always approachable and friendly, and always provide excellent communication. Senior management are always easy to get in touch with via email or phone and are often available in the main office."
- The provider had ensured staff had information about COVID-19 and vaccinations. They had encouraged staff to be vaccinated and had paid staff to travel for this to be done. As a result, the percentage of staff vaccinated had been increased.
- There was the opportunity for career progression for staff within the agency. Staff were able to request training and were encouraged to take a greater responsibility and progress through the staffing structure.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept their learning updated and was aware of the changes in social care practice and legislation. They and individual staff members had membership and accreditations of organisations who were at the forefront of issues pertaining to learning disability. This included for example, The National Autistic Society, British Institute of Learning Disabilities (BILD) and were accredited by Skills for Care. (Skills for Care is the strategic body for workforce development in adult social care in England. Skills for Care sets the standards and qualifications for social care workers.) The registered manager was joint chair for the local learning disabilities forum. This facilitated good networking with other learning disability organisations in the area and gave opportunities to share knowledge and good practice.
- Health and social care professionals spoken with agreed there was good partnership working and good communication between the agency and themselves. They valued the input from the agency during the pandemic on behalf of people using the service.