

Senior Care Solutions @ Home Limited

# Senior Care Solutions @ Home 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?

Good ●

# Summary of findings

## Overall summary

Senior Care Solutions @ Home Limited is a domiciliary care service that is registered to provide personal care to people in their own homes. At the time of this inspection there were sixteen people receiving assistance with their personal care needs. Senior Care Solutions @ Home Limited also provided a range of other services that included; cleaning, shopping and supporting people with a range of social activities.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe when receiving care and support from staff. Arrangements were in place to keep people safe. Staff knew how to identify abuse and understood their responsibilities in relation to safeguarding people and reporting concerns.

Risks to people were identified and measures put in place to minimise the risk of people being harmed, and to keep them safe.

Arrangements were in place to make sure there were sufficient numbers of appropriately trained staff to provide people with the care and support they required safely, and in the way that they wanted.

Staff were appropriately recruited and supported to provide people with the individualised care and support that they needed.

Systems were in place to ensure medicines were managed and administered safely.

People told us they were fully involved in decisions about their care and that staff sought their consent prior to providing them with care and support. People received personalised care that was responsive to their needs.

People received the support they needed with eating and drinking and to maintain a balanced diet.

The service liaised closely with health professionals to ensure people were supported to maintain good health.

People told us they were treated with dignity and respect and had developed positive relationships with staff who provided their care. Staff understood the need to protect people's privacy and dignity.

People knew how to make a complaint and were confident their concerns would be resolved.

There were systems in place to review, monitor and improve the quality of the services provided for people. People told us that they thought the service was good and would recommend it.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Senior Care Solutions @ Home Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on the 6 June 2017 and was announced. The registered manager was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited the service.

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the service since the previous inspection. Prior to the inspection we also looked at the Provider Information Return [PIR] which the registered manager and nominated individual had completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed the PIR during our visit with the registered manager.

During our visit to the office we spoke with the registered manager, the nominated individual, office manager and two care workers. Following the visit we spoke by telephone with five people using the service, one person's relative, five care workers and a health care professional who commissioned some people's services.

We viewed a variety of records which related to people's individual care and the running of the service. These records included; care files of five people using the service, seven staff records, and policies and procedures that related to the management of the service. We also checked recent records of people's

feedback about the service.

# Is the service safe?

## Our findings

People told us that they felt safe when receiving care and support from staff. They told us that they usually received care from regular staff who they had got to know quite well and trusted.

There were policies in place to make sure staff were aware of the action they needed to take to keep people safe and to ensure staff responded appropriately to any signs of abuse. Care workers we spoke with had a good understanding of different types of abuse. They understood their responsibilities to report any concerns to the registered manager and/or to external agencies such as the local authority safeguarding team, CQC, and police when needed. Care workers had confidence the registered manager and the nominated individual would take appropriate action to follow up any safeguarding concerns. A care worker spoke knowledgeably about the whistleblowing procedure.

There were appropriate systems in place to minimise the risk of financial abuse. The service invoiced people for any shopping that they carried out on people's behalf so most staff did not handle people's money, which minimised any risks associated with this. Records of expenditure were maintained and checked by management.

People's care records showed risks to people were assessed and reviewed regularly so they were effective in protecting people from being harmed and met people's changing needs. People's risk assessments were personalised and included risk management plans to minimise the risk of people being harmed. People's risk assessments covered a range of areas including risks of falls, self-neglect, behaviour, use of oxygen, dehydration, infection, social isolation and pressure ulcers. A person's care record showed they received help from staff with a shower. There was no information in the person's care plan about the needed for staff to check the water temperature before assisting the person with a shower. The registered manager told us they would ensure this was quickly addressed.

Assessments of each person's home environment were also completed. These were regularly reviewed to ensure any health and safety risks were identified and measures were put in place to address risks to keep people and staff safe. The registered manager told us that she had discussed safety with people using the service and on occasions in response to this action people who lived alone had accessed a safety alarm system so that they could obtain assistance quickly if they needed to do so, such as following a fall.

Arrangements were in place to ensure that staff were appropriately recruited so that only suitable staff were employed to care for people. The service had arrangements in place to recheck every three years staff's Disclosure and Barring Service (DBS) check to minimise the risk of inappropriate staff working with people using the service. We found that care workers we spoke with in the office wore an identification badge [ID], and a person using the service told us that they had seen staff wear ID. However, another person told us that staff did not always wear an ID badge.

The service had systems in place to make sure there were enough suitably skilled staff to provide people with the care and support that they needed and wanted. The registered manager told us that at times when

a care worker was not available they or the nominated individual, or a 'bank' member of staff [works when needed by the service] provided people with the care that they needed. A person using the service confirmed this.

Care workers told us they received the training they needed to prompt and/or administer medicines to people. People's care plans included information and guidance about people's medicines needs and we found medicine administration records had been completed by staff, which showed people received the medicines they were prescribed.

Arrangements were in place to minimise the risk and spread of infection. Records showed that staff received training in infection control and food hygiene. Protective clothing including disposable gloves, aprons and overshoes were available for staff to use at appropriate times when carrying out care and other tasks. Information about infection control was available in the employee handbook. Records showed that infection control including hand hygiene had been discussed during a recent staff meeting.

## Is the service effective?

### Our findings

People told us that they felt they received the care and support that they needed from competent staff. Comments from people included "Staff are friendly and efficient," "The carers are excellent," and "They [staff] know the routine."

Care workers we spoke with provided us with examples of the care and support they provided to individual people, which indicated they had a good understanding of people's varied needs. A care worker told us "I love the job."

Care workers told us that when they started work they had received an induction, which included learning about the organisation, and a range of other matters related to their roles and responsibilities. A care worker told us that their induction helped prepare and equip them to provide people with the care and assistance they needed. The induction covered topics that included; individuality and human rights, privacy, dignity, choice, anti-social behaviour and nutrition. Care workers we spoke with told us they spent time shadowing more experienced members of staff before they began to work independently with people.

Staff received the training they needed to carry out their roles and responsibilities in providing people with the care and support they required. Care workers told us that they received a range of training that included training that was specific to the needs of the people they supported. Training records showed staff had completed online [electronic] and face to face training in a range of areas including; moving and handling, infection control, food and hygiene, safeguarding people, medicines, mental capacity, diabetes, dying, death and bereavement, dementia and epilepsy. Refresher training also took place. The registered manager told us that staff training was monitored and staff were reminded to complete refresher training when it was due. A care worker told us that they were in the process of completing a qualification in health and social care.

Staff told us they felt well supported by management staff and received support to understand and develop their roles and responsibilities through supervision and observation of practice. A care worker told us "I can call the office anytime if I need advice." We looked at records of staff one to one supervision and found that there were several months between some care worker's supervision meetings, for example one care worker who had recently received one to one supervision had not had formal supervision for fourteen months. The registered manager acknowledged that some staff supervision had not been carried out regularly and told us that she was currently in the process of addressing this. One care worker had recently received an appraisal of their performance. The registered manager told us that she planned to complete all staff appraisals soon.

The registered manager carried out 'spot checks' of the service being provided to people by care workers to ensure people's care was monitored closely and that they were receiving care in the way that they wanted. The registered manager told us when there were issues to do with a care worker's performance found during these checks action such as training and one to one supervision were provided to address them.



People told us that staff always asked for their consent before assisting them with their care and other tasks. Care workers we spoke with had some understanding of the Mental Capacity Act 2005. They knew that they needed to report to management staff any changes in people's capacity to make decisions and that health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest when required.

Records showed that people were supported by the service to remain in good health, and that the service contacted people's GP when they noticed people's health changed or declined. The registered manager provided us with examples of when at her request occupational therapists had assessed people for equipment such as portable hoists that met their specific needs safely.

People's dietary needs and preferences were met by the service. People's care records included information and guidance about meeting their nutritional needs and preferences. Records showed people were supported by staff to choose what they wanted to eat and guidance was in place for staff to follow to minimise the risk of people becoming dehydrated. Such as staff making sure people had a drink during their visits. A care worker spoke about encouraging a person to choose their meals.

## Is the service caring?

### Our findings

People told us that staff were kind, treated them with respect and consulted them about their needs. Comments from people included; "They [staff] are very caring. If I am unhappy, they rectify the issue," "They [staff] came and introduced themselves, which was nice," "I am very happy" and "They [staff] are very helpful."

People told us they usually received regular care workers. A person using the service told us "I have a main carer, it changes when the carer is on holiday. They [staff] tell me when a different carer is coming." The registered manager told us the service aimed to provide people with regular care workers so they could get to know people well. They provided examples where they had ensured people had a second care worker who replaced the regular care worker when they were on holiday or unwell.

Care workers spoke of the positive caring relationships that they had developed with people using the service. A care worker told us about the importance of engaging and talking with people during care visits. A person using the service told us they enjoyed chatting with staff. They told us "The one [care worker] who comes here always chats, we have a laugh." A person using the service told us that it was very important to them that they had regular staff providing their care as it meant that they did not have to keep explaining how they wanted their care and other tasks carried out.

People told us they were involved in decisions about their care. They informed us that they had been asked a range of questions about their needs and preferences before they had commenced receiving the care service. From speaking with staff and viewing records we saw that people's care plans had been developed by management staff and when applicable from information from the commissioning local authority, people using the service, and others important to them. People's care plan records included information about their preferred name, background, and identified how people wanted their care and support to be delivered. People told us they were called by their preferred name.

People told us their privacy was respected. Care workers we spoke with had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. Information about confidentiality was included in the employee handbook. Information about people was kept securely.

People's visit progress records were written in respectful language. Records showed that staff had received training about record keeping including writing records in an appropriate manner.

Staff we spoke with had a good understanding of people's varied religious and cultural needs, and provided us with examples of how they ensured they respected those needs. A care worker spoke of the importance of "Respecting each person, and knowing about people's culture and what they do." Another care worker informed us that they spoke with people about their individual needs and preferences and told us people "Should be always treated equally".

## Is the service responsive?

### Our findings

People told us they were satisfied with the care and support that they received from staff. They confirmed that they were fully involved in decisions about their plan of care, which staff understood and followed. Staff told us they read people care plans before they proceeded with supporting people with care.

Care workers confirmed that they had been introduced to people using the service by management staff. A person told us that their regular care worker had been introduced to them by the registered manager. The registered manager told us she attended about 90% of the first visits with care workers and showed them how the person's care should be carried out. She told us that if she could not attend the first visit she ensured the care worker had the information they needed to provide the person with the care and support they needed. A care worker told us they always had appropriate information about a person before they visited the person for the first time.

People and where applicable their representatives had signed people's plan of care, which indicated people had been involved in the development of their care plan. A person told us they were aware of their care plan. However, although all the people we spoke with told us they received the care that they needed, two people were not clear about what their care plan was. One person thought it was the visit notes written by care staff another person told us "I think they keep it [care plan] in the office."

It was evident during our visit to the office and from viewing records that management staff liaised closely with other services including health and social care professionals when people's needs changed or there were other issues to do with their service. A commissioner told us that they were always informed of any changes to do with people's needs and were kept well informed. The registered manager was responsive as they regularly carried out reviews of people's needs and monitored them closely.

The service had a complaints' procedure which included timescales for responding to complaints. The procedure was included in the information about the service that was given to people when they first began to use the service. No one we spoke with had any complaints. A person told us that they would report any concerns to care workers and/or management staff. A person told us "I have no complaints."

Where complaints had been made we found they were investigated and dealt with appropriately. At the time of the inspection complaints and the action taken to address them had been recorded in the person's care records. However, complaints had not been logged in a way that showed they were reviewed as part of the quality monitoring of the service to identify any patterns of complaints, and to show that improvements had been made to the service when needed. The nominated individual told us and records showed complaints had been logged and reviewed in this way in the past and that this practice would recommence.

We saw a letter that complimented the service. It included information that was very positive about a care worker that had provided the person with assistance with their care.

# Is the service well-led?

## Our findings

People and staff were positive about how the service was managed. People who used the service told us they felt the service was well run, and would recommend the service. Comments from people included; "It's a good service," "I would recommend it," "I had used three agencies before this one and this one is streets ahead of the others," and "The office manager is friendly and efficient, they go over and above their role to help me out with things."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager, nominated individual, and office manager were very knowledgeable about people's individual needs. They showed that they were committed to providing the support and care people needed and provided us with examples of how they had helped people in a range of areas to do with their day to day lives as well as their plan of care. A person using the service confirmed this.

Care workers spoke in a positive manner about the registered manager and other management staff. They told us management staff were approachable and felt well supported by them. Care workers told us they felt able to raise issues to do with the service and were confident that these issues would be addressed by management staff. A care worker provided us with an example of management staff having taken action to improve the service in response to the care worker's feedback. The registered manager spoke of the importance of staff providing feedback and being fully involved in the service.

The service held regular staff meetings to enable staff to share ideas and discuss policies and good practice when working with people. Topics discussed during recent staff meetings included; whistleblowing, safeguarding people, pressure area care, time keeping, confidentiality and people's care. A care worker told us they had recently attended a staff meeting that they had found useful.

Staff were supported in their professional development through training and being supported to achieve relevant qualifications. The registered manager made sure that staff received the training they needed to carry out their responsibilities.

The registered manager ensured notifications about incidents and other events were submitted to CQC when necessary. As required, the rating of the service was displayed. There were arrangements in place to ensure that policies and procedures were kept up to date.

People using the service and some people's relatives had recently been asked for their views about the service. The feedback was mostly very positive about the service, but there were some areas of the service that had been scored as 'average.' The nominated individual told us they were planning to collate the information from the feedback and develop an action plan to make improvements to the service in

response to people's views.

Records showed that the registered manager had taken appropriate action to address deficiencies identified during a monitoring check of the service that had been carried out in 2016 by a local authority. The action plan showed improvements to the service had been made in response to this audit.

A business plan of the service had been completed. This included a description of the services provided by the agency, how it met legislation, staff training needs, and how it met the needs of people using its services. A plan to improve and develop the service had been created from this business plan.

The nominated individual told us that he planned to develop the quality monitoring systems of the service to ensure all areas of the service were monitored closely, shortfalls addressed and improvements made when needed.