Care & Support Solutions (North East) Limited

Care & Support Solutions

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

We inspected this service on 21 June 2017. We informed the registered manager that we would be inspecting the service before our arrival to ensure that someone would be in the office. This meant that the provider and staff knew we would be visiting before we arrived. This was Care and Support Solutions first inspection since they registered on the 28 June 2016.

Care and Support Solutions is a service which offers care and support to people with physical, mental and learning disabilities. Support is provided to people in their own homes and within in the community. At the time of inspection 11 people were being supported with personal care.

The service had a registered manager who was also the provider. 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. This service had not been previously inspected by the Care Quality Commission.

Care records identified risks to people, however care plans did not direct staff on how to minimise these risks. Where people required assistance with their medicines we found that this was not always done safely. Medication and care plan audits did not highlight the concerns we raised.

When we spoke with people who used the service they told us they felt safe with the care workers who provided their care and support. We saw that there were good systems in place for the safe recruitment of staff, and the care workers we contacted were aware of their responsibilities in protecting people from harm, and knew how to report any concerns about people's safety or wellbeing.

People told us the staff responded to their needs and provided care in the way they wanted it to be provided. Having a small and dedicated staff team meant that people who used the service had the same group of staff the majority of the time, which was important to them and made them feel safe. Staff told us that they had enough time with people to meet their assessed needs.

People received care and support from staff who had the skills and training to meet their needs. We saw from training records that new starters received a thorough induction and on-going training was provided to ensure staff were able to carry out their duties. Staff received support through supervision and yearly appraisals.

People who used the service had agreed to the delivery of their care, and signed to consent to this. They told us that staff always offered and respected their choices, but would be attentive to their needs, such as dietary requirements or medical needs.

The service had established good links with healthcare professionals and ensured that people who used the

service maintained good access to healthcare.
Staff were kind and caring, and people who used the service told us that they were treated with dignity and respect. We saw that care was person- centred and recognised the individuality, culture and values of the people being supported. Staff knew how to provide personalised care however not all this was documented in people's care plans.

People told us that they were happy with their care and knew how to complain if they were not. We saw that there were systems in place to investigate any complaints or concerns raised about the service. They told us that they were able to contact someone in the office when they needed to; support was also available out of hours. The registered manager and office manager visited people in their homes or talked to people on the telephone at least once a week.
Surveys and regular spot checks were used to identify trends, including good practice and areas for development.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was not always safe.

People were not always supported to take their medicines safely.

Risk assessments were not in place for all recognised risks.

Consistent staff teams ensured that people were supported by staff with whom they were familiar.

Recruitment procedures ensured that staff were suited to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People were offered choices and their consent was sought regarding their care and support.

The service had established good links with health care professionals.

People were supported by well trained and competent staff

Is the service caring?

Good

The service was caring.

Care was person centred and recognised the individuality of the people who used the service.

People said they were treated with respect by staff who knew them well.

People told us that staff were kind and caring and that they had developed positive caring relationships with the staff that supported them.

Is the service responsive?

Good

The service was responsive.

People's care records did not always contain information to guide staff on the care and support to be provided.

The registered manager supported a smooth transition when people started to use the service.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits had not highlighted the issues we raised.

The service had a manager who was registered with the Care Quality Commission (CQC).

Staff told us the management team were supportive.

Arrangements were in place to seek feedback from people who used the service and their relatives.

Regular spot checks allowed managers to act to improve the quality of care.

Care & Support Solutions

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 was planned to check whether the provider was 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 inspection took place on 21 June 2017 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is someone who has experience of the people who used this service. The expert by experience conducted telephone calls to people who used the service. Before this inspection, we reviewed notifications that we had received from the service.

The provider had also completed and returned their Provider Information Return (PIR). This 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.

During this inspection we spoke with two people who used the service and three relatives. We spoke to the registered manager, office manager and care workers. 14 care workers completed a questionnaire. We reviewed three people's care records, four staff records, the staff training records, weekly staff rotas and other records about the management of the service.

Good

Is the service safe?

Our findings

When we looked at care records we saw assessments identified risks to people, however risk assessments were not in place to direct staff on how to minimise these risks. For example, one person was at risk of pressure sores but there was no skin integrity risk assessment in place. Where people had catheters there were no risk assessments in place. For people who were prone to show aggression there were no risk assessments or strategies for staff to follow to keep themselves and the person safe. The registered manager and the office manager could explain how staff worked around the risks but they agreed that they were not all documented and would rectify this straight away. There were comprehensive risk assessments in place for people who had diabetes; these assessments provided information on diabetic complications and what staff were to do if someone was displaying signs of hyperglycaemia [high blood sugar] or hypoglycaemia [low blood sugar]. Where staff used equipment such as ceiling hoists there was nothing documented to say when these had last been serviced. The equipment was not the responsibility of the service but they needed to be sure the equipment was safe for staff to use.

We looked at the medicine administration records (MARs) for people who they supported with medicines. We found the MARs had a lot of gaps where staff should sign to say they have administered the medicines. There was no explanation for the gaps therefore we could not evidence that people had received their medicines at the times they were prescribed. One staff member had signed to say they had administered an eye drop to a person on a lunch time. However this person only received a lunch time call on a Tuesday and Thursday and the staff had signed on a Wednesday. The registered manager agreed to investigate this for us. Codes that staff could use to state a reason why a medicine was not taken were not used correctly. Some staff had used a code A or an X which were not codes used for this services system. Staff were also signing to say they had administered a medicine that the person self-medicated. The registered manager said, "I am really disappointed we train all the staff to NVQ level 3 in medicine administration." The registered manager agreed to look into getting further training for staff and to source a more appropriate MAR chart that could be easier to complete.

One person received their medicines via a percutaneous endoscopic gastrostomy (PEG) feeding tube. A PEG is a thin flexible feeding tube that passes through the skin of the abdomen and into the stomach. It allows liquid food, fluids, and medication to be fed directly into the stomach. Staff had to crush the tablets before placing them in the tube. We asked to see who had provided permission for staff to crush the tablets. The registered manager said the psychologist had provided written permission a couple of years ago, however this written permission could not be found and could also be outdated. The office manager contacted the GP and pharmacist straightaway who said they would provide written permission for each tablet to be crushed.

Audits of medicines were not routinely taking place. The audits we did look at did not highlight any concerns with medicines or noted the gaps on the MAR charts.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

People told us that they felt safe. One person said, "Never been any problems at all around safety, no problems with the hoist, they are all qualified, gentle and kind." A relative we spoke with said, "I know [relative's name] is safe."

All staff had access to the agency's Safeguarding Adults policy which provided guidance to the staff on their responsibilities to protect vulnerable adults from abuse and their whistleblowing [telling someone] policy. Staff told us that they were aware of these procedures and understood how to safeguard people from different types of harm. Comments from staff included "The policies are in the manager's office I saw them on induction." and "I have copies of the policies." All staff had received training about protecting vulnerable adults and could easily explain the signs that would alert them to potential abuse and the actions they would take. The service had not received or raised any safeguarding alerts.

Recruitment procedures were in place to ensure suitable staff were employed. We looked at four staff records. These contained proof of identity, an application form that documented a full employment history and accounts for any gaps in employment, a job description, and two references. Checks had been carried out with the Disclosure and Barring Service (DBS) before the member of staff began work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This meant that checks had been completed to reduce the risk of unsuitable staff being employed by Care and Support Solutions.

People told us that having the same staff care for them was important to them and made them feel safe. One person said, "I have a team of about six to eight carers and I know them all, we are on friendly terms. They've never not turned up." Another person said, "Time keeping is not perfect but we usually get a call if they are going to be late. They are flexible with us as well if we are going out they will come earlier or later to accommodate us. I don't recall them ever not turning up." A relative we spoke with said, "We try to get the same staff but sometimes it's a problem when people leave and new ones are introduced." And another relative said, "Recently it has gone all over the place, different girls coming at different times. Mornings are not too bad but nights are all over the place." We passed on these comments to the registered manager who was going to follow up any concerns.

The registered manager told us that before anyone new began working with them, they would take them to the person's home and introduce them, giving them the chance to get to know them. We saw evidence of this in people's care plans.

All care workers were given a weekly rota which detailed the visits they were required to make. People who used the service were also provided with a weekly rota. As the service was small, rotas were similar from week to week. We asked staff if they had enough time to get to each call and to cover the call. Out of the 14 we contacted 11 said they had enough time; some staff felt it depended on traffic.

Good

Is the service effective?

Our findings

People told us that they felt staff had the necessary skills and training to support them. One person told us, "They are very good, give me a good shower, dry me properly, cream me all over from head to toe and get me comfortable before they leave." Also "They are well on top of my bed sores and get the nurse out if ever needed."

We saw that the service set clear expectations for the staff and provided on-going training to ensure that staff had the skills to carry out their role. From the training matrix, which maps out the training staff had completed, and helped to identify any training requirements, we saw that care staff had completed courses in mandatory subjects such as person centred care, moving and handling and safe administration of medicines, safeguarding vulnerable adults, first aid, mental capacity, food hygiene, equality and diversity and infection control. Each staff member had their own personal training matrix so they were also aware of what training they had done or needed to do. The registered manager said "We work closely with the occupational therapist, if any person's needs change or they have new moving and handling equipment we ask them to come and train the staff on how to use it." For each course, dates had been set for each care worker to receive refresher training within one year of completion. The matrix also identified any care qualifications staff had completed, and the registered manager informed us that they encouraged staff to continue to develop their skills and competencies through training. All staff had enrolled or completed the National Vocational Training in Care (NVQ) at level 2 or above. None of the current staff had enrolled on the Care Certificate, but when we spoke to the registered manager they informed us that they were making arrangements to introduce it. The Care Certificate is a nationally recognised qualification and provides staff with the knowledge to ensure they provide compassionate, safe and high quality care and support.

The service had a supervision policy which stated that care workers would be supervised at least six times a year and more often if performance was a problem. When we looked at supervision records we saw that this target had been achieved, and records showed that all care staff had received at least three formal supervision sessions in the previous six months, which put them on target. Staff we spoke with said, "Yes I have received supervision and will also have an appraisal soon." During the yearly appraisal the registered manager looked at the staff member's current performance, personal development and training needs. Each staff member had to complete an appraisal preparation form before the meeting to state what support they felt they needed and what was working well.

We saw evidence of regular spot checks on staff where the office manager or registered manager checked time the staff member arrived, personal appearance, how they respected people and records they made. The registered manager also involved the person in the spot check and asked for their opinion of the staff member. When we spoke with staff they told us that their work was regularly monitored and that they would be observed in the workplace on a regular basis by a member of the management team.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff were aware of the Mental Capacity Act and sought consent to support people. All the people supported by Care and Support Solutions at the time of our inspection had capacity and all had provided written consent to their care and treatment which was recorded in their care plans.

We saw peoples' choices were respected, and that care staff did not use their role to impose their own values on people. Where people made unsuitable choices such as high sugar food choice when they were a diabetic the registered manager tried to come up with alternative solutions or provided explanations why the choice of food was unsuitable. The registered manager said, "At the end of the day it is their choice we can only offer advice but we don't encourage it."

People were supported to have enough to eat and drink by staff who understood what support they required, and care records included details about any likes and dislikes people had. Staff had all completed a food hygiene course. One person explained that the care workers prepared meals and they provided assistance patiently and at their own pace. This person said, "They spoon feed me but I'm in control. I say thank you when I am ready for some more and they respond to this. Yes I get plenty to eat and drink."

People's records included contact details for health professionals who were involved in their care, including social worker's and GP's. We saw evidence in care files where staff have made dental appointments and taken the person to each appointment. One person had to spend a day in hospital and a staff member stayed with them the whole time. The registered manager said, "If someone becomes poorly I would never expect staff to leave them, I would arrange another member of staff to take their next call." One relative we spoke with said, "They have rung me at work when mums been poorly, called the doctor and if I can't get out they will stay with mum until someone arrives."

Good

Is the service caring?

Our findings

People who used the service told us they were happy with the staff team and they were kind and caring. People we spoke with said, "The staff are brilliant, we have a good relationship, they are attentive and we have a laugh they are really nice," "They [staff] are never any bother, always nice and polite," "The staff are very friendly, very pleasant and they know what they are doing," and, "Small niggles but generally very good, the staff are always bright and cheerful." However one person said, "Great at first but all of a sudden its gone downhill, different girls, stay for 10 minutes but don't seem to know what they are doing. Some of the girls are very good though." We have passed the comments onto the registered manager.

It was clear that people who used the service held the staff in high regard, and there was evidence that this was a two way process. A care worker told us, "I think people value that we take their thoughts and wishes into consideration when caring for them." Another care worker said, "We have built relationships so people feel at ease with us, this also helps us to become aware of people's likes and dislikes."

Care workers felt that they were given enough time to provide the right support and that they were not rushed to complete tasks. The registered manager said, "We don't do 15 minute calls, I refuse them, all our calls are half an hour and above." Staff said they had time to check care plans and that they had opportunity to talk to the people they supported, and discuss their care needs. They informed us that they would offer choices where possible, for example, they would offer choice in decisions such as what meals, clothes and activities. One staff member said, "I speak to the person and ask their preference, I don't just tell them." Another staff member said, "I listen to their needs and treat all clients with respect."

The staff also showed respect for people's dignity. Staff told us how they would protect people's dignity when conducting personal care. One staff member said, "I always close curtains, keep them covered up as much as possible and I never discuss the person to other people who are not concerned with them." Another staff member said, "Always keep the person covered and also never be nosey or intrusive."

Staff treated each person as an individual and listened to them and involved them in decisions about their care. One staff member told us, "I always make sure I ask the person and check the care plan." Another staff member said, "I always listen to them [people who used the service] they value I understand and respect them." And another staff member said, "The care plans are good but I like to ask them, I communicate and listen carefully to what they say, I respect their choice and make sure their needs are supported."

Staff promoted people's independence as much as possible. Staff we spoke with said, "I encourage and empower them so they feel confident to do things independently." Another staff member said, "I prompt and encourage the client and let them do things their own way."

The registered manager said they had supported people and their families during end of life care. They said, "Staff rang one Sunday to say they thought a person was coming to the end of their life, we contacted the appropriate people and staff stayed with the person until the family arrived. I [registered manager] also went to support the staff as well."

Good

Is the service responsive?

Our findings

Care and Support Solutions supported people in their own homes with a variety of tasks including personal support, meal preparation, supporting people to take their medicine and other activities of daily living. One person told us, "They are attentive, have a laugh with you are very nice." Another person said, "Can't fault them, I'm glad they have this opportunity for recognition, 100% recommended." And another person said, "Best thing about them is they are always available and management always answer queries quickly and act on it."

We looked at three support plans. We found the support plans difficult to follow due to old plans not being archived. The support plans did not have a lot of personal information or information that related to the person's current needs. We discussed this with the registered manager who was able to explain why some information was missing or inaccurate from some people's support plans. Due to people's mental health needs support plans did not always accurately reflect their conditions. For example one person's plan described a condition they did not have but because of their mental health condition they needed to think they did. We were told staff were aware of this however there was nothing documented. The registered manager agreed to keep certain information on each person in the office so staff were fully aware and knew how to respond to the person's mental health needs. The registered manager also agreed to add information about people's life history if known.

Care records documented each person's daily routine and these were very detailed. For example, for one person, once all care was completed staff were to walk the person to their settee, make sure they were comfortable, and also make sure all their items were in easy reach such as the remote control, phone, glasses and reading material. Staff were to leave a light snack and fresh water.

We did see some good evidence of personalised care. For example, one person new to the service needed support around their personal appearance. One staff member arranged for this person to have a haircut and visit the dentist. The registered manager said, "The change in them was amazing they looked really well." There was evidence that people who used the service were involved in planning their care. Person centred care plans provided detailed instruction to support the person. We saw that assessments were carried out with the individual concerned, and their families if the person agreed, the social worker and where necessary the district nurse. Plans were checked by the registered manager or the office manager on a monthly basis, and reviewed every three months.

Where people's needs changed the service responded quickly and appropriately. For example, if people were unwell any concerns were reported and followed up. Examples included arranging and supporting them to attend a GP appointment or hospital appointment, review of medicines and assessment for equipment in their homes. Any new equipment a person needed or if there was a change to a person's mobility needs, the occupational therapist supported staff with up to date training on the new equipment or mobility need. The registered manager said, "One person had not had a shower for two years because their care provider did not feel it was possible in the time allocated. We organised with the occupational therapist equipment that would assist in us being able to carry out this task and they now have a shower every day."

Before people started with the service they were referred by a local authority case worker who provided an indication of their needs. The registered manager or office manager would complete a full assessment of their needs in their own home. They would then plan delivery of support that was mindful of their personal care needs, wishes, aspirations, and needs or support with activities of daily living. The registered manager told us that they were aware of the service's limitations, and would not accept a new person into the service if they did not believe that they could provide a good quality of support. As they received care, each member of the team who would be working with them would be introduced to them and a care plan would be drawn up to include their needs, likes and preferences.

The registered manager ensured a smooth transition for one person from a care home back to their own home with support from Care and Support Solutions. The registered manager met the person at the care home to go through their needs; they then went with the person to their home to check what was needed in the home such as mobility equipment or moving furniture about. The registered manager then met the person when they were discharged from the care home and stayed with them in their own home to make sure they were settled. The registered manager introduced which staff would be providing care and returned the next day to see how things had gone. It was decided that the person needed double up [two care workers] calls on a night; with the involvement of the social worked this was arranged. This meant the person's transition was well supported by the registered manager.

The service had a complaints policy and we saw that where complaints had been made they were investigated thoroughly and dealt with appropriately, with investigation notes and actions recorded. Two formal complaints had been made. Copies of the complaints were documented and followed up with full involvement of the social worker. When we spoke with people who used the service and their relatives, they told us they felt confident to express their views and could always talk to a staff member or a member of the management team if they had any problems. People we spoke with said, "If I've a problem I phone up and it's sorted out. I usually speak to [office manager's name] or [registered manager's name] they are always friendly and sympathetic." And another person said, "If I had a complaint I would talk to [office manager's name]. She comes out to see me and brought me a bunch of lilies for Christmas."

Requires Improvement

Is the service well-led?

Our findings

Throughout the inspection we found records were not always up to date to reflect current needs, for example there no were no risk records to cover falls, skin integrity and catheter use. Daily records, MAR charts, body maps and any record relating to the person on a daily basis were not collected monthly and audited monthly. Information on service records for equipment staff were using was not documented. We found quality audits were taking place but had not highlighted any of the issues we raised, mainly around medicines.

The registered manager agreed to rectify the issues about records straight away.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Care and Support solutions sought the views of people who used the service, through regular contact such as weekly phone calls or visits, monthly reviews and by conducting yearly customer satisfaction surveys. We looked at the most recent survey which was conducted in May 2017. The service received 10 completed surveys' and comments included, "I very much appreciate the service and the workers", "I am happy with the service I get and I think the company gives me." One person said they had a concern and the office manager had arranged a meeting with this person on their return from holiday.

External healthcare professionals said, "Care and Support Solutions are a spot contract provider currently providing homecare services to adults who require complex care and bespoke support, and whose needs cannot be met by our standard homecare providers. Their service is based around quality services rather than volume and bespoke to service users who have unique and complex care needs. The managers are responsive, the service is well led and we have excellent relationships with them. I have no concerns regarding the service which is safe, effective and caring." And "Care and Support Solutions have been successful working with complex clients and stabilising care packages. I have seen a remarkable change during a review of one of my more difficult clients." Another professional said, "They [management] act on things straight away, it is a good service and they very much care about their clients. They invest a lot in their staff."

The registered manager said, "Our staff spend time with our clients when they are poorly, we visit them in hospital and keep in contact with families during difficult periods. These final touches to the care we provide are over and above what we are asked or paid to do but we want to give our clients a little extra."

It is a requirement under The Health and Social Care Act (2008) that the manager of a service like Care and Support Solutions is registered with the Care Quality Commission (CQC). This service had a registered manager who has been registered since June 2016 at this new address. The registered manager was also the provider. The registered manager was present throughout the inspection. As this was the first inspection of Care and Support Solutions by the CQC the service had not been previously rated and so it had not been required to display the CQC rating, but displayed the certificate of registration in the office.

Staff we spoke with felt supported by the registered manager. One staff member said, "Yes I am very well supported." Another staff member said, "Yes I am supported, we have a lovely team and lovely management." And another staff member said, "Management are supportive most of the time, they have given me the type of clients that suit my qualities best."

People who used the service and their relatives said the registered manager and office manager were well known to them, they liked them and they are accessible and approachable. One person said, "Best thing about them [registered manager and office manager] is they are always available always answer queries quickly and act on it."

Staff were supported to be involved with the service and staff meetings took place two or three times a year. Topics discussed were sickness, absence, rotas, training, care plans and any updates.

The registered manager sent us information on their visions and values which stated, 'Our Objective is to provide a service which enables all people to continue to live their lives and participate in society on an equal basis to other citizens. Our clients will be treated with dignity and respect and encouraged to make their own decisions on matters which affect their day to day living. They will be encouraged to live as independently as possible in their own homes.' From talking to staff and people we saw these visions and value were put into practice.

Before the inspection we checked records we held about the service and saw incidents that CQC needed to be informed about, such as safeguarding allegations, had been notified to us by the registered provider. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments relating to the health, safety and welfare of people using the service were not completed and no guidance was available for staff to follow to mitigate risks. We could not evidence that people received their prescribed medicines due to gaps on the medicines chart. Staff were crushing medicines without permission or guidance from the GP and pharmacist.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not completed in respect of each person that used the service. Where risks were identified measures were not documented to mitigate the risks. Audits had not highlighted the concerns we raised. Checks were not completed monthly or on a regular basis on people's daily record books, medicine charts, body maps and any other records completed on a daily basis.