

Solihullhomecare Limited

Solihull Home Care

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 Home Care is a family run service which provides personal care and support to people who live in their own homes. This can be older people who may have physical health needs, or people living with dementia. At the time of our visit there were 13 people who received personal care support.

People's experience of using this service:

- People felt safe receiving care from staff and with the staff that supported them with care.
- The provider's recruitment procedures had ensured staff were safely recruited.
- Risks related to people's health were identified and acted upon.
- Staff knew how to protect people from potential abuse and avoidable harm to keep them safe.
- Medicines were managed safely, and people received them as prescribed.
- There were enough staff to support people's needs including any emergency care needs.
- People's needs were assessed before they started at the service and staff completed training to ensure these needs could be met safely and effectively.
- People said staff were very caring and kind in their approach and knew them well.
- Staff supported people consistently and this enabled them to provide them with care and support in ways they preferred.
- People were provided with support to access healthcare professionals when needed.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's care plans contained detailed information for staff to ensure people received the personalised care and support they had agreed.
- Staff understood the importance of respecting people's privacy and dignity.
- People were supported to be as independent as possible.
- The provider had various quality monitoring systems to check people received safe care and support in accordance with the providers policies and procedures.
- Overall, people were extremely happy with the care received from Solihull Home Care. People knew how to make a complaint should they have any concerns about the service.
- Where concerns were identified, for examples referrals to the safeguarding team, these had not always been notified to us in a timely way, to enable us to monitor the service.

We found the service met the characteristics of 'Good'. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: 'Good'. The last report for Solihull Home Care was published on 29 September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The previous 'good' service provided to people remains unchanged.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well - led.

Details are in our Well - led findings below.

Solihull Home Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team: One inspector.

Service and service type: Solihull Home Care provides personal care and support to people living in their own homes. This can be by way of individual care calls or live in care staff. CQC regulates the personal care provided. 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: The inspection took place on 2 May 2019 and was announced. Phone calls to people and staff took place on 3 and 7 May 2019. We gave the registered manager 48 hours' notice to ensure that people who received the service and staff would be available to speak with us.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential abuse, information from the public, whistle blowing concerns and information shared with us by local commissioners (who commission services of care). The commissioners had no concerns about the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager was given the opportunity to provide further information during the inspection process.

During our inspection visit we spoke with one person and three relatives to understand their experience of the care provided to them or their family members. We spoke with three care staff, one team leader, one care administrator and the registered manager. We reviewed a range of records. For example, we looked at three people's care records and a sample of medicine records. We also looked at records relating to the

management of the service. These included staff rotas, compliments and feedback from people who used the service. We looked at the provider's checks on the quality and safety of care provided that assured them they delivered the best service they could. We checked two staff files to ensure they 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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- Procedures for the safe recruitment of staff had been followed to ensure staff were suitable to work with people.
- People told us there were enough staff to provide their care and they usually arrived at the time expected. One person said, "The staff are mostly on time, the traffic can be a problem, but they let me know if they are running late, they have never missed a call."
- Staff confirmed they had the time they needed to provide the support people required and had some additional time to meet unplanned care needs. One staff member said, "There are enough staff and we have enough time to get to calls, they are usually very close together."
- The registered manager told us there was not a high turnover of staff and staff that left did so due to career progression often.

Assessing risk, safety monitoring and management

- People and relatives said the service was safe. One person told us, "I have no concerns whatsoever, I feel safe in their hands."
- Risks associated with people's health, care and the environment had been identified, assessed and regularly reviewed. For example, moving and handling and falls risks.
- Each person had a fire risk assessment and personal emergency evacuation plan which contained information about what support people needed in an emergency.
- Contingency plans were in place to ensure any unexpected events were considered, such as bad weather, to ensure the service could continue. This involved a traffic light system to consider people's care needs and defined staff roles in this situation.
- An on-call system operated to ensure staff could speak with the registered manager or senior staff out of office hours, if emergency advice was required.

Systems and processes to safeguard people from the risk of abuse

- Staff told us people were safe at Solihull Home Care. One staff member told us, "It is 100% safe here, if anything was not safe for people we would deal with it."
- People were supported by staff who understood how to protect them from the risk of abuse. Staff had completed training on how to recognise abuse and understood their responsibility to report any concerns they identified to their manager or to escalate these further if required.
- The manager understood their responsibility to report safeguarding concerns to the local authority and clinical commissioning groups and had done this when concerns had been identified.

Using medicines safely

- Staff completed medicines training to ensure they could administer medicines safely and in accordance with good practice.
- People received medicines as prescribed. Medicine administration records documented how medicines had been managed.
- The management team completed regular checks of medicine records to make sure people had received their medicine correctly and staff followed safe practice. Where any issues were identified these were raised with staff to ensure learning and to prevent reoccurrence.

Preventing and controlling infection

- Staff completed training in the control and prevention of infection and understood their responsibilities in relation to this.
- Staff wore personal protective equipment, such as gloves and aprons, when necessary to protect people from the risks of infection.

Learning lessons when things go wrong

- Lessons had been learnt from incidents at the service. For example, medicine errors such as missed signatures had been identified and action had been taken to reduce the likelihood of this happening again.
- Accidents, incidents or near misses were recorded and monitored to identify any concerns that may need to be acted upon to reduce reoccurrence.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. This meant staff could be sure they could meet people's varying needs.
- Assessments included people's physical and emotional needs and provided information about what people could do independently and what they needed support with.
- Care records documented these support needs and were regularly reviewed to identify any changes.
- Care was recorded and monitored using an electronic care system and 'app'. This enabled staff to record when they arrived and left care calls, send messages to the office and view care rotas.

Staff support: induction, training, skills and experience

- Staff received a 12-week induction and training when first starting work at the service. They worked alongside other experienced staff to get to know people and understand how people wished to be supported. One staff member talked positively about this and told us, "The way I learn is to be shown something, then to get on with it, they considered what our learning style was (during the induction)."
- People told us staff were sufficiently trained to support their needs. The registered manager delivered some of this training and feedback about this was good. One staff member told us, "I think [Registered manager] goes through everything with a fine – tooth comb and is very thorough." Staff practice was reviewed during observations, and feedback given to ensure this remained of good quality.
- Staff felt supported in their role and received on-going training as well as individual meetings to support and guide them with their work. Training was completed either online or in a classroom and included health and safety, medication and moving and handling. Some staff were also being supported to complete further health and social care qualifications.

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

- Staff supported some people with meals and drinks as part of their care plan. One compliment we saw thanked staff for 'perseverance' with their nutrition as now they had gained weight.
- Risks associated with people's eating and drinking were assessed and any support was provided as required.

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

- Staff monitored people's health and knew to report any concerns such as signs of illness, that might indicate the person needed healthcare support. One relative told us their family member had been unwell and because staff knew the person well they had recognised the signs and sought immediate medical advice which meant they had prevented the health condition getting worse.

- Referrals had been made to other professionals such as the GP, district nurse, occupational therapy and falls team where necessary.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

- People told us staff asked them for consent prior to providing support.
- The registered manager and staff understood their responsibilities under the Act and had received training in relation to this. One staff member told us, "We need to consider if best interest decisions need to be made. If a person had taken alcohol or drugs, then they may lack capacity at these times." Staff had been involved in some best interest meetings, for example in relation to management of medicines for one person.
- Most people using the service made daily decisions for themselves, or if appropriate, with the support of relatives or staff.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were very happy with the care staff at Solihull Home Care. One relative told us, "[Person] loves them (staff). There are four girls and they have grown to love them all. They have a laugh and a hug. We are amazed we have found such a lovely care company." Another person told us, "I am very, very happy, they (staff) are the best I have been with, they are caring and make you feel comfortable."
- Staff told us why they felt they were caring. One staff member told us, "I think we do go above and beyond. For example, we might mend things for people that need sewing or clean things they might not be able to do themselves." The staff member gave another example where they took extra care when buying groceries for people to save them money. Another staff member told us the provider bought Christmas gifts for people each year.
- Recent feedback from one person was shared with us. They described the care staff member that supported them as 'amazing' and a lovely person. They said that they were reliable, and nothing was too much trouble for them. They felt they were never rushed by the staff member, who was full of encouragement and the benefit to them was this had improved both their physical and mental well-being.
- The registered manager told us that staff provided a lot of extra care support on a voluntary basis for people. For example, a staff member had taken one person to the cinema in their own time. On the day of our visit another person was being supported by staff to attend a funeral. Staff also supported people with practical tasks not always on the care plan such as folding of laundry and changing bedding.
- People were provided with additional information if required to support their health and well-being such as information in relation to a local carer's centre and around prevention of falls.
- Equality and diversity were considered when people began to use the service. Assessments included consideration of people's sexuality, preferred gender of care staff, faith and beliefs, to ensure staff would be able to support people in the ways they preferred. The registered manager told us this was something they also considered when interviewing new staff, to ensure the right people were employed. Consideration was also given when supporting staff, for example one person only worked at certain times during periods of fasting.

Respecting and promoting people's privacy, dignity and independence

- Promoting independence was encouraged by care staff. For example, one person had lost confidence in their abilities following a decline in their health. The care worker had supported them in relation to personal care, and now they were able to do more things independently. For another person who staff described as usually very 'glamorous', they had lost some motivation. Staff had worked with them successfully to gradually improve their confidence again.

- The registered manager felt sure people's physical health was enhanced by their emotional well-being and had arranged opportunities for people to be involved with their community. Staff supported some people to go to a memory café, local shops, garden centres and restaurants. Plans were also in place to arrange a coffee morning at the service to enhance their social wellbeing.
- People felt staff were respectful towards them and spoke positively of the staff who supported them.
- Staff knew how to maintain people's privacy and dignity. One staff member told us how one person was very private in relation to receiving personal care and they respected their wishes, taking time to get to know them at their pace to build up this trust.
- Care records were stored securely at the office to ensure these remained confidential.

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

- People made day to day decisions about their care and staff respected people's right to decline support.
- One person currently received support from an advocate and another person was in the process of this being arranged. The registered manager was aware this should be considered if anyone required some assistance with decision making.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support was planned with them when they started using the service. Each person had a care plan, and this provided staff with detailed information about how to support people in ways they preferred. For example, one person living with dementia behaved in a certain way at times and staff understood this behaviour related to historical events.
- Staff recorded the care and support they provided in records held within each person's home and electronic records. This meant staff always had up to date information to provide the care people needed. People and their relatives where applicable, were involved in monthly reviews of the care.
- People knew staff well and told us a consistent team of staff supported them. People were told in advance which staff were supporting them. People told us new staff were introduced gradually which enabled them to get to know them well.
- People received information in a way they could understand. For example, one person was visually impaired, and information was provided to them in bold and large print. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns; however, did not have any cause to complain. One family member told us, "I have got no concerns, if I have any problems, they are minor ones and then they put it right, it is addressed straight away." Another person told us they had raised a complaint in the past about a staff member and this had been addressed by the registered manager quickly.
- People told us the registered manager was approachable and took people's concerns seriously. Complaints were dealt with and responded to, in line with the complaints policy.
- Compliments were recorded and 19 had been received in the past 12 months. Comments included, 'You have chosen a team of carers who have made my life easier'. '[Person] has made [family member] so happy and is so capable,' and, 'Without your help I would not have been able to stay at home.'

End of life care and support

- The service supported people at the end of their life and care plans had information about this. People were asked about their future wishes during their assessment and the registered manager had plans to develop this area further. They told us staff followed the person's lead to ensure they supported them in their preferred way during this time.

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

Requires Improvement: Service management could be inconsistent in some areas.

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

- The management team consisted of a registered manager, a deputy manager and a team leader. Staff told us the registered manager was supportive and approachable. One staff member said, "[Registered manager] is brilliant, I had an issue at home and felt stressed and they ensured I had a break, and everyone supported me. We have a small work family here."
- The registered manager said they understood their regulatory responsibility to inform us about significant events that happened at the service such as serious incidents and suspected abuse. These notifications enable us to monitor the service. However, we had not always received notifications in a timely way. For example, one staff member had not followed the care plan when moving someone, and consequently put the person at risk. The registered manager had acted to address this immediately and reported this to the local authority safeguarding team. We had not been notified of this and some other incidents. We discussed this with the registered manager who confirmed they would notify us of all cases of suspected abuse now and have since submitted these to us.
- The registered manager told us about changes and improvements planned. They had recently moved into new offices. They felt the paperwork required some further improvement and their plans to address this. Some staff were still embracing the electronic system. They had had a difficult period previously when they had unexpectedly lost a valued member of staff and this had impacted on the staff and service at that time as they managed the office and paperwork. The registered manager told us they ensured they employed the right staff who had the right approach to caring.
- Plans were to keep the service small and homely to ensure people were well supported. The registered manager told us, "I think we have a little utopia here."
- The provider used some quality assurance monitoring tools to ensure the service provided safe, good quality care, that supported people's needs. This had been successful in identifying some areas which could improve, for example, improving recording of medicines. Observed practice and spot checks were carried out of staff while in people's homes, to provide further feedback in relation to practice. This was alongside the electronic care system which identified for example, if staff were late to arrive at calls.
- The previous inspection ratings were displayed at the service; however these were not easily accessible to the public. We asked the registered manager to ensure these were displayed in a more conspicuous place, and they addressed this.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were happy receiving care from Solihull Home Care. One person described them as, "Excellent, second to none." People spoke positively about the management of the service and the staff. One person

told us if they called the office to discuss anything they would generally get through straight away and described office staff as "easy to deal with".

- One staff member told us that there was a really nice atmosphere where everyone was passionate about achieving the person's goals and putting the client first. One staff member told us how they "loved" their job.

- The registered manager understood their responsibilities under Duty of Candour, that was being open and honest and accepting responsibility when things went wrong. For example, with an incident where the staff member had not followed the care plan, an apology was given to the person and their family.

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

- Staff attended meetings with managers where they were given opportunities to discuss and make decisions related to the service. One staff member told us they felt the team meetings were a good support for them.

- People were invited to feedback about the service they received and any decisions which impacted on them. An annual survey was sent out and monthly feedback obtained.

Continuous learning and improving care

- The provider and manager understood their responsibility to be open and honest when things had gone wrong. Learning was shared and discussed with staff, to prevent reoccurrence.

- Senior staff were involved in a registered manager's forum to ensure they stayed up to date with any changes in relation to health and social care.

Working in partnership with others

- The provider worked in partnership with other professionals such as the local clinical commissioning group, local authority and other health care professionals to ensure people experienced positive outcomes in relation to their care.

- The registered manager had a local learning and development partner called 'SWIDCA' where they received support with health and social care information and training. The registered manager also provided dementia training for the Alzheimer's society and was part of the mentorship scheme for Skills for Care.