

## Local Solutions

# Local Solutions Prescott Branch

### Inspection report

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Date of inspection visit:  
16 June 2016  
21 June 2016  
12 July 2016

Date of publication:  
28 September 2016

### 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

This was an announced inspection which took place on 16 and 22 June and 12 July 2016. The provider was given 48 hours' notice because the location is a domiciliary care agency and we needed to be sure that someone would be available at the office to assist with the inspection.

Local Solutions is a social enterprise charity organisation providing care to people in the community. With a number of branches across the North West of England, Local Solutions is registered by the Care Quality Commission to provide personal care to people in their own homes. Local Solutions Prescott Branch is managed from well-equipped offices located near to the centre of Prescott, Merseyside. Services are provided to support people to live independently in the community. At the time of this inspection approximately 320 people were using the service, supported by a team of approximately 120 staff.

A registered manager was in post, however, at the time of this inspection a new manager, now registered with the Care Quality Commission had taken over the role. 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.

At the previous inspection of this service in January 2014 we found that the registered provider was meeting all of the regulations that we assessed.

During this inspection we found that improvements were needed as to how the registered provider monitored the records of people who used the service and staff. We found that the system for monitoring these records had failed to identify areas of improvement that were needed to ensure that accurate, up to date information was available.

We have made a recommendation that the registered provider further develops their internal monitoring systems.

We have made a recommendation that the registered provider further develops their process for measuring identified risk to people. The current system failed to ensure that there was a consistent approach to measuring and minimising risks to people.

We have made a recommendation that the registered provider further develops their systems for recording information about people's needs to ensure that up to date information is available at all times. This is because records of people's needs were not always accurate and up to date.

People told us that they felt safe using the service. Systems were in place to help ensure that people were safeguarded from harm. This included policies and procedures for staff to follow. Staff had undertaken training in safeguarding people and they were confident about reporting any concerns.

Safe recruitment practices were in place which helped ensure that staff only suitable to work with vulnerable people were employed at the service. These safe recruitment procedures were followed. They included obtaining information about applicant's previous employment and carrying out checks of their fitness to work with people.

The health and safety of people was protected as the registered provider had developed guidance for staff and provided them with training about how to keep people safe. Staff had access to this information and they knew what to do in an emergency situation.

People told us that staff always asked for their consent before delivering any care and support. Staff demonstrated a clear understanding of the need to ensure that people gave their consent prior to any care and support being delivered.

People were supported by staff who received training and supervision for their role. Staff confirmed that they had received the training and support they needed to carry out their role safely.

People felt they were well supported by the staff in relation to having their nutritional needs met. Care planning documents for people contained information relating to their personal nutritional needs.

People told us that staff delivering their care and support were caring and respectful when they visited their home.

People had access to information about the service. This information was in relation to the standards of care and support they should expect; important telephone numbers and information of what services can be provided.

Policies and procedures were in place to support and guide staff on best practice in their role. Having access to this information helped ensure that people received the care and support they required safely.

Recent changes had been made to the management team arrangements within the service. The registered provider had made the changes to ensure that the registered manager was available at the service at all times. There were a number of detailed monitoring systems in place which included the close monitoring of safeguarding concerns and complaints made about the service. Annual reviews of these systems were in place to ensure that they continued to be effective.

## 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.

The process of measuring risks to people required further development to ensure there was sufficient information about how to keep people safe.

People felt safe using the service and staff demonstrated an awareness of safeguarding procedures.

Policies and procedures were in place to help ensure that people's health and safety was maintained.

Procedures were in place to help people receive their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People's nutritional needs were planned for and met.

Staff demonstrated an awareness of ensuring that people gave their consent to any care and support they received.

People were supported by a staff team who received regular training and supervision for their role.

### Is the service caring?

Good ●

The service was caring.

People were supported in a caring manner.

People's privacy and dignity was respected.

Information was made available to people as to what standard of service they should expect, including information about local advocacy services.

### Is the service responsive?

Good 

The service was responsive.

Records were not always kept up to date about people's needs.

People were aware of how to make a complaint about the service and complaints were appropriately managed.

People were asked for their views on the service they received.

### Is the service well-led?

Requires Improvement 

The service was not always well led.

Quality monitoring systems were not always effective as they failed to identify improvements needed.

A registered manager was in post.

Policies and procedures were in place to offer guidance to staff in carrying out their role safely.

# Local Solutions Prescott Branch

## **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 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 inspection was carried out by one social care inspector on the 16 and 22 June and 12 July 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available at the office to assist with the inspection.

We visited the office and met with the registered manager and a director for the organisation. In addition we met with two further members of the management team, and spent time with the care co-ordinators whilst they responded to telephone calls to the office. We checked a selection of records held at the office, including the care records for five people who used the service, staff recruitment and training records for six of the most recently recruited staff, policies and procedures and other records relating to the management of the service.

As part of this inspection we spoke with 11 people who used the service and four people's family members to gather their views. We spoke with six staff. Prior to our inspection we received completed surveys from 12 people who used the service, two of their relatives and 11 staff. This inspection took account of the results of the surveys.

Before this inspection we reviewed the information we held about the service including statutory notifications that the registered provider had sent us along with the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make. We spoke with two local authorities who

commission people's care with the service. They told us that they had no immediate concerns about the service.

# Is the service safe?

## Our findings

People told us that they felt safe when staff were delivering care and support to them. One person commented, "I feel very safe with the staff who visit". The results of surveys showed people felt safe and were free from abuse and or harm from the staff.

Risk assessments had been carried out to identify any potential risks to people who used the service and to staff. Risk assessments considered the task, hazard, people at risk, the likelihood of the risk and measures to minimise it. In addition, they considered the level of risk. However Risk assessments failed to provide sufficient information available for the person assessing a risk when they measured the severity and likelihood of a risk occurring. Failure to have sufficient guidance may result in differing opinions of the level of risk a person may be exposed to which could result in the risk assessment process being ineffective. We recommend that the registered provider further develops their process and systems for the measuring identified risk to people.

Policies and procedures were in place to protect people from abuse. The registered provider had a safeguarding adults procedure in place which was accessible to staff. In addition, a copy of the local authority joint agency safeguarding procedures were available within the service. A designated manager was in place to oversee and monitor all safeguarding and care quality concerns. Training records demonstrated that all staff had received training in safeguarding people. Prior to this inspection the registered provider had carried out knowledge checks with staff in relation to safeguarding people, these checks involved staff being randomly contacted by telephone and asked questions on the subject. Results of staff surveys showed they knew what to do if they suspected a person was being abused or was at risk from harm. Staff told us what actions they had recently taken to ensure that people were safeguarded from harm in their own home.

Procedures and guidance was in place to ensure that people received their medication safely. These procedures included national guidance from the National Institute for Health and Care Excellence (NICE). Records showed that staff had received training in the safe administration of medication. Medication administration records (MARs) were signed by staff when they supported people with their medication. We saw that the MARs were completed with people's name, GP name and contact details, any known allergies and details of prescribed medication and instructions for use. The registered provider was in the process of implementing new care planning documentation that gave the opportunity to record any risk associated with people taking their medication. The registered manager told us that this improvement had previously been identified as being required to minimise any potential risks people taking their medication.

People told us that sufficient staff were employed to meet their needs. They told us that the correct amount of staff visited them. People's visits were planned on a rota. We saw that these rotas were constantly managed from the service's office with staff updating and making changes to rotas to meet the needs of people. On arrival at people's homes staff electronically 'logged in' which automatically informed the office staff that the member of staff had arrived. This system alerted staff at the office if a member of staff had not arrived at an address within a specific time frame. In the event of a member of staff not arriving alternative



arrangements could be made to ensure that people received the care and support they required. The call monitoring system was managed by staff at the service's office between the hours of 7.30am and 10.30pm. The service had recently introduced a five minute travelling time for staff between visits to people. Staff told us that this had improved their ability to arrive at people's home on time.

People were protected by safe recruitment procedures. Recruitment policies procedures were in place to help ensure that only suitable people were employed by the service. We looked at the recruitment files of six most recently recruited staff. The information contained in the files demonstrated that appropriate checks had been carried out prior to the staff starting their employment. For example, application forms had been completed, evidence of formal identification had been sought, references had been obtained and Disclosure and Barring Service (DBS) had been carried out. These checks are carried out to help ensure that only people suitable to work with vulnerable people were employed at the service.

Policies and procedures were in place to protect the health and safety of people and the staff supporting them. These documents were accessible to all staff. Training records demonstrated that staff had received training in relation to health, safety and fire safety. To enable staff to support people safely personal protective equipment (PPE) was available which included disposable gloves and aprons.

## Is the service effective?

### Our findings

People told us that they felt the service they received was effective. Their comments included, "I am always asked by staff what I want them to do and I have given my consent to the care I receive", "Staff are confident in what I want and what is needed and they will always do something differently if I want them to", "They [staff] are very good".

People told us that staff completed all of the tasks required during each visit. In addition people told us that during their visits staff enabled them to be as independent as they could be. For example, one person told us that when bathing, staff ensured that they had soap and a flannel within easy reach so they could wash themselves.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. The majority of staff surveys showed the respondents had completed training and understood their responsibilities under the MCA.

People told us that staff always asked for their consent in relation to the service they received. People's comments included "They always ask if I want something done before they do it". Another person told us "They always ask me before they do things, like getting my tablets out". Newly designed care planning documents were in the process of being implemented within the service that enabled people to consent and sign to all elements of their care package. Prior to this inspection each member of staff had been sent a copy of the registered provider's policy in relation to consent. Staff had been asked to sign that they had received, read and understood the policy. This policy informed and guided staff in ensuring that people's consent was sought at all times. Staff spoken with demonstrated a good knowledge of how they ensured that people's consent was obtained prior to offering any care and support.

People felt they were well supported by the staff in relation to having their nutritional needs met. People who received support with their meals told us that staff always made sure that had enough to eat and drink before they left. One person told us that staff always prepared three drinks prior to leaving as that is what they wanted. Another person told us that staff prepared their meals in line with a particular diet that they required. They told us, "They [staff] know what I need to eat from my menu and they know how to prepare it".

In the event of illness, people told us that staff supported them well. For example, one person told us that they had recently been poorly and that staff extended their visit which they appreciated. Another person told us that staff had contacted the ambulance service when they were unwell and waited with them until the ambulance arrived. Relatives of people who used the service told us that the staff always contacted them in the event of their relative being ill or unwell.

Newly recruited staff were inducted into their role. The induction took place over a seven day period in which staff received information and training in relation to their role. For example, basic life support, moving and handling, dementia care, communication, health and safety, nutrition and the Mental Capacity Act 2005. The majority of staff who completed a survey told us that they had completed an induction which prepared them fully for their role before they worked unsupervised.

People who used the service felt that staff had the skills to provide them the care and support they needed. Training records demonstrated that staff had undertaken training which included food hygiene, health and safety, first aid, record keeping, medication and safeguarding. In addition to this training the majority of staff were, had, or were in the process of completing training in relation to level two and three of the Qualifications and Credit Framework (QCF) in social care. The QCF is a nationally recognised qualification framework that enables staff to acquire further qualifications in relation to their role.

Staff received regular supervision and annual appraisals of their work. Throughout the year staff received a number of one to one supervision sessions with their line manager, including observations whilst supporting people in their homes. A record of all supervisions was kept. Records included details of discussions and observations which took place and any training and development needs which were identified. The results of surveys completed by staff showed they received regular supervision and appraisal which enhanced their skills and learning.

The office had equipment which enabled people's care to be planned and co-ordinated such as computerised rota planning and recording people's care and support needs. There were facilities available for staff training and meetings and there was a passenger lift which enabled people to access the upper floor of the office.

## Is the service caring?

### Our findings

People told us that the staff were caring and respectful. People's comments included, "Very respectful, I never feel uncomfortable", "The staff are very good, they know where things are and what I like", "My privacy is always respected", "Staff know my routines" and "They [staff] are really good with me", "They welcome me to the day when they arrive in a morning", "They [staff] will do anything for you, I love the bones of them".

Three people commented that staff helped them maintain their independence around their home. One person told us, "They [staff] keep me independent by motivating me" and another person told us that staff promoted their independence and concentrated on the things that they needed assistance with.

People told us that staff were respectful, one person told us, "They [staff] respect me as an individual". A number of people told us that they felt their needs were respected as staff always listened to what they had to say and valued their opinion. In addition, people confirmed that they were given a choice of gender of carer to carry out their care and support. Two people told us that they had requested this that their choice had always been met.

Two people told us that they had specified that they did not want particular staff visiting them. They said their request had been listened to and actioned.

People told they chose how their care was delivered and that they received a high standard of care. For example, one person told us they were always offered a choice of having a shower or a bath. The person said that being given a choice was important to them as they didn't always want the same thing every day. Another person told us that staff were thorough in meeting their personal care needs. They told us that staff always assisted them with a good refreshing wash in a morning which sets them up for the day.

A person's relative told us that a daily diary had been introduced to support communication between them and staff. They told us that this had worked well and helped ensure that any important messages about their relatives care was shared. Another relative told us that staff made their relative feel comfortable and relaxed with their friendly attitude and how they communicated.

Two people told us that they felt the staff team were very caring as they assisted them to care for their pets, which helped them immensely. They told us that staff understood the positive impact to them of having their pets around them.

People were given a Service User Guide which contained telephone contact numbers for key staff and the aims and objectives of the service. In addition the information also included, information relating to the history of the service, the aims and objectives of the service, information about safeguarding, how people's needs are assessed, key contact details, how to make a complaint, and how to contact local advocacy services for independent support.

## Is the service responsive?

### Our findings

People told us positive things about the service they received. Their comments included "On the whole it's a pretty good service", "They are fantastic", "I am more than happy with the service", "As a newcomer to social care I can't be more pleased with the service really", "They [staff] are very nice" and "I would be more than comfortable in raising any concerns if I had any".

A daily record of the care and support people received was maintained and people confirmed that staff completed the records following each visit. Records were also kept electronically (on computer) so that care co-ordinators had access to a record of the care and support people received at all times. These electronic records recorded telephone calls from people and family members in relation to people's care and support needs. Staff stated that all information recorded on the system would be dealt with immediately, and transferred into people's care planning documents. However, we saw that not all of the records demonstrated that they had been updated. For example, an entry for one person stated that there had been an issue relating to medicines and that a staff member had not stayed for the correct amount of time. Staff assured us that this had been addressed; however, there were no records to demonstrate what action had been taken.

Another electronic record stated that there had been changes made to where a person's medicines were kept, however the person's care plan had not been updated with this information as it stated that the person managed their own medication. Failure to maintain up to date records may result in people not receiving the care and support they required.

We recommend that the registered provider further develops their systems for recording information about people's needs to ensure that they include accurate and up to date information.

Prior to people using the service an assessment of their needs was carried out. When people started to use the service they told us that they had been visited by a senior member of staff who had assessed their needs. People told us that they had been part of this assessment and that they had been asked what their needs were and how they wanted the service to support them. A care plan was developed for people based on assessments carried out.

People confirmed that they had a care plan which was kept at their home. They told us their care plans were regularly reviewed and updated as required with their involvement.

At the time of this inspection the service was in process of implementing new revised and updated care planning documents for people. The newly revised documents gave the opportunity to record people's needs and wishes in relation to their mental capacity, their consent to care, plan for specific needs in relation to communication, physical, health and social care needs, safeguarding individuals' liberty and medication information. In addition, a document titled 'How I Would Like To Be Supported' gave the opportunity for people to share information about their specific needs and lifestyle choices at different times of the day.

We looked at a number of care plans, two of which were on the new format. We found that the information

was detailed and clearly recorded people's specific needs. In addition to people's personal care needs we saw that important information had been recorded as to where a person's reading glasses and emergency alarm was to be placed. This detail of information helped ensure that people received the care and support in a manner that they wished.

The majority of people felt that staff generally arrived at the times they should for their visits and stayed for the right amount of time. People's comments included "Staff always log on when they arrive and depart. Always stay for the right amount of time". One person told us that one member of staff was arriving too early for their visit and once they had raised this it never happened again. Another person told us "Sometimes staff are a bit late but it's give and take, it's usually due to an emergency for another person".

People were invited to give feedback on the service they received through the use of survey questionnaire. Family members were also invited to provide feedback in relation to the service their relative received. The most recent survey had taken place in April and May 2016. The surveys invited people to comment on all aspects of the service which included safety, support with health and wellbeing, relationships with staff and if people felt that the staff were caring. Feedback in surveys demonstrated that the majority of people said that their service was good or excellent. A number of areas of improvement had been identified by the survey and the registered provider was in the process of developing an action plan to implement changes based on people's feedback. In the interim, people who used the service had been sent a summary of the results of survey. People told us that they had received this information.

A complaints procedure was made available to people and their family members. People who used the service and their family members told us they knew who to speak to if they had any concerns or complaints. They told us that they felt their complaint would be listened to and acted upon. The registered provider had a system in place record all complaints received. Information relating to complaints was recorded and there was evidence of actions taken including a response letter to the complainant. An annual review took place of the complaints procedures to ensure that all improvements that had been identified had been acted upon.

## Is the service well-led?

### Our findings

At the time of this inspection the manager of the service had recently taken up the role and has subsequently been registered with the Care Quality Commission. The new registered manager had worked for the registered provider in another role for several years and demonstrated a good knowledge of the services provided by Local Solutions Prescot Branch.

Systems were in place to monitor the quality of the service delivered. However, we found that not all of these systems were effective as they had failed to identify areas that required improvement. For example, monitoring systems had failed to identify that risk assessments required further development to ensure that risks people faced were consistently measured.

The monitoring systems in place had failed to identify inconsistencies in the recording of information and areas of improvement required. For example, there were inconsistencies as to how improvements needed to staff practice had been actioned and recorded. In addition, care planning documents had not been updated with information received by the office staff. Risk assessments did not provide sufficient information available for the person assessing a risk when they measured the severity and likelihood of a risk occurring. The monitoring system in place had failed to identify this issue. This further demonstrated that monitoring systems were not always effective in identifying areas where improvements were necessary to help ensure that people received safe and effective care.

We recommend that the registered provider further develops their internal monitoring systems. Improvements monitoring would help identify any areas of service delivery that required improvement.

There were effective systems in place to assist with the monitoring of some areas of the service. These systems included the electronic call monitoring system that offered a transparent way in which the timing and length of visits to people was monitored.

A system was in place to monitor safeguarding and care concerns. We saw that staff responsible for monitoring safeguarding concerns had identified a theme of concerns relating to a specific area. Once this had been identified, a root cause analysis had taken place which highlighted a clear situation relating to the practice of two members of staff. Once this issue had been highlighted action was taken by the registered provider to make changes to minimise the risk of the situation happening in future. In addition to this, monitoring annual reports of all safeguarding, care concerns and complaints were developed for further analysis to establish any further improvements that could enhance the service people received.

There was a clear line of accountably within the service. Recent changes had been made by the registered provider which had resulted in the registered manager being based at the service full time. These changes had been following a recent review of the overall registered provider's management arrangement.

Staff had a clear understanding of how to contact their line manager and the registered manager in the event of needing to gain their advice and support.

Detailed policies and procedures were available to all staff at the office. Policies and procedures support decision making throughout the service and offer guidance to staff on how to manage situations safely. A system was in place to ensure that policies and procedures were reviewed on regular basis and updated with changes in legislation or best practice.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns of poor practice to a senior manager in the organisation, or directly to external organisations without the fear of reprisals. The majority of staff who responded to our survey told us that they would feel confident about reporting any concerns of poor practice to their manager. Staff gave examples of when they had used the whistleblowing procedures and they were clear that if needed they would use the procedures again.

The registered provider had notified the Care Quality Commission (CQC) as required of all significant events which had occurred in line with their legal obligations.