

Care Affair Solihull Ltd

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Inspection report

1301 Stratford Road
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25 September 2019
27 September 2019

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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

Care Affair Solihull Ltd is a domiciliary care agency providing personal care and support to 41 people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The provider monitored the service to ensure it continued to provide a good quality care. However, quality monitoring audits had not identified the issues we found during the inspection.

All the people, relatives, and staff we spoke with said the service provided good quality care. The culture of the service was open and honest and the provider, management team and staff were approachable.

Staff were knowledgeable and kind. People had regular staff who they got to know well. People and relatives told us how friendly and caring the staff were. Staff enjoyed their work and got on well with the people they supported who they valued and treated with dignity.

Staff provided responsive and flexible care to people in line with their preferences and choices. If people communicated non-verbally staff knew how to engage with them.

People were safe using the service. Staff knew how to protect people from harm and reduce the risk of accidents and incidents. The service was sufficiently staffed to ensure people's needs were met. Staff supported people with their medicines and this was done safely. Staff understood how to prevent and control the spread of infection.

People were assessed before using the service to ensure their needs could be met. Assessments addressed people's physical and health needs, their cultural and language needs, and what was important to them. Staff worked with GPs, district nurses, and other health and social care professionals to ensure people's health and social care needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was good (published 07 February 2017). Since this rating was awarded the registered provider of the service has changed the service to Care Affair Solihull Ltd. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

The inspection was prompted in part due to concerns raised by the local authority in relation to the management of the service. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service 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.

Care Affair Solihull Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 September and ended on 27 September 2019. We visited the office location on 25 September and people and relatives, with their consent, were contacted by telephone on the 27 September.

What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We reviewed information we had received about the service. We sought feedback from the Local Authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, five relatives to seek their views about their experiences of the care provided. We spoke with seven care staff, including seniors, the office manager, staff trainer, the care co-ordinator and finance and business operations and marketing manager. The registered manager who is also the registered provider was not available during the days we were on site. However, they spoke with us post inspection.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we looked at training data.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. This is the first inspection for this newly re-registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe with the staff entering and supporting them in their homes. One person said, "Yes, I do feel safe with the carers looking after me. We use a standing aid to get me in and out of bed and on and off the toilet and it's not the easiest thing to get used to, but my carers take their time and are very patient with me and make sure that I am well supported before using it. If I was concerned at all about my safety, I would be on the phone to the office asking to speak with [registered manager's name]."
- The office manager and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "I wouldn't hesitate in contacting you (CQC) or the manager if I thought people were being abused."
- There were effective systems in place to monitor and manage allegations of abuse or harm.

Assessing risk, safety monitoring and management

- Although risk assessments were completed, they were in parts generic and could be more person centred. However, staff knew people very well and knew the appropriate steps to take to keep people safe from avoidable harm. For example, people at risk of developing sore skin were repositioned, received regular input from visiting district nurses and staff monitored skin damage regularly and reported any changes promptly.
- We saw from care records we looked at, changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.

Staffing and recruitment

- Everyone we spoke with, including staff, told us they were happy with the staffing levels. There were no reported missed calls and people received care and support from consistent staff. People that required support from two staff all told us this was always the case. One person said, "There's always been two carers arrive when they should do. Sometimes it's an experienced regular carer with somebody new, but then at least if there's lots of the carers who know how I like things to be done, in an emergency or if one of my carers is off sick, at least there are other carers who know my routine."
- The provider had a recruitment process to prevent unsuitable staff working with vulnerable adults. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Using medicines safely

- Staff had completed training on how to administer medicines. Where staff supported people with their medicines, records showed there were no areas of concern.

- Staff competency in relation to medicines was regularly checked.

Preventing and controlling infection

- Staff had access to protective clothing and equipment to reduce risk of cross contamination and infection. One person said, "They (staff) always have their gloves and aprons to hand and they change these between jobs. They are also very good at washing their hands both as soon as they walk through the door and also before they leave. They have paper towels to wipe their hands so they're not using my hand towels as well."

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed with action plans introduced to learn from and reduce risk of 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.

At the last inspection this key question was rated as good. This is the first inspection for this newly re-registered service. This key question has been rated good. This meant 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 by the registered manager prior to joining the service, this included conducting checks around the home to ensure the environment was safe. One person said, "I do remember [registered manager's name] coming out and talking to me about my health and care needs. I think I can also remember her walking round my home and advising me to move some pieces of furniture out of the way to give me more room and also to look at some of the rugs I had on the floor at the time."
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- Staff told us they received training which they felt met people's needs. Feedback from people and relatives was positive regarding staff skills to support them. One person told us, "As far as I'm concerned the training has given them the skills to be able to do everything that I need help with."
- New staff received induction training when joining the service.
- Training records looked at documented care staff had received relevant training.
- Staff told us they had received support through supervision and spot checks on their working practices.

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

- Where staff provided support to people to maintain their diet, we found people's dietary needs were assessed. Staff understood these needs and gave additional support where required. One person told us, "I know I probably don't drink enough, but my carers are very encouraging and they always try to press another drink down me while they're with me. They also try and encourage me to get through a certain amount of drink between the time they leave and the next time a carer comes back to me."
- Staff prepared meals and snacks for some people and were aware of people's cultural and individual preferences.

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

- The registered manager and staff worked in partnership with people, relatives and health and social care professionals to maintain people's health. These included people's GP's and district nurses.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. They told us they would liaise with family members, the management team at the office and others,

including health and social care professionals, and seek urgent medical help for the person if 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 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's capacity to make informed decisions about their health and social care was recorded in their care plans.
- People and relatives told us staff always sought consent from people before providing support to them. A relative told us, "I know it will sound strange, but it's just nice for me to hear the carers talking to [person] as if they are capable of making their own mind up about things."
- Staff had received training in the MCA and understood how to apply it when supporting people. One staff member said, "[Person] has dementia and can become upset sometimes, but you talk calmly to them, take their hand to reassure them and be patient, they can tell you what they want, you can see it in their eyes or by the expressions on their face."

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.

At the last inspection this key question was rated as good. This is the first inspection for this newly re-registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives provided consistently positive feedback about staff confirming they were treated with kindness and the staff's caring attitude. One person said, "In my experience, all of the carers employed by the agency are very respectful of me as a person. No one has ever raised their voice to me, or used inappropriate language or treated me with anything other than kindness and respect." A relative told us, "For us (family members), the most important thing is that they (staff) just treat [person] normally as they would do any other clients that they're going to and in our experience that's exactly what they do, and they allow more time for [person] to be able to respond back to them (staff)."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love my job, I love all the clients, if I left I'd miss them, I don't think I'll ever leave care."

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

- People and relatives were involved in the development of care plans and risk assessments. They signed these documents to show their agreement and were consulted if any changes were made. One person told us, "I was certainly able to tell them [the provider] what time I would like the calls and how I wanted the jobs split out between those calls. I was also able to tell the carers how I like things to be done and I have to say, on the whole, they do everything how I would want it to be done. I can't say I feel that I haven't been involved in planning my care."

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their right to receive care and support in a dignified way. One person said, "My curtains are always closed as soon as my carer comes in the evening and then the lights go on and the curtains don't open again until the following morning when I've been washed and dressed and I'm up for the day. It's not really rocket science, but more common sense, but at least I never have to remind the carers to do it."
- Staff gave us examples how they supported people to do as much as possible for themselves to encourage, where possible, people's independence. One person said, "The carers come to me both mornings and late afternoons and evenings but it's important to me that I can maintain as much independence as I can. Thankfully, at the minute I can do most things for myself other than the really difficult things like getting in and out of bed and washing and dressing. The carers are good though, because they are very patient and don't mind if it takes me a few minutes while I struggle to do some of the tasks myself before they step in to help me."

- People's information was kept securely to ensure their confidentiality was maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. This is the first inspection for this newly re-registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we looked at were person centred and we could see people and their relatives had some involvement with the planning of care and support.
- Staff we spoke with were knowledgeable about people's care and support needs.
- Staff provided responsive and flexible care. One person told us, "That's why I like regular carers because they have a chance to get to know me and I can get to know them. Because I see them quite often, they remember how I like things to be done and that makes me less agitated whilst they are caring for me."
- Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices.
- Staff responded to changes in people's needs. For example, if staff found that a person's skin had become sore, they would make sure they contacted the provider to notify the community nursing team or discussed it with the relatives. This helped to ensure people continued to receive the right amount of care and support they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used different ways of communicating with people. For example, a picture book and a white board was used by two people to communicate their personal preferences.
- The provider understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to raise a complaint. One person said, "I've been looked after by the agency for a long time now and I think the only issue I've had to raise with the office has been a couple of the carers who I haven't particularly got on that well with and who I asked not to be sent back to me. There was never any fuss made of the fact that I had requested them not to come back, and I haven't seen them since."
- The provider's procedures outlined the process for dealing with complaints. The office manager explained complaints raised with them had been investigated. We saw there was an effective process in

place to monitor complaints and record action taken to identify trends and improve the service for people.

End of life care and support

- The service was supporting two people thought to be end of life (EOL) at the time of the inspection. Although there was no individual EOL care plan, people's records included information as to their next of kin and general practitioner in case staff needed to contact them in an emergency.

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.

At the last inspection this key question was rated as good. This is the first inspection for this newly re-registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The office manager explained the provider completed a variety of audits to assess the quality of care at the service and we were shown some examples of the types of audits completed. However, these audits had not identified the issues we had found where some improvements were needed.
- Audits had not identified in three MAR sheets some signatures were missing to confirm people had taken their medication. We also noted staff were not always consistent in the codes they used for medicine not taken by people.
- Processes to ensure information shared between the night out of hours team with the morning duty team required some improvement.
- Although staff knew people and managed their risks well, we discussed with the office manager more information was required in risk assessments for people with specific health conditions. For example, the symptoms staff would need to look out for in the event of a person living with diabetes becoming unwell.
- One person required their medicine to be administered with food. Although staff had supported the person safely, the provider had not sought guidance from a pharmacist about the safest and best method to ensure the foodstuffs did not counteract the effectiveness of the medicine. The office manager made contact with the pharmacist on the first day of the inspection.
- Audits of care plans required some improvement to ensure all events recorded in the daily hand-written notes had been recorded on to the electronic care plan notes. We discussed with the office manager one person's daily notes for August had not transferred all specific events to the electronic care plan notes. This meant we could not be sure all outstanding actions had been identified and addressed.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had training and regular supervisions to ensure they continued to provide good quality care and support to people. A staff member told us, "I am treated like a family member. I feel this is the best company to work for, [registered manager name] gives you time, was fantastic when I needed support and has a heart of gold."
- The provider was in the process of reviewing their policies and procedures and updating them as required.
- Changes to how the service operated were discussed at staff meetings to keep staff up to date.
- The management team conducted spot checks on the support provided by staff.
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not

interrupted by unforeseen events. For example, in the event of severe weather, there were plans in place to ensure staff would attend their visits.

- The registered manager had notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People, relatives and all of the staff told us they felt listened to and the provider and management team was approachable.
- The provider and managers led by example completing care calls and spent time with people in their homes.
- The staff and management put people first and promoted their independence, enabling people to make choices about their lives.
- People and relatives told us the service provided good quality care and support. One relative told us, "We are absolutely happy with the service that mum gets. The care she has is excellent and this has been supported by a wonderful caring management team. [Registered manager] actually approached us about making a continuing healthcare funding application, she helped us all the way with filling in the forms, attended the meeting with us and was instrumental in our opinion in us being awarded full funding for mum's care. At no time did we ask her to do this, she just understood the struggles we were having and wanted to help."
- Staff we spoke with were positive about working for the service and said they would recommend the service to others. One staff member said, "I've stopped other carers on the street and recommended Care Affairs."
- The office manager told us the provider only took on care packages if they were sure staff could meet people's needs and provide them with good quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The office manager and provider were open and honest and knew how to comply with duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There were whistleblowing and safeguarding procedures in place and staff knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they needed to.

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

- Senior staff visited people and relatives to ensure they were happy with the care provided. People and relatives had the opportunity to share their views on the service provided. One person said, "I do recall being asked to fill in a survey at some point. [Registered manager] also comes out to visit quite regularly either to supervise the carer, or to cover an absent carer's shift, and she will always ask us our opinion on whether there is anything that we are concerned about while she is here."
- Staff had regular meetings and supervisions to reflect on their work and shared ideas and suggestions. A staff member said, "We all get on with each other and work as a team."

Continuous learning and improving care

- The provider attended events and shared learning with the staff team.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to ensure people had the care and support they were entitled to.