Solution2care Services Limited

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Inspection report

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21 February 2019
22 February 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?	Good

Summary of findings

Overall summary

This was an announced inspection carried out on 14, 21 and 22 February 2019.

We gave the provider 24 hours' notice to ensure someone would be available at the office.

This was the first rated inspection of Solution2care Services since it was registered in 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to children and older adults. At the time of inspection 24 children and five adults were using the service.

A registered manager was in place. 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.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were other opportunities for staff to receive training to meet people's care needs. A system was in place for staff to receive supervision and appraisal and there were appropriate recruitment processes being used when staff were employed.

People, relatives and staff told us they felt safe with the service. They trusted the workers who supported them. They thought there were enough staff to provide safe care to people. However, not all people said they received a reliable and consistent service. We have made a recommendation that best practice guidelines are followed when planning staff rosters.

Risk assessments were in place and they identified risks to the person as well as ways for staff to minimise or appropriately manage those risks. Care plans were in place that provide some guidance about how people wished to be supported. Staff knew the needs of the people they supported to provide individual care. Care was provided with kindness and people's dignity was respected.

People were involved in decisions about their care. They 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 were supported to access health care professionals, if needed, to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People had food and drink to meet their needs.

Care was provided with kindness and people's privacy and dignity were respected. Communication was

effective to ensure staff and relatives were kept up-to-date about any changes in people's care and support needs and the running of the service.

A complaints procedure was available. People told us they would feel confident to speak to the registered manager and staff if they needed to.

A range of systems were in place to monitor and review the quality and effectiveness of the service. However, they needed to be more robust to ensure people received a reliable and consistent service. People had the opportunity to give their views about the service. There was regular consultation with people and their views were used to improve the service.

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.

Staffing levels were sufficient to meet people's needs safely. Appropriate checks were carried out before staff began work with people. People received suitable support to take their prescribed medicines.

Staff had received training about safeguarding.

Risks were assessed and managed.

Is the service effective?

Good

The service was effective.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and supervision and support.

People's rights were protected because there was evidence of best interest decision making. This was required when decisions were made on behalf of people and when they were unable to give consent to their care and treatment.

People were supported to eat and drink according to their plan of care.

Is the service caring?

Good

The service was caring.

Staff were caring and respectful. People and their relatives said the staff team were compassionate, kind and cheerful.

Relatives were happy with the care people received and said appropriate support was provided by staff. People were encouraged to express their views and make decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs and their abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

Good

The service was well-led.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

The provider monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Solution2care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 14, 21 and 22 February 2019 and was announced.

We gave the provider 24 hours' notice to ensure someone would be available at the office.

We visited the office location on 14 February 2019 to see the registered manager and reviewed the service's systems and records. On day two and three of the inspection we made telephone calls to some relatives and staff.

The inspection was carried out by one inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

During the inspection we spoke with the care-co-ordinator and the registered manager. We reviewed a range of records about people's care and how the service was managed. We looked at care records for five people, recruitment, training and induction records for five staff, staffing rosters, staff meeting minutes and quality assurance audits the registered manager had completed. After the site visit we telephoned and spoke with nine relatives and six staff.

Good

Is the service safe?

Our findings

Relatives of people who used the service said people were safe, comfortable and happy with the carers provided by the agency. Their comments included, "I think my children are safe with the staff support, I am not going to take any risks with their safety" and "I do think my relative is safe with the workers, I trust them." Staff also said they felt safe working for the agency as systems were in place to protect them.

The agency provided support to children and adults. Staff had undertaken safeguarding training for children and adults about how to recognise and respond to any concerns. They were able to describe the appropriate steps they would take if they were worried about people's safety or wellbeing. One staff member told us, "I have done safeguarding children and adult safeguarding training." Safeguarding records showed referrals had been made to the local authority safeguarding team, and investigations had been undertaken where necessary.

Staff told us they thought there were sufficient staff to support the number of people using the service. At the time of inspection 24 support staff were employed by the service to support 24 children and five adults. Staffing levels were determined by the hours contracted for each individual care package. These were totalled and planned for by the provider. This enabled the registered manager to plan for each person's care and match this to available staff. Each person's dependency was assessed and where necessary people would be supported by two care workers at a time. Most relatives confirmed that the required number of care workers provided support with each call. However, one relative told us, "We don't always get two staff at the calls when [Name] has been assessed as needing two support workers four times a day." We discussed this with the registered manager who was aware of the issue and was currently investigating the matter.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. Relatives and staff comments included, "I have telephone numbers for the office and the out-of-hours number", "I have the manager's mobile telephone number out-of-hours", "I have all the telephone numbers if I need to contact someone" and "We have telephone numbers for over the 24-hour period."

Staff confirmed they had the equipment they needed to do their job safely. They were provided with protective clothing, having access to gloves and aprons. They had completed training in infection control. One relative commented, "Staff have protective equipment, gloves and apron they will use."

People's individual risk assessments were in place with a system of review to keep people safe. The risk assessments included risks specific to the person such as for moving and assisting, choking, nutrition and pressure area care. We advised risk assessments should be evaluated more regularly to ensure they remained relevant and reduced risk. The registered manager told us that this would be addressed.

Care plans gave staff detailed information on how to provide safe and appropriate care. For one person we discussed with the registered manager that a behavioural care plan was not in place to provide guidance for

staff to follow when the person became distressed. A care plan did not document what staff needed to do, to recognise triggers or de-escalate the situation to calm and reassure the person. The registered manager told us that this would be addressed.

People received their medicines when they needed them. Staff had completed medicines training and periodic competency checks were carried out. Staff had access to a set of policies and procedures to guide their practice. The registered manager also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. The registered manager told us and records showed all incidents were audited and action was taken by the responsible person as required to help protect people.

Staff were vetted for their suitability to work with children and adults before they were confirmed in post. Checks were carried out and included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults or children. This helps support safe recruitment decisions. Records for the most recently recruited staff members showed appropriate documentation and checks were in place for them.

Good

Is the service effective?

Our findings

Staff received training to understand people's care and support needs and they received training in safe working practices. They said they were supported in their role. Their comments included, "We get specialist training about children's needs", "I have done epilepsy training", "My training is up-to-date", "We receive end-of-life care training", "There are opportunities for training", "I am responsible for some supervisions", "I receive supervision two-three monthly", "I'm doing a level four course in leadership and management" and "I have done Percutaneous Endoscopic Gastrostomy, PEG training. (PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines). Relatives confirmed that staff were trained to carry out their role. Their comments included, "The staff know what they are doing" and "Care workers that visit have had training."

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. One staff member told us, "I did shadowing for five days." Staff were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. The registered manager told us staff studied for the Care Certificate to increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

People and staff told us communication with the office was effective and organised. Their comments included, "Communication is good with the office", "The manager and office manager we tend to liaise with and messages get passed on", "Communication is effective", "I will always get a call back if I leave a message" and "Communication is good, I telephone or text the office."

The agency provide support to some children with complex care needs such as acquired brain injury and terminal care needs. The agency worked with the children's disabilities team and Looked After children's team. Feedback from these agencies was positive about the care and support provided by Solution2care agency. One agency commented, "Solution2care continue to be very supportive to our children and young people. They are always open to adapting and work well with the social work team."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments had been completed on physical and mental health needs. The agency also received emergency referrals from the clinical commissioning group CCG. Assessments were carried out by agency staff at the hospital so people could return to be supported in the community with an appropriate package of care.

Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

Records showed people were registered with a GP and received care and support from other professionals, such as the district nurse, speech and language therapist and medical consultants. People's healthcare

needs were considered within the care planning process.

People's nutritional needs were assessed and care planned. Staff kept people's nutritional well-being under review. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Support was provided to people for drinks, snacks and meals. Some people had specialist needs to receive their nutrition and staff received guidance and training to ensure these needs were met.

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. The registered manager told us a relative was a power of attorney for one person. They had been appointed by the court to be responsible for decision making for the person's care and welfare.

The service worked within the principles of the MCA and staff understood the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding.

Good

Is the service caring?

Our findings

We received positive comments about the caring approach of staff. Relatives told us people were treated with kindness and compassion and their privacy and dignity were promoted. They said that staff were very caring towards them and their relatives. They had created positive and caring relationships and were supportive to both the people receiving the service and the relatives involved. Their comments included, "I think the care workers are kind and caring with my children", "Staff are patient and kind. [Name] is comfortable with them", "[Name] goes out smiling and comes back smiling", "Staff will check [Name] is wrapped up warmly before going out and staff make a fuss of them" and "Staff are very attentive and do as we ask."

Not all relatives confirmed that people usually received the same workers to provide consistent care and support or that they would be informed if their workers changed. Their comments included, "[Name] has the same care workers 40% of the time. Don't always get to know if someone different coming", "We have the same primary care worker but if they aren't available don't always know who will come", "[Name] has their favourite staff. Don't always get the same staff or know who will be coming", "We have asked for copies of the roster each week so we know who is coming." Some staff members also commented, "We don't have regular people we support." Other people commented, "[Name] has a consistent staff team, we always know who is visiting" and "[Name] knows the regular care workers and gets on well with them." We discussed this with the registered manager and told us it would be addressed. They told us people would receive a copy of the roster each week so they would know who was visiting and a regular secondary worker would be assigned to each care package to work with the person when the primary support worker was not available.

We recommend the registered manager follows best practice National Institute for Health and Care Excellence NICE guidelines with regard to planning staffing rosters and providing care in people's own homes.

Relatives told us staff stayed for their allocated time and most relatives said they were contacted beforehand if a care worker was going to be late. Their comments included, "If a care worker is running late, because of traffic, they will let us know, they're on their way", "Staff aren't usually late, if they are they'll let us know", "The manager will let me know if someone is going to be late", "Sometimes calls don't allow for travelling time, you'd let the office know if you're running late." Support staff also confirmed that they would contact the office if they had been detained on a previous call. The office staff would then inform the person of the delay.

People were supported to express their views and were actively involved in making decisions about their care and support. They were provided with information about the service, including who to contact with any questions they might have. All of the relatives we spoke with confirmed they knew who to contact at the agency and informed us they were involved in reviews of their relative's care.

Information was accessible and was made available in a way to promote the involvement of the person. Detailed information was recorded to make staff aware of each person's communication methods and how

to keep people involved in daily decision making. For example, "[Name] can speak a few words and uses hand gestures to communicate." Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded. For example, one communication care plan stated, "[Name] at times uses body communication such as eye rolling."

Records were also available for new staff who were not familiar with people and the detailed person-centred information gave them some insight into people's interests and likes and dislikes. Examples included, "I enjoy using sensory equipment and listening to music", [Name] likes watching Punjabi television and holding their toys" and "I like soft toys such as Bob the builder." One relative told us, "We've just been asked to provide a life history about [Name]."

Staff had developed and demonstrated to us a good understanding of people and their needs. They were able to describe how they promoted positive, caring relationships and respected people's individuality and diversity. One relative commented, "Staff know [Name]'s care and support needs." Care plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. This was reflected in the language used by the staff we spoke with, who demonstrated a professional and compassionate approach.

The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Good

Is the service responsive?

Our findings

We asked people and their relatives whether the service was responsive to their needs, whether they were listened to and if they were involved in planning their care. Relatives told us they had all been included when developing the care plan and were listened to. One relative commented, "We discussed [Name]'s care needs at a recent meeting."

People's care and support was assessed and planned in partnership with them. Care was planned in detail before the start of the service and the management team spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment the registered manager told us there was an ongoing relationship between the primary worker, who was assigned to each person. Apart from in emergency situations where care was arranged with little or no notice, care staff would be introduced to people before care commenced and given time to read the person's care plan. One staff member said, "I read the care plans when I go to the person's house." The care plan was kept at each person's home, with a duplicate copy held at the provider's office. Relative's comments included, "Staff fill out records each time they visit which are in a folder at my house", "There are care plans in the house that care workers look at when they visit", "Care plans are in the agency folder that staff read" and "They [staff] write a record to say what they have been doing at the visit."

Staff completed a daily record for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated. Reviews of care were completed regularly. Staff indicated that if they had concerns, or people's needs changed they would inform the office staff and the registered manager so a further care review could be carried out.

Care plans covered a range of areas including, diet and nutrition, personal care, communication, managing medicines and mobility. Care records were written using clear language. If new areas of support were identified then care plans were developed to address these. Care plans provided some information to guide staff's care practice. They provided some detail but did not give instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. We discussed this with the registered manager who told us it would be addressed. Care records were evaluated three monthly. We advised, given the changing nature of people's requirements, they should be evaluated more regularly to ensure they accurately reflected people's current needs. The registered manager told us that this would be addressed.

Relatives told us the service was responsive in accommodating people's particular routines and lifestyle. Where appropriate staff supported community activities. The service worked with people's wider networks of support and ensured their involvement in activities which were important to them. One relative said, "Staff are doing some independence travelling with [Name]." A staff member told us, "After each community support visit you report back to the manager what took place."

The agency provided support for people who were nearing or at the end stage of their life and information

was available about people's religion and cultural preferences so their needs could be met at this important time. The agency provided 24-hour care to some people. Staff had received end-of-life care training. The registered manager told us staff worked with McMillan nurses, district nurses, the local hospice and the rapid response team to ensure people's needs were met effectively and that they remained free from pain.

People knew how to complain. Relatives we spoke with said they had no complaints. Their comments included, "I would know who to speak to if I had any concerns" and "I ironed out any issues and the manager was very responsive." A record of complaints was maintained and three complaints had been received and investigated. A complaints procedure was in place to ensure complaints were appropriately investigated.

Good

Is the service well-led?

Our findings

A registered manager was in post who had become registered with the Care Quality Commission in May 2017.

The registered manager was fully aware of their registration requirements and notified the Care Quality Commission of any events which affected the service.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we accessed the care records we required. The registered manager was able to highlight their priorities for the future of the service and were open to working with us in a cooperative and transparent way.

The culture promoted person-centred care, for each individual to receive care in the way they wanted. There was a very good standard of record keeping to contribute to person-centred care. There was evidence from talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was relaxed and friendly. The office provided a welcoming atmosphere and facilities for people and staff to call in. The registered manager had many ideas to promote the well-being of people who used the service. Staff, people and relatives we spoke with were positive about their management and had respect for them. They all confirmed, "The manager is approachable."

Staff and relatives said they were supported. They were positive about the registered manager and management team. Staff told us the registered manager was approachable and accessible. They said they could speak to them, or would speak to a member of senior staff if they had any issues or concerns.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, quarterly and annual checks. They included medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The quality of the service was monitored by several means, including questionnaires, on-going consultation at care reviews and spot checks. Quality checks for example, covered areas such as people's views, the quality and timeliness of care visits, staff presentation, whether the person had any complaints, the appropriateness of the care provided and whether records were up-to-date and accurately reflected people's care and support needs. This was to ensure people who used the service were happy with the support they received and to help identify areas in need of further improvement. Comments from some relatives CQC contacted included, "Everything is fine at the moment" and "I'm very happy with the service." Discussion took place with the registered manager to ensure effective monitoring and audits captured people's comments about any lateness of calls or changes in workers' so people were kept informed. The registered manager told us that this would be addressed immediately.

Feedback was sought from people, relatives and staff through meetings and surveys. Relative's comments included, "I have questionnaires to complete which I put in an envelope and the care workers take back to the office", "I do get asked what I think about the care, managers from the office will visit me" and "We've just had a meeting and the manager asked about [Name]'s care and if we were satisfied."

Staff said they were well informed about matters affecting the service. A newsletter was produced and electronic communication systems kept staff up-to-date with regular communication whilst working in the community. The registered manager told us there were regular staff meetings. Staff confirmed this was the case and meetings were held monthly. Their comments included, "We have staff meetings every month", "There are weekly meetings with office staff on Mondays" and "I do feel listened to." Meeting minutes showed there was a broad range of topics discussed at the meetings.