

Care & Support Solutions (North East) Limited

Care & Support Solutions

Inspection report

11 Strathmore Drive
Kirklevington
Yarm
Stockton on Tees
TS15 9NS

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Tel: 07827676861

Website: www.careandsupportsolutions.co.uk

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 inspection activity took place on 28 August 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available in the office.

Care and Support Solutions 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 older adults some who may be experiencing mental health problems. At the time of the inspection 11 people used the service.

A registered manager was in post at the time of the inspection visit. They were registered with the Care Quality Commission in June 2016. 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.

The last inspection of the service was carried out in June 2017 and found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We found concerns relating to risks to people arising from their health and support needs and medicines were not administered safely. Audits were not effective enough to highlight the concerns we found. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of: Is the service safe and is the service well-led to at least good.

At this inspection we found that sufficient improvements had been made to say that the breach of regulation had been met.

We looked at the systems in place for medicines management and found that improvements had been made. Medicines were now audited monthly and people were receiving their medicines as prescribed.

Risk assessments had now been implemented and reviewed where required. They provided staff with sufficient information to manage and reduce risks where possible.

The registered manager now completed audits. However, some records needed further detail to make them person centred.

People were supported to receive care from the agency following an assessment. This covered all aspects of the care required by the person. Such as how many calls they would need each day, what their needs were in relation to mobility, continence and personal care, moving and handling and nutrition.

Staff had received safeguarding training and appropriate policies and procedures were in place. Staff were able to explain the action they would take if they suspected abuse.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

There were sufficient numbers of staff employed. People received support from a consistent team of staff who were familiar with their needs.

Staff had received training and supervisions to ensure they had the skills and knowledge to carry out their roles. Staff were encouraged to develop their skills through continuous training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People signed consent to acknowledge they had read and understood the support they were to receive.

Staff supported people to maintain a healthy balanced diet.

Care plans provided enough detail to enable staff to support the person in a way the person wished. We found some care plans needed more work to make them person centred.

People were complimentary about staff and told us that they were treated with kindness and consideration. They had good relationships with their allocated care staff.

A complaints policy and procedure were in place. People knew how to make a complaint and were confident any issues would be promptly addressed.

People, relatives and staff spoke extremely positively about the registered manager and their approach. They had developed an open, honest culture that was respected by all staff. Regular staff meetings had taken place and staff felt they were encouraged to contribute their ideas to further develop the service.

The registered manager was keen to continuously seek feedback from people and relatives to improve the quality of care provided.

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.

Medicines were now administered as prescribed

Risk assessments were now undertaken, and management plans were in place to protect people from harm.

People and their relatives told us they felt safe when they received care. Staff had received safeguarding training and were aware of their responsibilities to report concerns.

The service employed enough staff to carry out people's visits and meet their needs safely. Safe staff recruitment procedures were in place.

Is the service effective?

Good ●

The service was effective.

People benefitted from having a regular team of staff who had the appropriate knowledge and skills to meet their needs.

People's rights were protected as the registered manager and the staff had a good awareness of the Mental Capacity Act 2005.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with dignity and respect.

People's independence was promoted and encouraged by staff.

People were supported by a consistent team of staff which enabled positive relationships to be developed.

Is the service responsive?

Good ●

The service was responsive

Care plans contained detailed information for staff to follow.
Some care plans needed to be more person centred.

People were supported to access activities of their choice.

People felt confident they could raise concerns, and these would be listened to and dealt with promptly.

Is the service well-led?

The service was well led.

Effective systems were in place to assess and monitor the quality and safety of care.

People and staff found the management team approachable.

The management team knew about the needs of the people who used the service and provided a good level of staff support.

The service encouraged feedback and used this to make improvements.□

Good ●

Care & Support Solutions

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.'

The inspection took place on the 28 August 2018 and was undertaken by one adult social care inspector. We gave the service 48 hours' notice of the inspection as we needed to be sure the registered manager would be available for the inspection visit. Prior to the site visit we contacted people who used the service and their relatives to gain their views on the service provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service to gain their views.

During the inspection we reviewed a range of records. These included three peoples care records containing care planning documentation, daily notes and medicine records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

We spoke with two people who used the service and one relative over the telephone. We spoke with the registered manager, the nominated individual and two members of staff. Not all staff were available to come into the office on the day of inspection but left us their views of the service via a questionnaire.

Is the service safe?

Our findings

At the last inspection in June 2017 we found the service was not always safe and awarded a rating of requires improvement. This was because identified risks did not have assessments in place to direct staff on how to mitigate these risks and we could not evidence medicines were administered safely.

At this inspection we found that significant improvements had been made in these areas and the provider was now meeting the requirements of regulation 12.

The management team assessed the specific risks people faced in their everyday lives, such as mobility, continence and diabetes as well as general environmental risks around the home. Risk assessments had been re-written since our last inspection and were now comprehensive with details of what action care workers should take to reduce the risks and who they should report their concerns to. Care workers made a daily record of their visit which we saw entries which showed they had recognised risks and reported it to the management team. Reviews were completed monthly or more frequently if needed, the paperwork was updated, and new information was cascaded to care workers. This meant care workers were given the correct information to provide safe care which met with people's current needs.

We looked at the systems in place for medicines management and found these had improved. Completed medication administration records (MARs) were returned to the office monthly and audited. Any concerns found during these audits were actioned. For example, if an incorrect code was used the person doing the audits would follow this up with the care worker on duty. Records showed that people were receiving their medicines as prescribed.

We did find records to show creams and ointments had been administered. However, there was no body map in place to identify where the creams or ointment should be applied. The registered manager highlighted there was one in the person's care plan but agreed to add a more detailed body map in with the MARs. We were sent copies of body maps after the inspection.

Staff who administered medicines received a competency check every three months to make sure they were administering medicines safely.

We asked people who used the service if they felt safe with the carers. Everyone we spoke with said they felt safe. People's comments were, "I feel safe" and "I feel very safe, staff are very helpful." A relative we spoke with said, "The staff do everything possible to make it safe."

We looked at three staff recruitment files and found a thorough recruitment process was now in place.

Applications contained full employment history. When gaps in employment history had been identified, this was explored during the interview process. References had been requested from previous employers and Disclosure and Barring Service (DBS) checks were received before staff commenced employment. The registered manager also ensured they had appropriate 'check lists' in place to ensure the recruitment

process had been followed.

All staff we spoke with said there were enough staff employed and they had time to complete all the calls on the rota. We looked at a sample of rotas and these demonstrated that people received support from a consistent team of staff. People and staff confirmed this. One person said, "There are enough staff and I see the same ones regularly." A staff member said, "We have time to cover each call, the manager asks how we are finding the calls and if you are a new carer they will put more time on the call for them, also if anyone has new care needs such as a new medicine extra time is put on." Another staff member said, "We have time to check the books to make sure nothing has changed for example if a district nurse has been in, we can ring [registered managers name] if we are ever struggling for time."

The provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service.

Staff understood safeguarding issues and whistleblowing (telling someone) concerns and knew the procedures to follow if they had any concerns.

There was an infection control policy in place and staff had completed infection control training. Personal protective clothing (PPE) such as gloves and aprons, was available and in plentiful supply. Staff understood the importance of wearing PPE. One staff member said, "It is very important to wear PPE, the last thing you want is to go from one person to another without using this, that is not infection control."

Is the service effective?

Our findings

We saw that staff training was up to date. We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the basic requirements of their posts. Staff we spoke with told us they received training which included safeguarding vulnerable adults, the Mental Capacity Act (MCA), food safety, equality and diversity and moving and handling. One staff member said, "I am training to NVQ level 3, any new training we are asked to do it, they [management] offer training all the time, I always do it, there is nothing you can't learn and everyone is better off doing the training as there is always updates."

New staff undertook an induction programme to underpin the knowledge and understanding of their job role, covering the service's policies and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. New staff also completed shadow shifts for two weeks or until they and the registered manager felt they were competent to work alone. A new staff member said, "I did not feel I was thrown in at the deep end."

We saw records to show, that each new staff member was introduced to people before they started shadowing, and checks were made throughout the three-month induction to check how the staff member was and on their performance. At the end of the induction the staff member completed a three-month employment review. This supported the registered manager to make sure the staff member had completed all the necessary training, the staff member could highlight if they needed any further support and also record what had gone well throughout the induction and where lessons could be learnt, to improve it.

Staff were supported through regular supervision and a yearly appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered manager also completed spot checks on staff whilst they were working in the community to have their practice observed. During these spot checks, time keeping was observed; uniform was checked as well as how they addressed people.

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. We saw evidence of signed consent to care in people's care files.

People had their needs assessed prior to commencing with the service. The registered manager would meet with the person at their home and assess their needs. For example, mobility needs, cognitive needs and medical history. For one person who was coming home after being in a care home, the registered manager met with them at their home prior to their discharge to make sure the house was prepared for their return. The registered manager would introduce staff members. These staff members were present when the person returned home and supported the person to settle in, get shopping and make meals. The registered

manager said, "A compatibility assessment on staff requirements will be conducted and suitable staff introduced to the client. Where possible the client may be involved in the recruitment process."

There was clear evidence of visits and contact with healthcare professionals when additional support was required for people. For example, district nurse's visits were noted in records as having supported individuals with their care. We also saw examples of occupational therapists being contacted if a person required extra support at home, for example the registered manager had requested that one person needed a ramp for access.

Care staff prepared meals for some people. One staff member said, "I go shopping for [named person] and know what they like, they like unusual tastes and exotic foods and fruits. They like a stir fry and I add extra spices in. They also like liver and onions or sometimes just soup and a sandwich or pate and crackers. We get plenty of time to cook the food from scratch." Another staff member said, "We always offer three different choices for lunch, and make sure it is what they want not easiness for ourselves, it is all about the client." The registered manager explained how they supported one person when it was Ramadan and all staff were aware that people may have got up early to eat before sunrise and may be tired. One person loved Chinese food and staff often collected a Chinese takeaway for them.

Is the service caring?

Our findings

We asked people and their relatives if they thought the staff were kind and caring. Peoples comments were, "Staff are very kind and helpful" and "Very, very nice girls, they do their best. A relative we spoke with said, "They [staff] are very kind and respectful." And "Absolutely fabulous, really good, we couldn't ask for better carer's."

Staff explained how they encouraged people to be as independent as possible. Staff comments included, "We let people do what they can do themselves, one person likes to wash themselves, I let them do it at their own pace, I never take over" and "I ask people what they want rather than dictating and just help with what they can't manager but don't take over. I always make sure that everything is their choice not my choice, talk about everything first, such as how they want to go about it [a certain task] and then we have a plan of action." A relative we spoke with said, "They [staff] do everything they can to help [named person] be as independent as possible."

From discussions with staff it was apparent they knew people well. Staff explained how each person needed support in different ways, what people did and did not want to discuss and how they want to be approached. For example, one person would not permit any care workers to support them if the care worker wore glasses. Another person did not want to talk about a certain subject, but staff knew if the person brought the subject up they were happy to talk.

Staff also knew people's likes and dislikes. One staff member said, "The likes and dislikes are often in the care plan, but the best way is to talk to people as the person's likes and dislikes can always change, best way to learn is to directly ask."

The service had equality and diversity policy in place and staff had received training in this. One staff member we spoke with said, "Equality and diversity is treating everyone equally, giving choice and being fair. Everyone is different, so we make sure everything is in place that they need."

Staff we spoke with were able to describe how they ensured people's privacy and dignity was maintained. Comments included, "We keep curtains closed, make sure no one else is in their room, if they don't want them in, keep them covered but also make it as normal as possible and they are comfortable", "We ensure the person is kept covered and also ask if they are happy for us to provide their care" and "We are trustful and keep things confidential."

The registered manager explained that people's wellbeing was very important to them. The registered manager said, "We have people who have no family, so we put extra welfare checks in for them to make sure they are okay. If a client cancels their appointment, I will send the staff members who were due to see this client, to see the people without families, even if it is just to sit and chat."

Nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager explained they were in the process of sourcing one for one person that

used the service.

Is the service responsive?

Our findings

We saw evidence to show that people were involved in their care planning.

People's care plans addressed a range of individual needs such as moving and handling, medicines, nutrition, communication and physical needs. Care plans were reviewed monthly as well as when a person's needs changed.

Some care plans included basic information about people's life histories and preferences. However, the two care plans we looked at in detail, did not contain this level information. The registered manager explained they had already recognised this and showed us an 'all about me' document they were planning to introduce. Although this information was not fully documented staff could easily explain everything about people, their life histories, work life histories, likes and dislikes. Following the inspection, the registered manager sent a sample of completed 'all about me' forms which provided all information about the person. Their life history, work history, family, likes and dislikes.

People's care plans documented the times calls would be carried out and detailed the tasks that would be undertaken by staff. All care plans looked at provided very detailed information about what the carer was to do on each call, such as how to enter the property, how to address the person and how to the person wished their morning, lunch or evening routine to be like. One staff member said, "[Named person] loves cricket so enjoys watching that on the television, they also enjoy the radio but not music, the stations that do more talking and have stories and stuff, so when we leave after a night call we always make sure this is either on or at hand for them."

The service supported people to prevent social isolation. Staff we spoke with said, "One person loves the bingo, so we accompany them. They asked that we don't wear a uniform which is fine, so I take something to get changed into. Neither of us have won though." Another staff member said, "One person just likes to walk up and down the path a couple of times, I let them decide if they want to go further."

The registered manager had a complaints policy and system in place to ensure they acknowledged and responded to complaints appropriately. Although there had been no formal complaints made people we spoke with told us they would not hesitate to contact the registered manager if they had any concerns. Comments included, "I have never made a complaint, but I know how to" and "They communicate well with me and I know [Registered manager's name] is there is I need them." A relative we spoke with said, "If there are any issues they always find solutions to any problem."

Staff had received training to ensure they had the skills and knowledge to provide end of life care. At the time of this inspection the service was not currently supporting anyone with end of life care. The registered manager explained that most people who they had supported at the end stages of their life had started to receive support when they were extremely ill, and end of life care plans had already been developed by other professionals involved in their care. We discussed the benefit of ensuring advanced decisions with regards to people's wishes was considered and recorded for all people who used the service. The registered

manager agreed this was an area they would develop further. The registered manager said, "We would always work with the person's family when it comes to this time. We are trying to get something in place for one person who doesn't have any family nearby."

Is the service well-led?

Our findings

At the last inspection we awarded a rating of requires improvement. This was because effective quality monitoring systems were not always in place and records did not reflect current needs. At this inspection we found the registered manager had done work to ensure shortfalls identified at the last inspection were rectified.

We found audits were now taking place monthly. Monthly checks of medicines now took place. However further work was needed to make sure everything was followed up and documented fully. For example, one person was prescribed a regular antibiotic, if they were prescribed another short-term antibiotic this regular one had to be stopped. We could see that this was happening but there was nothing documented about why this had to happen and the effect it would have on the person if both antibiotics were taken.

The registered manager did send up to date records after the inspection.

Staff attended regular staff meetings that were held. Minutes of the last meeting showed areas discussed included time keeping, MAR charts, confidentiality, uniforms, rotas and training. One staff member said, "We have big staff meetings usually about a new client. Every couple of months. I find them useful, especially if it is about a client, we all hear about the person together, so can share ideas."

The registered manager said, "At team meetings we encourage staff to speak out and to raise any issues or concerns regarding our clients, it is an opportunity for all staff to share their views, discuss any changes requested by the client and to cascade best practice."

The service sought people's views about the service by carrying out surveys. The last survey had been done in June 2018 and all answers collated. 40 surveys were sent out and 19 were returned. All replies were positive with comments such as, 'We feel because our key worker [name] is very professional and caring, your company benefits greatly. I could not ask for anything better, [person who used the service] care is with care and compassion. [Name] is always punctual, understanding and easy to communicate with', 'All staff are very cooperative and cheerful, I have enjoyed meeting them' and 'Carers are great.'

The registered manager also spoke with people either face to face or over the telephone to check how things were going and if they were happy with the service.

We asked people if the service was managed well. People we spoke with said, "I am very happy, they communicate very well" and "The manager is a very pleasant lady."

We asked staff if they felt supported by the registered manager. Comments included, "I feel supported by management I could come to them if I have a problem. Other staff are also supportive passing on knowledge" and "All management are approachable."

We asked staff what Care and Support Solutions values were and if they enjoyed their role. Comments

included, "We value a professional quality of care and that people are looked after as well as can be", "We want people to be as happy and as comfortable as they can be", "This is genuinely a good company to work for. We have a good workload and with time to do it", "I enjoy working here, if you enjoy it, you do your job right, you can tell when people's hearts aren't in it, they leave" and "I love working with my company."

A relative we spoke with said, "They are fair, honest, approachable, they listen and act upon what they have heard. They are very compassionate with [Person using the service] and me."

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received the required notifications from the registered manager.