

Solihullhomecare Limited

# Solihull Home Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Solihull Home Care is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported approximately 23 people with personal care and employed 23 care staff.

We visited the offices of Solihull Home Care on 10 August 2016. We told the provider 48 hours before the visit we were coming so they could arrange to be available to talk with us about the service.

This was the first inspection of the service since registration.

The service had a registered manager. 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 registered manager was also an owner of the company.

We received some excellent feedback from people we spoke with about the service and the staff that visited them. People said the kindness of staff exceeded their expectations of how they would be cared for and supported. People were extremely happy with the care they received, they said staff were very caring and had made a positive difference to their lives. People received care from regular staff they knew well and were able to build friendships with. Staff we spoke with were highly motivated to provide a good service to people they supported. Staff often provided additional voluntary support to some of the people they visited, with their consent.

People were involved in the planning of their care, and care plans focused on the individual's preferences and how they would like their care delivered. Plans were regularly reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

People felt safe using the service and managers and staff understood their responsibility to protect people from abuse and keep people safe. There were procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service.

The managers understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

There were enough staff to deliver the care and support people required. People told us they received support from a regular team of staff who had the right skills to provide the care and support they required. Staff received an induction when they started working for the service and completed training to support

them in meeting people's needs effectively. The managers had completed qualifications to develop their skills and manage the service effectively.

People knew how to complain and information about making a complaint was available to them. Staff said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys and regular checks on care staff. There was a programme of other checks and audits which the provider used to monitor and improve the service.

The management team provided good leadership and people who used the service found them approachable and responsive. Staff said they received excellent support from the management team. People were able to share their views and opinions about the service they received.

The management team were committed to providing a high quality service to people. Feedback from people, and their representatives were continually sought and used as an opportunity for improving the service people received. The registered manager demonstrated strong values and a commitment to implement best practice through links with other organisations and their continued personal development.

## 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.

Staff understood their responsibility to keep people safe and there were procedures to protect people from avoidable harm. Staff had the knowledge, skills and time to care for people in a safe and consistent manner and there were enough staff to provide the support people required. Recruitment checks made sure staff were safe to work with people who used the service and there was a safe procedure for managing medicines.

### Is the service effective?

Good ●

The service was effective.

Staff completed an induction and training to ensure they had the knowledge and skills to deliver safe and effective care to people. This included nationally recognised qualifications and specific training to meet the needs of people they cared for. The managers understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

People received care and support from staff who they considered exceptionally kind and caring. Staff understood people's individual needs, respected people's privacy and supported people to maintain independence. The registered manager and staff provided a person centred service where key principles were dignity, respect, and kindness. These values were reflected in the day-to-day practice of the service.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and their preferences had been discussed and taken into consideration when planning their care. People's care and support needs were reviewed

regularly and staff were kept up to date about changes in people's care. People were able to share their views about the service and knew how to make a complaint.

**Is the service well-led?**

**Good** ●

The service was extremely well-led.

People were very satisfied with the service they received. There was excellent leadership from the management team and all staff felt supported and valued. The registered manager had a clear vision for the service and these values were shared by all staff. There were systems to monitor the quality of the service people received and to ensure people continued to receive a safe, effective and responsive service.

# Solihull Home Care

## 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.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. Most of the people who used the service were privately funded, although two were funded by the health authority. We contacted the commissioners for the service; these are representatives from the local authority or health who contract care and support services provided to people. They had no concerns about the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

The office visit took place on 10 August 2016 and was announced. We told the provider 48 hours before our visit that we would be coming so they could make sure they and care workers would be available to speak with us. The inspection was conducted 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.

Before the office visit we sent surveys to 15 people who used the service, 22 staff, and 10 professionals who had been involved with the service. Surveys were returned from 6 people, 8 staff and 1 professional. We also spoke with 12 people who used the service by telephone.

During our visit we spoke with the registered manager, deputy manager, the administrator and three care staff.

We reviewed four people's care plans to see how their care and support was planned and delivered. We

checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People and their relatives said they felt safe using Solihull Home Care and with the staff who supported them. Comments from people included, "Oh yes, she feels very safe. They're very good", "I certainly do feel safe, they are lovely, just lovely", and "Oh yes, they are excellent".

People knew what they would do if they did not feel safe. People said they would contact the service if they had concerns and said they had the contact details to do this. One person told us, "I'd phone the office. In all these years I've never even thought about anything worrying me." Another told us, "If I didn't [feel safe], I would speak to people at the office who are very understanding and would put things right, but I have no concerns."

Staff we spoke with had a good understanding of abuse and how to keep people safe. Staff completed safeguarding training as part of their induction and were able to describe the potential signs of abuse and what they would do if they had any concerns. They told us they would contact the registered manager, Social Services, the police or the Care Quality Commission (CQC). One staff member explained, "I would go to the managers and report it, I am sure they would listen and do something about it. But if I had any doubts I would report it myself to Social Services or yourselves (CQC)." The registered manager understood their responsibilities in reporting any concerns they had to the local authority safeguarding team and to us.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example some people needed equipment to move around. There was information for staff about the equipment to use, the number of care workers required and how to move the person safely. Staff had completed moving and handling training so they could move people safely and understood the importance of making sure equipment that people used was safe. A staff member told us, "We always make a visual check before we use equipment to make sure it is working correctly, any problem we would let the family and the office know." One person told us how staff assisted their relative, "We work together. We move her from one side to another with a slide sheet. We have got a hoist but she doesn't get out of bed now." Another person told us, "I have a walker and a trolley that I use myself, they will help me if I need it. They are always looking out for me."

Staff knew about individual risks to people's health and wellbeing and how these were to be managed. For example, staff knew how to check people's skin, where they were at risk of skin damage, to make sure it remained healthy. Staff told us, "We have had training on pressure area care so I know what to look for. Any redness I would report to the office and the district nurse if there was one involved. The office would contact the family or the GP." These practices would help to reduce the risk of pressure damage on people's skin.

The provider had a business continuity plan to make sure they could respond to emergency situations such as adverse weather conditions or staff unavailability. People's safety in the event of an emergency had been considered and recorded. The registered manager used a traffic light system to identify the people who would be at high risk if their call was not delivered. For example people who lived on their own and relied on

care staff to give their medicines, or who were unable to get themselves food and drink.

An on call service was in operation for out of hours' concerns or emergency situations, which was manned by the management team. Staff told us the managers were available at any time if they had any worries or concerns. Information from the business continuity plan was available to the person on call so they could respond appropriately to cover calls if the emergency occurred out of office hours.

We asked people if staff arrived when expected and stayed long enough to do everything that was required before they left. Comments from people included, "They are absolutely reliable, without a shadow of a doubt. They do everything they should, and always ask if there is anything else. They are very friendly, nice kind people." "Yes, they usually stay the time set. In the morning it's three quarters of an hour, in the evening half an hour. Occasionally one might do things quicker; if they finish their work they stop and chat and fill in a book with comments." "Sometimes it's a little bit either way, because of traffic, but usually they get here around about the right time."

The management team and staff confirmed there were enough skilled staff to meet people's assessed needs and allocate all the calls people required. If needed the managers and staff working in the office attended calls to ensure consistency and continuity for people receiving the service. People and their relatives could be assured staff would be available to keep people safe and meet their assessed care and support needs.

The provider's recruitment process ensured risks to people's safety were minimised. Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining references, identity checks and completing a Disclose and Barring Service (DBS) background check. The Disclosure and Barring Service assists employers by checking people's backgrounds and police records to prevent unsuitable people from working with people who use care services. Staff we spoke with confirmed they were not allowed to start work until all their checks had been completed.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. Where staff supported people to manage their medicines, people told us this was administered as prescribed and recorded in their care plan. One person told us, "Yes, they do my medication, they know what I need and at the 5pm call I get a patch for angina, they do that every night." Another told us, "I take a lot of medication and the carers come and give it to me and wait till I've taken it. I don't always remember to take it so they have to remind me."

Staff told us, and records confirmed they had received training to administer medicines safely. However we found staff competency was not always checked to make sure they put their training into practice and administered medicines safely. The registered manager told us there was a procedure for this, which they showed us and said they would make sure this was implemented.

Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked by staff during visits and by the management team during spot checks for any gaps or errors. Completed MARs were returned to the office weekly for auditing. Returned MARs showed prescribed creams were not always recorded on people's MARs, although records of calls showed staff routinely applied these. The registered manager said they would ensure the procedure for managing prescribed creams was more robust. These procedures made sure people were given their medicines safely and as prescribed.

## Is the service effective?

### Our findings

People we spoke with said the service was consistent and effective. One person told us, "I have one permanent lady who comes at 8.15am. I have various others at different times and I know them all." A relative said, "The three or four carers that come know what they're doing, and they are interested in her. They ask me questions about her; they really want to do the best for her."

The registered manager told us new staff were always introduced to people before providing care and they completed "shadow visits" (working alongside experienced staff) until they were confident to work on their own and people were happy with the support they received. People told us and staff confirmed they met the person before they provided care and worked alongside regular staff and managers as part of their induction. One person said, "There are no strangers. If they send in a new person they come and shadow so they know exactly what they need to do and they meet my [relative] first. Any queries they ask me."

New staff completed a probationary period and a 12 week induction programme at the start of their employment; they also completed the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Staff told us their induction had involved a variety of training courses, the expectations of the organisation, as well as policies and procedures. The registered manager told us that experienced staff also completed the Care Certificate to ensure their knowledge was based on current best practice.

People said staff were sufficiently trained to provide the care and support they required. One person told us, "Oh yes I know they have training and he has no complaints about the way they do things. I think he'd say to me if he did." Another said, "They are always going on courses and they tell you all about it, and about the rules and regulations."

A training programme was in place that included courses that were relevant to the needs of people using the service. The registered manager considered some training as mandatory for staff working in care, this included moving and handling people, safeguarding adults from abuse, and medication awareness. Staff also completed training in specialist skills such as dementia awareness and other areas related to people's individual needs, like pressure area management and an awareness of health conditions such as Motor Neurone Disease and strokes. Staff were positive about the training they received and told us it supported them to carry out their roles competently and confidently. One staff member told us, "The training is good and supports me to do my job. I have just completed a full day's dementia care training, which was really good. I now understand more about how this affects people's behaviours and how to approach and respond to people living with dementia." The majority of the mandatory training was carried out by the registered manager, who was a qualified trainer. The registered manager kept their skills and knowledge up to date by completing regular training and by on-going professional development. Once staff had completed the Care Certificate they were supported to complete Qualification and Credit Framework (QCF) training in health and social care to increase their knowledge and improve their practice.

Staff told us their knowledge and learning was monitored through supervision meetings with their manager

and unannounced 'observation checks' on their practice. One staff member told us, "We have regular spot checks to make sure our practice is up to date. The induction and training is good, and we have regular updates." The registered manager told us that during spot checks senior staff looked to see if staff worked to the provider's policies and procedures and put their training into practice. They checked to see if staff were dressed appropriately and watched how they carried out the call. They also checked care plans and made sure staff recorded what they had done accurately. The managers told us during observations of staff they talked to the person about the care they received and asked them if they were satisfied with the staff who visited them. Records confirmed care staff were regularly observed working in people's homes to ensure they had put their learning into practice. Staff had regular supervision meetings and appraisals where they had opportunities to talk about their on-going development and training needs. Staff were confident they were supported and suitably trained to effectively support people.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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.

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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered manager about gaining consent to care and treatment. They had a good understanding of their responsibilities under the Act. They told us staff had received training in the Mental Capacity Act 2005 and that they knew to gain people's consent so they could provide the care required. People said staff asked them before they provided care and support, a relative said, "They don't just do things, they make sure he is aware of the next step. They certainly treat him with dignity."

The registered manager and staff spoken with told us most people they supported had capacity to say how they wanted their care delivered in their own homes. Where people lacked capacity, best interest meetings had been held, and relatives were available to support people make any decisions that were needed. Care staff had a good working knowledge of the MCA. Staff spoke confidently about how they involved the people they supported to make decisions. For example, offering a limited number of choices so not to overwhelm the person or showing people choices so they could decide what to wear. Staff gained people's consent before carrying out any care or support tasks.

There was no one using the service that had any restrictions on their freedom. The registered manager had contacted the Local Authority to discuss one person whose medicines had been locked away to prevent them from taking medicines at un-prescribed times. The person still had control of their medicines, as staff left their daily medication out for them to self-administer. The Local Authority had advised an authorisation was not required, as the action taken was to ensure the person remained safe and not to restrict their freedom to take their medicines.

Most people told us they or their relative provided all their meals and drinks. People who relied on staff to assist with meal preparation were satisfied with the support they received. They told us, "They do help with meals. They assist with breakfast they get her porridge, toast and tea for her. They make her main meal and for tea, sandwiches and yoghurt which they cover with cling film because she'd struggle to get the lid off. They also leave a plate with biscuits and cheesy crisps at her side with a cup of tea and a glass of squash."

Another said, "They get my breakfast and lunch and I do a bit of my tea myself in the evening as I like to do that. They always leave orange squash next to me but I can make a cup of tea, it just takes me a bit longer to do." Staff knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained.

People we spoke with managed their own health care appointments. In addition staff said they helped people manage their health and well-being if this was part of their care plan. Staff said they would phone a GP and district nurse if this was needed but they would usually ask the family to do this. Records showed health professionals were consulted where concerns had been identified, for example referrals to the occupational therapist for assessment of people's mobility. People told us staff carried out instructions left by health professionals such as a district nurse. One person said, "We have the district nurse once a fortnight, but the carers check for any red marks or new marks so we all keep on top of that, (pressure areas)." Staff told us they would accompany people to health appointments if this was planned in advance. People confirmed staff did this, "Yes, they have taken her to see the doctor," and "My [relative] arranges my appointments, the company have said if I needed them to they would provide carers to go with me." People were supported to manage their health conditions where needed and had access to health professionals when required.

## Is the service caring?

### Our findings

Everyone we spoke with said staff were exceptionally kind and caring. People told us, "They are lovely, lovely people. I wouldn't still be on their books, if I felt there was a problem." "I think the carers we have are some of the best you could get." "They are wonderful. I absolutely adore all of them."

People told us the service and staff had made a positive difference to their lives, "They have made my life worth living, they're so kind and caring and they listen to me, they don't brush me off for any reason." "They are lovely, really lovely, all of them. They have a laugh and a joke, they really cheer me up." "I don't know what we'd do without them, they are simply the best. We started with another company who were just useless." "She has three or four ladies covering her care and doing calls. They are all absolutely marvellous. I'd highly recommend them and I would be lost without them."

A relative told us how the service supported their family member's health and wellbeing, "We had a hot spell a couple of weeks ago and we increased the calls to three times a day to make sure she was drinking enough. They ring us up if they are concerned about her health or anything and take her to the doctor as well as shopping."

The registered manager was motivated and clearly passionate about making a difference to people's lives. All the staff we spoke with shared the same values and enthusiasm. They told us how they celebrated people birthdays and Christmas by sending cards and gifts, and acknowledged birthdays in the monthly newsletter which was sent to people and staff. The managers told us that the service had celebrated St George's Day by giving each person who used the service a party bag which contained a cake and a flag. We saw pictures of people in the newsletter waving their flags and smiling. People had given their consent for their photographs to be used in the newsletter.

The managers and staff told us that they often visited people outside of their allocated time on a voluntary basis, with people's consent, to provide companionship or a specific activity that people enjoyed. When responding to our survey one staff member told us, "All our staff have a genuine passion for the people we support and give up a lot of their own time on a voluntary basis supporting those that need additional support." People confirmed staff visited in their own time. Comments included, "They stay the times they are supposed to, if they've got spare time they'll spend time here, sometimes in their own time. They're very good." A member of staff told us, "We often visit people if they live on their own and want a bit of company or to do something specific with people. I visited one person this morning, she usually has the hairdresser visit every week but she told me the hairdresser was poorly. I had a spare half an hour so I offered to do her hair, she was so pleased." The registered manager told us about one Sunday evening when they had a call from a person who used the service who could not shut the door on the freezer. The registered manager visited the person that evening and defrosted the freezer for them. One person told us, "There was one lady who had half an hour to spare and she baked me a cake which was absolutely marvellous, and the cake was lovely."

Where possible the managers matched care staff skills and interests with people who used the service. For

example the managers told us about one staff member whose first language was Spanish and they supported a person who was learning to speak the language. The manager said they both conversed in Spanish during the call which the person really enjoyed.

Staff told us they respected people's equality and diversity, and upheld their privacy and dignity. They told us how they treated each person as an individual and respected each person they supported. One staff member said, "Everyone is different and we all have our little ways and how we like things done, we respect this and do things like people want." Another said, "We respect people's choices and preferences, it's all about what they want, not what we want." We asked people if staff maintained their privacy, they told us they did, "Absolutely. When I wash they turn away they're always respectful in that way. I do feel very calm and very happy with these people." A relative said, "[Person] feels comfortable when she has a shower. She says, as long as it's the same lady, and it is." Information about how to maintain people's privacy and dignity was recorded in people's support plans, and staff gave examples of how they achieved this. This included, closing doors and curtains when delivering personal care and covering people with a towel. Staff spoke about respecting people's confidentiality by not discussing any personal details outside of the person's home.

People we spoke with said it was important to them to have regular care staff and confirmed they were visited by staff they knew. A relative told us, "For over four years we've only had three or four different carers and they do try to send the same ones to her. They make an effort so she has continuity. She very much enjoys their visits and they're very, very kind." Another told us, "My [relative] has got dementia and everything has to be done in a certain way and they are just so good, so brilliant. You couldn't have any Tom, Dick or Harry coming to see her, she has a strict routine. We depend on them so much."

People said they were able to build positive relationships with staff as they had care staff that visited them regularly. One person said, "I do have the same carers. The one who comes in the morning is the main person, and there are others in the evening. They keep the minimum of faces coming through the door, there are three at most." Staff confirmed they visited the same people regularly, they told us, "I have the same clients, I know them all really well; we are like friends as I see them every day."

The managers told us they tried to make sure people were supported by the same team of staff. The registered manager told us, "Continuity of care workers is the most important thing to our clients. It's important for us and them that staff can build friendships and get to know people well. Then they can identify any changes in people's health or care needs." The deputy manager told us, "People have regular care workers; we introduce a small team of care staff who they can get to know and build up trust. No one will have a carer that they have not seen before; we always introduce new staff to people before they provide care. I wouldn't like to be showered or taken to the toilet by a stranger, and if it's not good enough for me, it's not good enough for clients."

We looked at the call schedules for four people whose care we reviewed and three of the care staff who visited them. These showed people were allocated the same care staff at regular times and calls had been scheduled in line with people's care plans. The deputy manager told us copies of their call schedule were sent to people in advance of their care being provided so they knew which staff would be arriving. People confirmed this, they said, "We have a list every week of who's coming," and, "They send out a contact sheet for a week in advance for [relative] to see and so we can talk to about it." Another person told us "It's reassuring to know who will be visiting".

Staff said they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. Comments from people confirmed staff knew them well and had time to talk with them,

"They know her and they work around her, exactly as she likes." Another said, "They do have time to talk once they are finished; they come in the lounge, fill in the sheet and always chat."

We saw work schedules had travel time allocated between calls and staff said this helped them arrive at people's calls at the time expected. Staff told us if there was an unexplained delay for example, traffic hold ups, they may arrive later than expected. Staff said they either phoned the person or asked the office to let people know they were running late. People were also informed about any changes in their rota. One person told us, "If someone can't come I get a phone call to tell me. I'm always told who is coming, what time, and if they're a bit late they tell me. I have a list every week of who's to come."

Relatives told us the service was flexible and responsive to their family member's needs. One person told us, as their family member's needs changed, "They upped the care to four times a day and that worked out well, they are very, very flexible." Another told us, "My [relative] is in her final stages (of life), we only needed a few hours at first, but we have built that up as she needs all her personal care done now. It is very well organised; along with me and [another relative] we are very much a team."

We asked if people were supported to maintain their independence, people told us they were. A relative said, "They support him to be as independent as he can be. They encourage him to use the frame to walk to the stairs." Staff told us they had enough time allocated for calls to encourage people to do things for themselves where possible. One care worker said, "We do have time to do things with people instead of for them, I encourage people to help prepare food if they are able to. It's good to keep people active and involved." Another said, "I don't think independence is just about doing things for yourself, it's also about having control over your life. We support people to maintain independence so they can stay at home, with a lot of our clients without our support they would have to leave their loved ones."

People or their relatives said they were involved in making decisions about their care and were able to ask staff for what they wanted. One person said, "Yes I make decisions, and I lead it all (care), I'm the boss and make decisions." Relatives told us, "Yes, we planned it together when it (care) was set up, about what he wanted and it has been slightly modified and we have added bits to it. If there's anything I'm not happy about I tend to talk to the supervisor, but these have only been little things." Another said, "Yes, I am totally involved. I try to always be there at meetings as [relative] can't hear."

People and staff said communication in the service worked well and that the office staff were friendly and responsive. Comments from people included, "Gosh we have only got to pick the phone up and they help. They ask how they should address the problem," another said, "The office staff are actually very good. I get on with all of them." Staff told us they were supported by the staff in the office (managers, co-ordinator, supervisor and administrator) to do their jobs, they told us, "Communication from the office works well, they will text, email or phone. We are emailed a monthly newsletter that tells us about anything that's happened and includes pictures of events like St Georges Day celebrations." Another said, "The staff in the office are amazing, really supportive, nothing is too much trouble."

A health care professional told us that they had found the service to be very professional and caring. That they provided a good standard of personalised service to people and support to family members. They said they had always received very good feedback from people and relatives who used the service.

The service had received several compliments in the past 12 months from people thanking them for the service and support they provided. Comments included, "We are very happy with the service and [person] stated they couldn't have handpicked a nicer bunch of girls."

# Is the service responsive?

## Our findings

People and their relatives told us that prior to receiving a service from Solihull Home Care the managers spent time finding out about their preferences, care and support needs and how they wanted to be supported. People's care and support was then planned with them when they started using the service. One person said, "At the start we developed the care plan, and we all build around that." Another said, "I've got a plan, I signed it and I'm very happy with it." A relative told us, "They know about her background, they understand all that and they talk about that to her."

People told us their preferences about how their care was provided and how they wanted staff to carry out their care were adhered to. Comments from people included, "My preferences are that we have someone over 40 to 45 years old, and we have them," and, "Everybody takes their shoes off and we all start laughing. We all get on, all of us, the staff from the office and the carers."

We found people who used the service received personalised care and support. The service put the person at the centre of all they did. People we spoke with were fully involved in developing their care plans and this made sure staff understood their needs. One person told us, "They know what I need and how to do it and the new staff always watch what she (regular staff member) does and how she does it. I just tell them what I want, and they do it."

People had an initial assessment completed by the managers at the start of the service. The meeting was used to develop a relationship with the person and their relatives. The information gathered from the assessment was transferred into a personal support plan which the staff followed to ensure the person's needs were met. We looked at four personal support plans. Plans were individualised and contained detailed information and clear guidance about all aspects of a person's health and personal care needs, which helped staff to meet people's needs.

In two of the four care plans we viewed pressure area care information did not always inform staff how this was to be managed. For example the risk of skin breakdown had been assessed in one person's assessment but this had not been transferred to the support plan. The managers said they would make sure this was completed.

Records showed care plans were reviewed with people on a monthly basis, a relative told us, "They haven't said about a review as such, but twice someone has visited from the office to ask mum if she is happy, to do a follow-up and have a chat."

The managers told us people were able to build relationships with the care staff and where possible they introduced a team of three care staff to people. The deputy manager said, "This gives continuity to people but also means when a care worker is on holiday or sick, people still receive care from staff they know." A staff member told us, "I work with the same people so I know when people are not feeling well or if their mobility has changed, which can happen if they have an infection. Because we know people we can react quickly, we let the office know if there are changes that need another assessment and they would let the

family know if the person is unwell." People were supported by care staff who were able to identify and respond to changes in people's care.

The managers told us people's care plans and risk assessments were discussed with each member of staff, so they knew what they were expected to do at each call and how to keep people safe. Staff confirmed they were informed about the care required before they visited people and were kept informed of any changes in people's care so they could continue to provide a responsive, safe service.

The provider had a complaints policy and procedure which was available to people and their relatives. This included the procedure people could follow if they were not happy with the complaint response. People and their relatives were actively encouraged to give their views and raise any concerns or complaints. The registered manager told us, "People are issued with a service user guide at the start of their service that contains complaints information and we send a newsletter to people that reminds them about how to make a complaint."

People and their relatives were aware of the complaints procedure and what to do if they had any complaints, "I've got the folder it's got complaints information in it. Funnily enough I was looking at it the other day and at the back it says clearly about complaints, it's their ethos that we work together," and, "Yes, there is a complaints form and in the initial paperwork there was a process for complaints." People felt confident that any concerns they had would be dealt with by the registered manager. Staff gave examples of how they would support someone to complain, by talking to the person to try and resolve any issues and then report this to the office.

The registered manager told us there had been no formal complaints in the last 12 months and that minor issues were dealt with straight away before they became complaints. We asked people if they had any complaints about their care. No one using the service raised any complaints, people told us, "Never need to, (make a complaint). We have never had problems." Another said, "No complaints, but if there was something not right it's important that they should know. We are open with each other."

# Is the service well-led?

## Our findings

This was the first inspection since the service registered with us.

People and their relatives, spoke very highly of the managers, staff and the service they received. Comments from people included, "When I go away I know my [relative] is well looked after and I've got peace of mind. They are attentive and that's all I want." "I had another company who performed badly, but I adore this company it is second to none, there is no comparison whatsoever." "They are all absolutely marvellous. I'd highly recommend them and I would be lost without them."

The registered manager and provider understood the requirements of their registration and their responsibilities to provide quality care and support to people. They had returned their Provider Information Return when requested and understood that they were required to submit information to us when reportable incidents had occurred. For example, when a person had died or had an accident. The agency had not had any incidents which were notifiable.

The provider and registered manager had a clear vision and set of values which were person-centred and ensured people were at the heart of the service. These values were led by the registered manager and shared by all the staff working for the agency. The registered manager told us in their PIR that, "Solihull Home Care's culture and ethos is to work in a way that puts the individual at the centre of all we do. We provide support that would be good enough for our own family and loved ones." Comments on surveys we received from staff confirmed this was how they worked, "Solihull Home Care ethos is to put the client first and in my experience the staff who work for Solihull Home Care are very good carers and do a good job." One staff member said, "I think it's an excellent service, we all have the same values and we care for people as if they were our own family."

There was a clear management structure and the management team had defined roles and responsibilities. This included providing the 'on call' procedure that operated out of hours to support staff by offering guidance and advice. Care staff told us the 'on call' system worked well and people we spoke with told us there was always someone available if they needed to speak with them. "I've got the numbers, if I ring to ask anything the girls who take messages are on the ball and the person I need to talk to rings me back."

There was a positive, open and inclusive culture within the agency that had people who used the service at the heart of everything they did. All the staff were motivated and passionate about providing a quality service to people. Comments on surveys we received included, "We strive to provide a good quality service to our service users .... All our staff have a genuine passion for the people we support ..... It is a pleasure to work for Solihull Home Care they have a good team of staff and are very supportive."

Staff felt valued and supported in their role by the management team. The registered manager told us, "I have a fantastic team of carers." Staff told us they enjoyed working for the service, "It's a great company to work for," "We have really good staff who are all committed to providing good care." Another told us, "We get lots of feedback, particularly when you have done something well. It means a lot and makes you feel

valued." We saw acknowledgments from the management to the staff team in the August 2016 newsletter, which said, 'Thank you to all staff for your hard work and dedication'.

Staff said they received regular support and guidance via observations of their practice, supervision meetings where they discussed performance and personal development, team meetings and by phone calls and email messages. The managers and staff told us that they had briefings and workshops in team meetings to raise their awareness about certain topics. A staff member told us, "We had a discussion about pressure area care in a recent team meeting; it was very useful and reminded you to be vigilant when checking people's skin."

Staff said they were aware of their responsibilities to provide quality care and support to people. Staff said they achieved this by treating people as individuals and supporting them to live their lives as they chose. Staff knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the managers.

The provider used a computer software system to support the management team in their roles. The deputy manager who scheduled and co-ordinated calls for people had a good understanding of how the system worked and demonstrated how this supported them to do their job effectively. Information about people's care and support needs, staff training information, the calls people required and any specific information related to people's calls was easily available. The system supported the management team to make sure calls had been scheduled to people, that any changes were recorded and care plans updated. Most staff used a system on their phones where they could obtain their rota and sign in and out of calls. This was linked to the system in the office so calls could be monitored to make sure staff had arrived. Where changes in care plans were made a copy of the updated care plan was sent to care staff via email on the secure application on their phones. This helped to make sure staff always had up to date and accurate information about people's care.

We asked people if they were satisfied with the service they received, all the people and relatives we spoke with said they were more than satisfied, "I'm very satisfied with what I've got and if I wasn't, I'd change the service." Relatives told us, "I said to [relative], tell me if you're unhappy and she never has," and, "I always say to [relative] after they've gone, were they okay, and she says lovely. You can't ask for more than that, can you?" Another said, "Yes, we are happy, my [relative] is quite happy with the way things are, and the care he gets."

None of the staff we spoke with could think of any improvements to the service, we were told, "I honestly can't think if anything, it works really well. The managers always ask in team meetings and supervisions for our opinions. It's a great service to work for." Another said, "Any improvements, I can't think of any. I feel valued and supported. All the management team are approachable, friendly and knowledgeable about everything."

The management team worked well together and kept staff fully informed about any changes to the service. There were regular management meetings to discuss clients, staffing levels, staff performance and continuing improvements. The PIR told us about the plans to continually improve how the service was well led, this included, "The focus now is on management and leadership training to support staff and to provide better care to service users. The registered manager is completing her level seven qualification, the deputy manager has completed a train the trainer qualification and the supervisor is due to complete the new mentoring qualification before starting her level five qualification at the end of the year." The registered manager also told us about the training and development the management team were completing and was confident this would support them to continue to manage the business effectively and efficiently.

The registered manager took part and engaged in organisations and associations to keep updated with current best practice. For example, they were actively involved with Skills for Care and had agreed to be part of the pilot for the new manager induction standards and the consolidated care programme with Skills for Health. They told us, "It's good to know what's going on out there and to influence how things are shaped. Domiciliary care is not always represented so if we are part of piloting and implementing we can shape this to fit." The registered manager was a Dementia Friends Champion raising awareness and support for people living with dementia, and they were a dementia trainer for Alzheimer's Society as well as a safeguarding trainer for Solihull safeguarding board. The managers also attended the registered managers meetings run by the local authority. The deputy manager told us, "This keeps us up to date with local issues and any changes, for example in staff training."

Systems were in place to regularly monitor the quality of the service that was provided including, spot checks on staff, monthly reviews and surveys. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans.

People and their relatives said their views of the service were regularly sought through monthly meetings and an annual survey questionnaire. Comments from people included, "Yes, every month a young lady from the office comes to do to a questionnaire." "Yes we have visits every month from the supervisor, she's a lovely person." "They do a questionnaire, the head one sends it." The results of the last survey showed that people were very happy with the support they received. Feedback from surveys was very positive, with the quality of the service being rated as good to excellent and everyone said they would recommend the service to others.