

Splendid Care Solution Ltd

# Splendid Care Solutions Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Splendid Care Solutions Ltd is a domiciliary care service, providing personal care to people living in London.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. On the day of the site visit, two people were receiving the regulated activity of personal care.

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

Risk assessments were not always detailed enough to provide staff with guidance for safe care or implemented effectively to help reduce risks to people. Care plans did not always provide relevant information. We have made a recommendation about care plans.

Medicines was not always managed safely. Medicines administration records were not always clear and concise.

People were not always supported by staff who had been subject to a safe recruitment process.

We were not assured the provider had effective systems and processes in place to ensure the safe running of the service.

One person and a relative told us they felt the service was safe. Staff understood what action to take if they suspected somebody was being harmed or abused. Staff knew how to report accidents and incidents.

The provider ensured there was infection control guidance in place. Staff confirmed they were provided with enough personal protective equipment such as masks and gloves.

People's healthcare-associated risks were identified and assessed. People's needs were assessed before they received care from the service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met.

One person and a relative told us staff were caring and treated their family with respect and dignity. People and their relatives were involved in making decisions regarding their care. People were supported to remain as independent as possible.

People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people and relatives knew how to make a complaint.

People and the staff supporting them told us the management of the service were supportive. Staff told us they felt well supported by the registered manager.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 19/10/2018 and this is the first rated inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, safe recruitment of staff and the overall governance of the service.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Splendid Care Solutions Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by two inspectors.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the registered manager and nominated individual. We reviewed a range of records. These included two people's care records. We looked at three staff files in relation to recruitment, supervision and training.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documentation provided. We spoke with one person who used the service and one relative. We also spoke with three care workers.

# Is the service safe?

## Our findings

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

This is the first rated inspection for this service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had not always ensured appropriate risk management plans were in place to mitigate risks to people who used the service.
- People had risk assessments completed. However, where a person had a specific risk or condition, they did not always include risk management plans detailing information on how to safely manage these individual risks. For example, one person's risk assessment stated they needed support with two staff members with a track hoist. The risk assessment and care plan gave minimal information detailing how to manage this risk.
- People's care plans did not contain enough guidance to support staff to manage identified risks.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate risks were assessed and mitigated. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- The provider did not have suitable systems in place to ensure medicines were managed safely.
- Medicine administration records (MAR) were not always clear. Records we looked at did not demonstrate if medicines were administered by the correct staff member. One person received support with medicines. We saw MAR records for July 2021 and August 2021. The MAR records were signed by the same staff member for each day. However, staff, one person and a relative we spoke with confirmed the same staff member did not go in everyday for that period. Also, daily notes we looked at confirmed the staff member who signed the MAR records did not attend every visit over that period.
- The provider was not operating an effective audit system to ensure they could quickly identify and resolve any issues with medicines management. The nominated individual told us they regularly checked medicines and recorded this. We requested documentation of medicine checks however these were not provided to us. This meant we could not be assured medicines were checked safely. Another example, one person needed support with medicines administering. The risk assessment did not give clear guidance how this was to be managed.
- Staff had completed medicines training. Staff felt confident administering medicines. One staff member said, "[Another staff member] puts medication [into dossett box] Monday to Sunday. I take out and give to [person]. I record it on the MAR chart."

## Staffing and recruitment

- The provider did not use safe recruitment procedures to help ensure only staff suitable to work in the caring profession were employed. The provider had not obtained an up to date Disclosure Barring Service (DBS) check for one staff member. The nominated individual told us they had seen a copy of the DBS at the time of the recruitment but had not recorded details of it. We asked the nominated individual for a copy of the DBS however they were unable to provide this after the inspection. They advised us the staff member was going to apply for a criminal record check.
- People's safety was not supported by robust recruitment practices because the provider did not always read criminal record check reports. The provider used a third-party company to do criminal checks for staff and the outcome was sent as a report. However, we found the provider was not always reading the outcome of the reports. This meant that staff's past criminal offences were not identified and assessed and there were no plans in place to minimise any risk of harm to people.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate staff were recruited safely. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Through our discussions with the registered manager, the nominated individual, one person who used the service and their relative we found there were enough staff. One person said, "[Staff] get her on time. [Staff] have enough time to do everything." A relative told us, "[Staff member] is punctual. [Staff member has] plenty of time to help and do things. [Staff member] is not rushed."
- Staff told us they had enough time to support people without being rushed. One staff member told us, "[The office] would send someone to replace me [if unable to attend care visit]. They would ring the family member."

## Preventing and controlling infection

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed. One person said, "[Staff] do wear [PPE]." One relative told us, "[Staff] wear aprons and gloves, and masks. [Staff] washes her hands as soon as she comes in."
- Staff told us the provider had an adequate supply of personal protective equipment (PPE) available. One staff member told us, "We have everything [such as] hand gel, aprons and gloves. I have had the [infection control] training."
- The provider's infection prevention and control policy was in date and included reference to COVID-19. Records showed the person who received care had an up to date risk assessment on COVID-19.

## Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People and a relative told us they felt the service was safe. One person said, "Yes, I feel safe. I never had any problems." A relative told us, "Yes definitely [safe]."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I have to tell the office and tell the manager." Another staff member told us, "I would speak to the manager. If they don't take any action I would speak to the police and the CQC."
- Senior management were able to describe the actions they would take when incidents would occur which included reporting to the Care Quality Commission and the local authority.

## Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns



could be highlighted.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first rated inspection for this service. This key question has been rated good. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs, and choices were assessed before the service started to provide any care or support and were then reviewed on an ongoing basis. One person said, "Did an assessment with the manager." A relative told us, "[Nominated individual] did an assessment. When he came over, he talked about what they are supposed to do [and] what the carer is supposed to do."
- Staff told us people's care plans and assessments were accessible and they had time to read them. One staff member said, "I read the [care] documents. I had a meeting with the family and [other care staff]. We all sat down, and we went through everything."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.
- Staff training was offered on a regular basis. Records confirmed this. Supervision regularly took place, where staff could discuss any concerns and share ideas. One staff member said, "Yes we do [receive supervision]. We talk about the [people] and the care. Make sure we are doing things properly." Another staff member told us, "I have supervision time to time. It is good because new things are implemented and they tell me."

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

- People's care plans contained information about the level of support required with nutrition and hydration.
- Staff supported one person with their meals when needed. The person said, "[Staff] help me to cook. I tell them what I want and they [cook] it."

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

- The service worked effectively with other agencies and health professionals to ensure people received effective care. Records showed correspondence with social and health care professionals when people's needs changed.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. One person said, "I had a fall and [staff member] called an ambulance."
- People's care records showed relevant health care professionals contact details.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- There were systems in place to assess people's mental capacity to consent to care. Capacity and consent forms were available when appropriate.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. One person said, "Yes get consent. I wouldn't let [staff help me] without it." A relative told us, "[Staff member] will tell [person] we are going to lift you or do you want this. Everything [staff member] does she talks it through with [person]."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- One person and a relative told us staff were caring. The person told us, "I hope [staff] care for me but I think they do. They do the best for me." A relative said, "[Staff] care very much for [relative]."
- Staff we spoke with showed they knew people well and had a built a good relationship with the people they supported. One staff member said, "We have a good relationship. We talk and [person] enjoys my company and I enjoy [their] company." Another staff member told us, "[Our relationship] is very good. I have known [person] for a long time." A third staff member commented, "Relationship is very good. [Person] is like a mother figure. [Person] is nice to care for."
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "I treat [LGBT people] with respect." The registered manager said, "It all comes back to respecting people's diversity and choices. [People's] support based on their individual needs. We are not to be judgemental. It is about providing holistic support."
- Staff had a good understanding of protecting and respecting people's human rights. Care records documented people's sexuality, ethnicity and spiritual needs.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People and a relative told us and records showed they were involved in care planning.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. One person said, "Yes, [staff] always ask me how I am when they go in. They ask me about my [relative]." A relative told us, "If [staff member] has to take off [person's] clothes, [staff member] just doesn't leave [person] naked. [Staff member] will use a towel to cover [person]. [Staff member] will ask [person] whether it is alright."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "I respect [person] by asking [them] what [they] want. I listen to [person] when [person] talks." Another staff member said, "I talk with [person]. I close the door if I am bathing [person]. I have to give [person] privacy."
- Staff helped maintain people's independence as much as possible. One staff member commented, "I [serve up] food [and] I let [person] eat but if [they] struggle I help [person]. I ask [person] if [they] want to do exercise. I won't force it on [person]." Another staff member said, "[Person] likes to cook and chop food [themselves] and I let [them] do that."

# Is the service responsive?

## Our findings

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

This is the first rated inspection for this service. This key question has been rated good. People's needs were met through good organisation and delivery.

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

- Systems were not fully in place to plan people's care. Care plans sometimes contained limited amounts of person-centred information about people's needs and preferences.
- People had care plans which gave some details about how they wanted their needs to be met. However, guidance around people's different needs and wishes was mixed and sometimes lacked details for staff to follow. For example, one care plan stated that a person needed support with personal care but gave very limited detail on how this was to be done. However, staff we spoke with had a good understanding of people's care needs and were able to describe the support required.

We recommend the provider seek advice and guidance from a reputable source, ensuring care plans contain adequate information in line with current best practice.

Meeting people's communication needs

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

- People's communication needs had been assessed and were recorded in their care plans.
- Care plans gave guidance on how to communicate with people. For example, one care plan stated, "[Person's] speech is impaired. Unable to express [themselves] effectively but uses eye contact, hand gestures and facial expressions to convey [themselves]."
- Staff we spoke with had a good understanding of people's communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place to record and investigate complaints.
- People and relatives knew how to make a complaint. People and a relative felt comfortable to raise any concerns with the provider. One person told us, "I would complain to [provider] first." A relative said, "I would tell [nominated individual]."
- The registered manager told us they had not received any formal complaints since being registered.

End of life care and support

- The service had an end of life care planning policy in place. No one was receiving end of life care at the time of the inspection. If they chose to do so, people and their families were supported to document their

end of life care wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance systems and governance arrangements were not robust and did not drive improvements. Processes had failed to identify concerns found at this inspection.
- Appropriate systems to ensure safe staff recruitment were not in place and risks related to staff recruited were not effectively managed.
- The provider had not always ensured appropriate risk management plans were in place to mitigate risks to people who used the service.
- The provider did not have suitable systems in place to ensure medicines were managed safely. Medicine administration records (MAR) were not always clear. The provider was not operating an effective audit system to ensure they could quickly identify and resolve any issues with medicines management.
- The provider did not have a formal process in place to gather the views of people who used the service and relatives. The registered manager and nominated individual told us they telephoned people and a relative for feedback however this was not documented. People told us the provider did communicate with them on a regular basis. A relative said, "[Nominated individual] has rung me a few times to ask things and find out [person] is doing."

We found no evidence that people had been harmed however, systems and processes were either not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Spot checks on staff were completed and helped to monitor their performance. One person said, "[Senior staff] do spot checks. They come and watch." A staff member told us, "They do spot checks. Every three months they will check. They also check the [care records]. Even when I am not there [nominated individual] will come in and check everything."
- Staff told us regular face to face staff meetings had been put on hold during the Covid-19 period. However, they said they had regular contact with senior management.

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

- The registered manager said they promoted an open culture at the service by listening to people, relatives

and staff. They said, "I try to talk [staff] with issues with safeguarding, personal care, and person-centred support. Talk about diversity and issues of choice. We try and communicate with [people and relatives] to keep communication open between themselves and ourselves as they are the eyes and ears."

- One person and a relative were positive about the senior management. The person said, "[Registered manager] seems to be ok. [Nominated individual] is brilliant. He is very engaging." A relative told us, "[Nominated individual] is very helpful and he is very willing to help if something is not going right."
- One person and a relative were happy about the running of the service. The person told us, "I am very pleased with the service." A relative said, "We are satisfied."
- Staff told us they enjoyed working for the service. One staff member said, "It is good so far. I think they do everything alright. I haven't had problems." Another staff member told us, "They are very good. If you need anything, they will support you."
- Staff spoke positively of the senior management. One staff member said, "[Registered manager] will call if everything ok." Another staff member told us, "[Registered manager] is fine. We work as a team." A third staff member commented, "[Nominated individual] is a very good manager."

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

- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- There had been no incidents that required the provider to discharge this duty.

Working in partnership with others

- The service worked in partnership with the local authority, health and social care professionals and commissioners.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not assessed the risks to the health and safety of service users of receiving care or treatment or done all that was reasonably practicable to mitigate any such risks. Regulation 12 (1) (2)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>An effective system was not in place to ensure compliance with the regulations. The governance systems in place were not robust enough to identify shortfalls in quality and safety. The provider failed to ensure the service was assessed and monitored to improve quality and safety. Regulation 17 (1) (2)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have in place robust systems to monitor and assess if people employed were of good character and had the competence to carry out their duties. Regulation 19 (1) (a) (b)</p>