

Solution2care Services Limited

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## Inspection report

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18 July 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Solutions2care services limited provides personal care and support to adults and children living in their own homes. The services supports some children and adults who have complex clinical needs. The support provided can include 24-hour care and support for children to access education. At the time of our inspection there were 27 people using the service. This included 13 adults and 14 children.

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

People were supported by staff that understood their individual needs. They had been trained and understood how to protect people from abuse. People received their medicines when they needed them, and staff worked closely with healthcare professionals to ensure people's healthcare needs were monitored and met. Systems were in place to reduce the risk of infection, and to review any incident and accidents to see if there were any lessons to learn from these.

People received a consistent and reliable service from staff who were described as caring, competent and supportive. Staff felt supported and had access to information to guide them in their role. People and relatives told us they were happy with the service provided, and they knew who to contact if they had any concerns. Feedback was actively sought about the quality of the care being provided.

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.

Systems were in place to monitor the delivery of the service and to drive improvement. The registered manager was responsive to our feedback and made changes to their practices where required to ensure safe systems were in place.

Rating at last inspection the last rating for this service was good (published 28 February 2019).

### Why we inspected

We received concerns in relation to how risks to people's safety were being maintained and the competencies and training of staff providing clinical support to people. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained as good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, and effective sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Solutions2care services limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

# Solution2care Services Limited

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by an inspector, a specialist advisor and an Expert by experience who undertook telephone calls. The specialist advisor was a nursing professional. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### 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 registered manager would be in the office to support the inspection.

Inspection activity started on 7 July 2022 and ended on 20 July 2022. We visited the location's office on 7 and 11 July 2022. Telephone calls to people, relatives and staff were undertaken on 11, 14 and 18 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke on the telephone to 10 relatives and two people about their experiences of the care provided. We spoke with five staff, the clinical lead, registered manager and nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Recruitment checks were completed when staff commenced employment. This included a Disclosure and Barring Service (DBS) disclosure check which covered both adults and children where applicable. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Part of the recruitment checks was to review potential staff members employment history. However physical evidence of their full employment with gaps explored and explained was not initially available for three of the four staff files we reviewed. This was addressed during the inspection and full information provided.
- People received support from a consistent core team of staff. One relative told us, "We have a team of four dedicated carers, who arrive on time, sometimes they are here 10-15 mins early. A weekly rota is sent to me. This company keeps us fully informed on who is coming." Another relative said, "We have the same great carers. One main carer and the others shadow before they came out on their own. We are over the moon with the carers."
- Staff members confirmed they received rotas which included travelling time. A staff member said, "I support the same consistent group of people and I do receive my rotas in advance. There is always travelling time in between visits where needed so we can get there the time we should." Records we reviewed confirmed this.

### Assessing risk, safety monitoring and management

- People and relatives told us staff knew how to manage any risk factors associated with their support. A relative said, "The carers are fully aware of [family member] risks, by having night carers trained in [family member] medical needs any issues are dealt with straight away." Another relative told us, "I have total confidence in the staff managing [family member] risks."
- Risk assessments were in place for people and covered a variety of areas including people's medical conditions, seizure management, skin integrity, and moving and handling. Where risks were identified there was a corresponding care plan to manage this. For example, staff had clear escalation procedures to follow in relation to managing people's medical conditions.
- Discussions with staff demonstrated their knowledge about the risks to people. A staff member said, "We have information in the homes to refer to and procedures to follow. Communication here is good so any changes are shared."

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

- People and their relatives told us they felt safe when being supported by staff. A person told us, "Yes I feel

safe, the carers are quite competent and obliging." A relative said, "Carers are all very nice, professional and caring. I have the reassurance that all the carers are DBS checked and have the required training to support [family member]."

- As the service supports both children and adults' policies, procedures and staff training were in place for both. Staff we spoke with understood what to do to make sure people were protected from harm or abuse. A staff member told us, "If I had any concerns, I will take action straight away and report these to the manager."

#### Using medicines safely

- People and relatives told us they received their medicines as prescribed. A relative told us, "We have had lengthy discussions about medication during assessment. Talked about timing of medication and specified how these were administered. There has been no issue with administration." Another relative said, "Carer gives [family member] medication daily and when [family member] is in pain. The carer is really clued up; she just lets me know when we need to reorder."
- Staff confirmed they had received medicines training as part of their induction. Staff who supported children or adults with clinical needs also completed training in these specific areas.
- Staff were observed by the clinical lead in these areas to assess their competency to complete tasks and to maintain the persons safety.

#### Preventing and controlling infection

- Systems were in place to reduce the risk of infections to people.
- People and relatives told us staff wore personal protective clothing (PPE) when providing care and support. A person said, "Carers always wash their hands before putting on their PPE. A relative told us, "We have a supply of PPE equipment here, carers put new mask, apron and gloves on at each visit."
- Staff received infection control training as part of their induction. This was also discussed in staff meetings.
- Spot checks completed on staff performance also included staff infection control practices and wearing of PPE.

#### Learning lessons when things go wrong

- Systems were in place to record and learn from incidents or accidents. These were reviewed by the registered manager and action and support provided where possible to mitigate future risks to people.
- An example of this was in relation to when people were either admitted or discharged from hospital for additional checks to be undertaken to ensure people were safe. Where concerns were identified for these to be escalated.
- Learning from incidents was shared with staff and this was confirmed by staff and the staff meeting records we reviewed.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Prior to the inspection we received some concerns about the skills and competencies of staff supporting some people. From the records we reviewed and staff we spoke with these demonstrated staff had received the required training for their role.
- People and relatives told us they felt staff had the required training to meet either theirs or their family's needs.
- A relative told us, "Carers are very professional and caring and confident in using any equipment." Another relative told us, "Carer knows [family member] like the back of her hand. She knows by [family member] facial expressions what they want or if they are in pain. Carer was trained by physio at the hospital before they started working with [family member]."
- Staff confirmed they had received the training they needed for their role which included an induction and shadowing opportunities. Staff also received enhanced training in order to support people with specific medical conditions, and to be able to undertake specific procedures.

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

- People's needs were assessed before a service was provided. For some people this included a transition period where people were introduced to staff who would then support their needs.
- People and relatives confirmed they were involved in the assessment process and in making choices about the daily deliver of the care and support.
- A relative told us, "The manager and senior staff were very responsive to our requests and answered all our questions during the initial assessment." Another relative said, "A copy of the care plan was sent to me. I am able to make adjustments to the care plan when reviewed, I was asked if there were any improvements I would like to see."

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

- People received the support they needed with their meals and fluids to maintain their health.
- Some people had specialist diets or used equipment in order to receive their nutrition. Staff had received guidance and training to ensure these needs were met.
- A relative told us, "The staff know how to use the equipment to assist [family member] to have their assisted feed and fluids. I feel confident in their abilities. They always record what they have given as well." Another relative said, "Carer makes sure that [family member] has their special thickened drink and smooth consistency breakfast."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to ensure their healthcare needs were met.
- A relative told us, "Staff monitor [family member] condition. Any changes and they alert us straight away, or if needed they would call the GP or ambulance if it was an emergency." Another relative said, "The staff know what to look out for and take action or recommend for us to call the district nurse or GP."
- The registered manager and staff worked closely with a variety of agencies to ensure people received consistent care and support. This included occupational therapist, dieticians, district nurses, hospital specialists and children's disabilities teams.
- A staff member told us, we work with lots of other agencies and schools to make sure people get the support and care they need. We follow any guidance and recommendations from agencies and provide feedback. Its teamwork."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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

- People's rights were respected, and staff worked within the principles of the MCA.
- A relative told us, "The staff are respectful and always ask [family member] if it is okay to do a task. They explain what they are doing along the way."
- Staff confirmed they had completed MCA training and had an understanding on how this legislation impacted on their role.







# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Systems and process were in place to maintain oversight of the service.
- This included several audits that were undertaken to monitor the quality of the service provided. Although audits of medication records were completed only a sample of these were reviewed each month. One record we reviewed from January 2022 had been audited but a couple of gaps had not been explored and the rationale provided. When we raised this a rationale was provided which was staff had not used an appropriate code. In response to this the registered manager changed their practices for the clinical lead to audit all medicines records each month.
- People and relatives confirmed updated care plans were available in their homes for staff to refer to. A copy of peoples care plans were also available in the office. We found for one person their care plan had not been updated to reflect their current needs. The registered manager agreed to address this.
- In response to our discussions the nominated individual updated the recruitment procedure to include that all DBS update service verification checks were to be printed out as evidence to support their recruitment practices.
- Electronic systems were used to monitor the delivery of the service by staff in relation to the times, and duration of calls. This enabled the care co-ordinators to monitor staff performance and to be aware of any calls where staff maybe running late in order to find out why, and to alert people and families if necessary. A relative told us, "We always get a call with any updates, the service is managed very well. [Manager] always listens, we get a call if timings are changed or if a carer is changed for any reason."
- A quality assurance audit of the service was also completed by an external professional and feedback and any recommendations were shared. This further assisted the registered manager to drive improvements in the service.

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

- People and relatives were complimentary about the service provided. A relative told us, "So far they have been on time, treat everyone with respect, we feel safe with the care they provide to my [family member] and they are professional. I am happy." Another relative said, "I don't know where we would have been if it wasn't for this company stepping in and supporting us and my [family member]. They have been good and responsive to our needs."
- Staff we spoke with were committed and passionate about ensuring people received good quality personalised care which met their needs. A staff member told us, "I love my job and I am passionate about

making a difference and ensuring people receive a good standard of care, which is what they deserve."

- The registered manager demonstrated their passion and commitment for the service and ensuring people were placed at the heart of what they did.

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 the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to previous experiences. For example, apologising and learning lessons when a staff member did not use a domestic appliance appropriately.

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

- People and relatives told us their feedback was sought and they felt involved in the daily delivery of the service.
- A relative told us, "The management team have been out two – three times doing spot checks to check if everything is working okay, we have been able to make a few tweaks along the way. The logbook where carers record their notes is taken away for analysis by the manager. We are happy with everything." Another relative said, "Have filled in two surveys so far about the service and manager has called to see how the service is working we are happy with the care."
- Everyone we spoke with knew who the registered manager and other senior staff were. A relative told us, "[Manager] is really good, polite, approachable and responsive. [Manager] calls to ask for feedback. I think she manages the service really well."
- The registered manager told us about how they engage with people who may not be able to communicate verbally. This included training staff to use Makaton, (which is a form of British sign language) communication boards, and electronic devices.
- Staff told us they felt supported in their role and found the registered manager to be approachable and a good leader. A staff member said, "I feel valued here, best place I have ever worked with the best manager. She is supportive, listens, and encourages you to be the best you can be, which makes me feel appreciated."
- Staff confirmed and records showed regular meetings were planned to discuss the delivery of the service and to share any learning. For example, improvements with staff completing the medicines records.

Working in partnership with others

- People and relatives told us the staff and managers worked well with other professionals.
- A relative said, "Carers have been excellent at collaborating with the school staff and doctor." Another relative told us, "[Family member] has complex needs, before the carer started, they met with the palliative care nurse and keep in contact with the nurse to ensure [family member] receives the care and support they need."
- The registered manager told us of their commitment to work in partnership with partner agencies in the best interests of people to ensure their needs were met.