

Solitaire Homecare Services Limited

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection, which took place on 5 and 12 November 2015. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to be sure that staff would be available.

Solitaire home care provides a personal care service to people living in their own homes. There was a registered manager in post at the time of our inspection. 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.

All the people we spoke with said they received a safe service. Clear procedures were in place to ensure that people received a service that was safe; staff followed the procedures to ensure the risk of harm to people was reduced.

Summary of findings

People told us that they felt that there were enough staff employed to meet their needs and offer them a reliable and flexible service.

The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way.

Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

Everyone that used the service and their relatives felt the staff that supported them were trained and competent. Staff received the training development and support needed to ensure they did their job well and provided an effective service.

Staff practice ensured that people's rights were protected.

People received support with their food and health care needs where required. People were able to raise their concerns or complaints and these were thoroughly investigated and responded to.

Everyone spoken with said they received a good quality service. The management of the service was stable, with robust processes in place to monitor the quality of the service.

Summary of findings

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 safe.

People said they received a safe service. Staff knew how to reduce the risks of harm happening to people that used the service. Risks to people were assessed and managed appropriately. There were sufficient staff that were safely recruited to provide care and support to people.

Good



Is the service effective?

The service was effective.

People said they received care and support. People told us their care needs were being met and that staff had the skills and knowledge to support them. People's rights were protected. People were supported to eat and drink enough and supported with their healthcare needs where needed.

Good



Is the service caring?

The service was caring.

People said they received care and support from staff that were caring. People were able to make informed decisions about their care and support. People's privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was responsive.

People said their needs were met in a way that suited them and met their expectations. People were able to raise concerns and there were clear procedures in place to respond to people's concerns and complaints.

Good



Is the service well-led?

The service was well led.

People were confident in the quality of service they received. The service was monitored to monitor the quality of the service. The management of the service was stable, open and receptive to continual improvement.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 12 November 2015. We spoke with eight people who used the service, four relatives, the registered manager, and seven care staff. We looked at the care records of two people to check if they

had received care according to their planned needs. We looked at the personnel records of three staff to ensure the recruitment process was robust and looked at other records associated with the management of the service.

We reviewed all the information we hold about the service. This included notifications. A notification is information about important events which the provider is required to send us by law. For example notifications about accidents/incidents, safeguarding alerts and other information in relation to the delivery of the service to people. We contacted the local authority who purchased the care on behalf of people so they could give us their views about the service provided to people. We contacted the local authority and reviewed the information they provided to us.

Is the service safe?

Our findings

People who used the service told us that they felt safe when staff visited them. People said, “They [staff] make sure that I am safe when they leave, they close my windows and make sure the key is back in the safe.” Another person said, “They make sure that my frame is within reach and that I have my alarm with me.” A third person said, “There are no worries in that respect I have always felt safe with them [staff]. I trust the staff that come.” People told us that staff made sure that they were left safe, such as making sure their doors and window were closed.

Staff spoken with demonstrated that they were aware of the action to take should they suspect that someone was being abused. Staff told us about the whistleblowing guidelines in case they had any concerns. The manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff told us that the manager was very approachable and they would not hesitate to tell her if they suspected abuse or poor practice. The provider ensured that appropriate referrals were made to the local authority when required. ‘We’ Care Quality Commission were also informed as required to send us by law.

People were encouraged to be as independent as possible, whilst remaining safe and risks were discussed with people. One person told us, “I could not live at home without the help of the staff, they are a god send, I enjoy their company and they never rush me.” Another person told us, “The staff look out for me, we have a chat about different things including how I keep safe.” Staff were able to tell us how they minimised the specific risks for individuals so people

were protected against receiving inappropriate care. One person told us, “I know what I want to do and if this involves a risk so be it.” From care records we saw that the management team had assessed the risks associated with people’s medical conditions and having limited mobility. The risk assessments showed that staff had also considered the risks in relation to the environment and any activities which may have posed a risk to staff or people using the service.

All staff spoken with knew what to do in the event of an emergency and how to report accidents or incidents so these could be managed effectively. People were kept safe because the provider had assessed people’s care needs. The manager told us when people’s care needs changed and additional staff were required they contacted the local authority who funded the person’s care for a review so people’s care continued to be met safely. There were sufficient numbers of suitably recruited staff available to support people and keep them safe.

People received safe support with taking their medication where required. People that required support with taking their medication told us that where this was part of their care, staff always gave them the necessary support needed. One person told us, “They [staff] just remind me as I forget, that’s all I need at the moment and they make sure they are here when I need to take my medication.” Staff confirmed that they regularly updated their training so people received their medication safely. One staff member told us that the manager supported us to have further training when needed, for example, when a person’s medication had changed.

Is the service effective?

Our findings

People who used the service told us that they felt the staff had the skills and abilities to meet their needs appropriately. One person told us, “I never have any worries.” A relative commented, “All the staff I’ve had any dealings with seem to be competent and they do what needs doing. One person told us, “They ask if I have everything I need, make sure I can get around with my stick, and then tell me, now don’t let anyone in you don’t know. The staff are like my daughter, nag nag nag but they are lovely”.

Staff spoken with told us that they received supervision from a manager on a regular basis and annual appraisal. These provided staff with opportunities to reflect on their practice and identify future learning needs and career goals. Some members of staff described how they had been encouraged to progress to more senior positions with support and appropriate training. The provider had their own training facility and staff had been trained to provide the training so staff could access training quickly if needed. Staff told us that they underwent appropriate checks before starting their employment. This included references from previous employments and police checks. Staff told us before they started to support people they completed training and met the people who they would be supporting so the individual would know who would be coming. People told us that staff were introduced to them and records confirmed that all staff received an induction as part of their recruitment.

People who used the service said staff would always ask them for their consent before carrying out any support and care needs. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions are protected. Staff spoken with were clear what they would do if they thought a person’s care needs had changed and they were unable to make decisions about their care. Staff told us that they would report their concerns to the manager so an assessment could be completed.

The registered manager demonstrated her knowledge in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw that regular assessments had been completed in relation to people’s capacity to make decisions. One staff member told us, “We assume people can make decisions or just need help to make decisions so they are involved in their care. Another staff member told us, “Some people may need help with the decision they make but this does not necessarily mean that they lack capacity. We would report any concern we had.”

People who used the service told us they were involved in making choices in the meals and drinks that staff prepared for them as part of their support. The staff offered different levels of support according to individual people’s needs. Staff told us it was important for people to get the meals they enjoyed or wanted. One person told us, “They [staff] always offer me a choice of what I want, it is usually a sandwich, but I know if I wanted something else there would be no trouble in staff doing this for me.” Staff told us that if there were concerns about a person not eating and drinking they would contact the office so they could contact the family. This showed that where required, staff supported people with managing their meals, and was able to identify and take action where people may be at risk of not eating and drinking to remain healthy.

People using the service and relatives spoken with said they were confident that staff would contact the doctor if they were not able to do so themselves. One person said, “if I am not well they call my daughter so she can contact the doctor, or they will call him for me. They are very good, they help me all the time with different things”. Staff spoken with were very clear in what they would do in the event of an emergency. One staff member told us that there were clear guidelines that they had to follow. For example, if they were unable to gain access to a person’s home and they knew the person did not normally go out the office and family members were contacted and if necessary also the emergency services.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. One person said, "I feel they are my friends." Another person told us, "I can have a laugh and a joke with them". People who used the service told us that the managers and staff asked them about how they wanted to be cared for and supported when they first started to use the service. They said that staff checked with them before providing physical care and respected their choices. A relative told us, "They look after [person's name] really well. I have not got a bad word to say about the organisation, [person's name] has dementia and you would not think she has the way staff treat her. They involve her in everything they do. They are so kind to her and patience." Another person who used the service told us, "I did not find it easy to accept care staff coming into my home but the organisation and staff reassured me and explained about the service and that the care would be based on my decision. I am pleased I accepted that I needed help; my life is so much easier. They [staff] are so respectful and kind."

All the people and relative we spoke with told us that staff respected their choices, dignity and independence and were involved in their care. One person told us, "I am independent with help." Another person told us, "remaining in my own home enables me to be independent and I have great support from staff."

Several members of staff told us that they enjoyed coming to work each day and felt a sense of purpose. The manager and staff were able to tell us about people's personalities and priorities and they spoke with affection about the people they supported. Staff had a good knowledge of people's situation and preferences. One relative told us, "Staff are brilliant they know what [the person name] wants, she is very fond of the staff who come." Another person told us, "I have no problems at all. I have staff that are kind and considerate and respect me so I am pleased with the service." A third person told us, "The staff look after me well, the staff are very joyful and pleasant and you can have a joke with them. A relative told us, "[named person] looks forward to the staff coming, [named person] is very happy with the service."

Records looked at showed reviews of people's care were completed on a regular basis so any changes that were needed was done quickly so staff had the information they needed. All reviews were completed with the people who used the service with assistance from relative and people who knew them well. A relative told us, "Not only do staff and the organisation support [named person] they support our family so we are all involved."

Is the service responsive?

Our findings

People who used the service told us they were involved in their care planning and how they wanted staff to support them. One person told us, “Staff always ask what I want doing and do what I ask them to do.” The manager told us that the assessment process included information about people’s background so they knew what people’s preferences were so care could be planned. One person who used the service said, “When I first started to have care staff, they asked me lots of questions about what I wanted, what I used to do and what I expected. I have to say that they have taken all this into account and I get what I want and even more. I am very happy with my care.” Records showed people’s needs were assessed, before the service began and this involved the individual and their social worker. Where people purchased their own care a representative of the organisation visited the person so people’s needs could be assessed to establish if the agency could provide a service that met the individual’s needs. The care plans which we sampled were specific and individualised and provided information that showed people were involved in their care.

People who used the service and relatives told us that they received their calls on time and if staff were going to be late they telephoned the person so they knew staff would be coming but were running late. One person told us, “If staff are going to be late I have a telephone call from the office with the reason why, it may be that [staff] have been held up at another call, I have used the service for over a year and only once have staff been late, I have never had a missed call.”

People spoken with told us they were given information on how to make a complaint or raise concerns about the service. One person said, “If I wasn’t happy I would tell staff.” Another person said, “I don’t really have any complaint. We looked at a sample of concerns/complaints that had been investigated by the service and we saw that these were investigated and responded to appropriately. We saw that when complaints had been made a letter of apology was sent. The letter included what went wrong and how the organisation had acted to prevent reoccurrences. This showed that people could be confident that their concerns and complaints were listened to and used to inform and improve staff practice.

Is the service well-led?

Our findings

People who used the service and relatives told us that they felt that their views on the service were valued. They were able to provide views through questionnaire responses or at review meetings with managers and staff. We saw written feedback from people and their relatives which indicated that people were satisfied and happy with the service provided. One person told us, "I am very happy with staff, the organisation and the care I get."

People told us that reviews were undertaken by a representative of the organisation to ensure that people were happy with the care provided and that staff were providing the care as required. Staff spoken with told us they were able to give their views about the service provided to people and where improvements were needed the provider took people's view into consideration. People who used the service spoken with confirmed they felt confident about raising issues with the management and were asked their opinions about the care they received.

The staff described an open culture in which staff communicated well with each other. Daily 'huddles' of staff in the office ensured that staff were aware of any changes or training events. Other changes that needed to be relayed to staff was either through staff meeting or via telephone if required urgently. Staff told us that there was very clear communication so all staff had relevant information in relation to people's care and any new legislation. There were good links with the local community and other healthcare professionals.

The manager and other senior members of the staff team undertook a range of regular checks of the quality of the service. These included spot checks, analysis of complaints, accidents, staff training, and people's views, which included external views from other health care professional and staff. This was to make sure that the staff were undertaking their roles in the best interests of the people using the service.

Feedback from people using the service was used to improve if required. We saw where the analysis showed that 100% satisfaction of the service provided to people had not been achieved, targets were set and monitored until such time that a 100% satisfaction was achieved. The provider and the management team sought out information about best practice, for example in the area of dementia care, and considered how best to implement relevant innovations for the benefit of people using the service. The provider had recently won employer of the year at an event that looked at employers and how they supported their staff and three staff had won award for training other employees.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. Staff spoken with had a clear vision of where they wanted the service to be and all staff spoken with felt their individual development was supported. One staff member told us, "I don't live in this area and I travel because the manager supports me, I have development opportunity and the organisation works for the people who use the service to provide the best possible care."