

## Local Solutions

# Local Solutions Knowsley, Sefton & St Helens Homecare

### 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 ●

# Summary of findings

## Overall summary

### About the service

Local Solutions Knowsley, Sefton & St Helens Homecare is based within the community of Kirkby. The service provides personal care to people living in their own homes with the boroughs of Knowsley, Sefton and St Helens.

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.

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

People felt safe when receiving the service and procedures were in place to protect them from abuse. Systems were in place for people to receive their medicines safely. Safe recruitment practices were in place. Infection control procedures were in place to minimise the risk of the spread of infection.

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.

People told us that staff were caring and respected their privacy and dignity. Their comments included, "I think they are considerate and very good", "All the staff are so caring, I could not ask for more", "They are brilliant" and, "All the girls do everything I need, they are wonderful."

People's needs and choices were assessed prior to receiving support from the service. People received care and support from experienced staff. People were supported with their dietary needs when required as part of their care plan.

People were supported by staff who knew them well and were aware of who to speak to if they were not happy about the service they had received.

Regular checks and monitoring took place by the registered manager and the provider to give them oversight of the quality of the service people received.

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

### Why we inspected

This service was registered with us on 30/01/2019 and this is the first inspection.

### Follow up

We will continue to monitor information we receive about the service until we 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?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Local Solutions Knowsley, Sefton & St Helens Homecare

## **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

This inspection was carried out by one inspector and an Expert by Experience who contacted people and their family members by telephone. 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 homes.

The service had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

We gave the service 48 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. The inspection started on the 6 February 2020 and finished on the 11 February 2020. We visited the office location on both these days.

### What we did before the inspection

We reviewed all of the information we had received about the service prior to this inspection. We sought feedback from the local authority who work with and commissioned the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 16 people who use the service and seven family members, two staff, the registered manager and two representatives of the registered provider.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records and information relating to the overall management of the service.

# 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 inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Safeguarding procedures were in place and available to all staff.
- Staff had received training in safeguarding people from harm.
- People told us they felt comfortable and safe when being supported by staff. Comments included "My fear was opening up my home to carers. They soon put my mind at rest", "I have never had concerns about having staff in my house to support me, they are all great" and, "They are reliable and to be trusted making me feel safe in my own home."

Assessing risk, safety monitoring and management

- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- Identified risks to people were considered in the planning of their care and where possible reduced.
- A number of staff were trained to carry out risk assessments, for example for safe moving and handling. Where more detailed assessments of risk were required, these were carried out by an external consultant.

Staffing and recruitment

- People received their care and support as planned most of the time. People told us that when staff contacted them when they were running late. Comments included "I have a regular lady who is always on time. If they are on holiday others are not always on time", "At the weekends the times get altered. During the week its fantastic" and, "They alter the times of visits so I can go to the coffee morning."
- People's visits were scheduled electronically in line with their care plan and staff accessed these schedules via a mobile phone. The scheduling systems allowed senior staff to constantly monitor the times people received their visits.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job

Using medicines safely

- Procedures were in place and available to staff for the safe management of medicines.
- Staff responsible for managing people's medicines completed training in this area. Checks were made to ensure staff were competent and followed safe procedures.
- People received support with their medicines when needed. Comments included "They oversee me with my medicines. They know what they are doing better than me, they help me so much."

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had access to procedures personal and protective equipment that promoted the prevention and spread of infection.

#### Learning lessons when things go wrong

- System were in place to record and monitor accidents and incidents that occurred.
- Accidents and incidents were monitored and reviewed by the registered manager and provider and where possible, actions were taken to minimise their re-occurrence.



# 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 inspection for this newly registered service. This key question has been rated good. This meant 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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met by the service.
- Where required, information from health care professionals was considered in the assessment process.
- Regular reviews of people's care and support were planned to ensure that the service was aware of any changes to their needs. People told us they and their family members took part in these reviews.

Staff support: induction, training, skills and experience

- Staff completed an induction into their role when they commenced employment.
- An on-going training programme was in place to ensure that staff had up to date knowledge to carry out their role. People's comments included "They know what they are doing."
- Staff received regular supervision for their role.

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

- People were supported by staff with food and drink preparation when required as part of their planned care. People's comments included "They always check I have a drink and something to eat" and, "They do my tea, I tell them what I want. Staff try to encourage me to eat more than a biscuit."
- Advice from healthcare professionals in relation to specific health conditions were obtained when required and recorded in people's care plans.

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

- People received support from staff to access healthcare services if required. Comments included "When I have been unwell staff have called for the GP or ambulance and have always stayed with me. They go above and beyond. When I have been unwell staff have called back to check on me to see I'm ok. They genuinely care and are very kind" and, "They always keep me updated about my medical appointments and let me know when I need things, like my tablets or things for the house."
- Family members felt that staff knew their relatives health needs. Comments included "Staff all aware of mums health needs. They do have the qualities to deliver good care."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of this inspection none of the people receiving a service had any authorisations or judgements in place to deprive them of their liberty.

- Policies and procedures were in place to offer guidance and information to staff to ensure that people's rights were maintained in relation under the MCA.
- People were supported by staff who had received training in the MCA.

# 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 inspection for this newly registered 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

- People told us positive things about the service they received from staff. Their comments included, "I think they are considerate and very good", "All the staff are so caring, I could not ask for more", "They are brilliant" and, "All the girls do everything I need, they are wonderful."
- Family member's comments included "Love them, they are very respectful" and, "They bring conversation and comfort to mum."
- People told us that they felt well supported and that staff always asked if there was anything they needed. Comments included "Good staff who are always helpful and thoughtful, get me a newspaper. I appreciate their help which I do need. I like living in my home and these carers allow me to do so."
- People confirmed that positive relationships had been formed with the staff that supported them. Comments from people included, "Very relaxed with the staff around", "They are all very good and cheer me up with a smile" and, "I call one of the staff my surrogate granddaughter."

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

- People were supported to share their views about the care provided.
- People told us that they were involved in making decisions about their care. Comments included "People come from the office to see how things are", "Staff from the office come and review my support, they change the care plan when anything changes" and, "My carers are very good, we talk about any problems with my care plan, they always listen and help."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and that their privacy was maintained. Their comments included "Very respectful when showering", "Certainly treat you with respect", "Staff are always very respectful when helping me and speaking to me" and "I am treated very well and with dignity and kindness no matter if it is with regards meals, toileting or washing."
- Checks were undertaken by senior staff to ensure that staff interactions respected people's beliefs, culture and values.
- People's personal records maintained at the office were stored in locked cabinets. Electronic records were password protected to ensure the security of the information.
- Policies, procedures and guidance were in place to ensure that people's individual rights in relation to equality and diversity were promoted and maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People received support from staff who knew them well.
- People's identified needs had been planned for and were recorded in their care plans. People were involved in the planning of their care and had access to their written care plan. People told us "I have a care plan and staff always write in the book when they visit", "I was involved when staff wrote my care plan. I like to read what the staff write in there and its always fine" and, "I often speak to the team leader about any changes that are needed to my care plan. Never a problem if I need any issues sorting out."
- People's care plans contained information and guidance for staff to be able to deliver the care and support people needed.

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 sensory needs were recorded in their care plans.
- People were supported by staff who understood their communication needs.
- The provider had access to facilities to provide written documentation in different formats to meet people's needs and wishes.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaints procedures which were available in different formats if required.
- People knew who to speak to if they were unhappy about the service they received and felt confident that they would be listened to. Comments included "I think they are considerate and very good, no complaints. I can always phone the office and they will sort out anything I am unhappy about" and "I can call the office, who are always helpful and patient, with any problems or concerns."
- A system was in place to record and monitor any complaints. The provider regularly reviewed and monitored all concerns and complaints received by the service.

End of life care and support

- People had the opportunity to have any specific wishes in relation to end of life care recorded in their care plan. Staff had instant access to this information via the electronic record system in place.
- At the time of this inspection nobody using the service was in receipt of end of life care.

# 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 inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place for people to receive the care and support they required.
- Effective quality assurance and monitoring systems were in place. Audits were completed by the registered manager and the provider. Areas of improvement were identified and the registered manager and provider were working to make continual improvements across the service to further improve the service people received.
- The registered manager were regularly available at the service to offer support to the staff team.

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

- Systems for the service to effectively manage their legal responsibilities.
- The registered manager had a clear understanding of their role and responsibilities and regulatory requirements and ensured that all necessary information was sent to CQC when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities in responding to people under the duty of candour following incidents and when things had gone wrong.
- The provider had a strong vision and values to deliver a service that improved the lives of people living within local communities.

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

- Arrangements were in place to engage and involve people using the service. For example, people were invited to complete a survey and asked about the care and support they received. The most recent survey demonstrated an improvement on the service delivery from the previous survey results. People were informed of the outcome of the survey by letter.
- People felt engaged with the service. Comments included, "I get asked by questionnaires, on the phone and when staff visit is everything ok" and, "People come from the office to see how things are."
- Staff followed advice and worked in partnership with others, such as health care professionals to ensure the best possible outcomes for people.
- Policies and procedures that considered equality characteristics to promote safe, effective care for people

were available.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider had insight into areas of the service that could be improved. Plans were in place to address these areas.
- The registered manager worked in partnership to develop and improve the delivery of social care. For example, they regularly attended the Liverpool Social Care Partnership meetings.