

Care Solutions Fylde Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care Solutions Fylde Limited is a domiciliary care service providing personal care to 31 people at the time of the inspection. 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

The provider had identified risks to people's health and wellbeing, but some care plans failed to have strategies and guidance to support staff to manage these risks. Medicines management and administration were not consistently reviewed allowing poor practice not to be identified and addressed. Quality assurance activities were not consistently completed or effective. They had not identified the shortfalls we found during our inspection.

Not all documentation supporting safe recruitment was in place. We have made a recommendation about this. People recognised the service was improving but feedback consistently complained about poor timekeeping. We have made a recommendation about this. People gave mixed feedback on person centred care. We have made a recommendation about this.

We received conflicting feedback on personal protective equipment. Some people and one relative stated not all staff wore uniforms or wore PPE. However, the management team and staff said PPE was available and accessible. The provider liaised with the local authority, sharing information on the current pandemic status. All staff participated in weekly testing and had received guidance on how to access the Covid-19 vaccination.

The pandemic had impacted on training, but electronic training was ongoing, and staff told us they had the skills to meet people's needs. Staff told us they felt supported by the management team. 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. Consenting to care was included within people's care plan. Feedback on staff being caring and respectful was positive. Comments included, "They are respectful of my dignity." And, "They are very friendly, helpful and respectful."

Not everyone had up to date care plans, however people felt the care they received was improving. The management team were in the process of reviewing documentation. Visit times and the duration of staff visits were under review. There were processes in place to respond to complaints or concerns. Not all these were shared as part of the inspection. No one was being supported with end of life care. There was no process in place to discuss people's preferred priorities of care and end of life.

The service did not have a manager registered with the Care Quality Commission as required by law at the time of our inspection. The provider had appointed a new manager. People, staff and relatives were

involved in the service. Staff and management worked in partnership with other agencies, social and health professionals and external organisations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21/04/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the management of risk, the support people received, governance and leadership. A decision was made for us to inspect and examine those risks. We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and Governance. The provider did not manage risk or medicines consistently safely. The did not use quality assurance processes to identify and address concerns in a timely manner.

Please see the action we have told the provider to take at the end of this report.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care Solutions Fylde 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 did not have a manager registered with the Care Quality Commission. At the time of the inspection the service had a new manager who had not registered with the Care Quality Commission. They were being supported in their role by the regional manager. This means that the provider 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 a short period of notice of the inspection. This was because this was a risk-based inspection and we needed to be sure that someone would be in the office and we would have access to

relevant information to support the inspection.

Inspection activity started on 27th January 2021 and ended on 28th January 2021. We visited the office location on 27th January 2021. We corresponded with the management team for several days after the office visit requesting additional information.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 14 people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, office manager, care co-ordinator and care staff. We spoke with one person's advocate and one local authority health professional.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including call log and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



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 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 identified risks to people's health and wellbeing, within their care plans. However, not all people had a care plan created by Care Solutions Fylde. They relied on information produced by the local authority. In one person's Care Solutions Fylde care plan it identified two ongoing health conditions. Three staff we spoke with could not explain what one of the conditions were, or how these conditions impacted on the person's life. The office manager told us they would investigate these concerns.
- Not all care plans had guidance and strategies for staff on how to identify and manage health risks, such as type 2 diabetes and epilepsy.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. 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

- There had been a recent change in the management team. The provider had not completed any recent medicine audits, or competency checks on staff. One person's medicine administration recording sheet did not identify they were allergic to one medicine.
- Staff punctuality impacted on one person's health. A second person said, "Often it is 1/2 an hour late and I need to eat within 1/2 an hour of my meds so if they're late I can start to feel a bit unwell."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicine administration was effectively managed. 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.

- Staff told us they had been trained to administer medicines, and training records confirmed this.

Staffing and recruitment

- There had been some change in the management team who led on local recruitment. We looked at three staff files and found not all pre-employment checks had been completed. A full employment history was not recorded in two files. One reference was still required for one staff member. This was received after the inspection visit.

We recommend the provider consults best practice guidance around the recruitment of staff.

- We received mixed feedback on staff recruitment, and the deployment of staff. About the staff one person said, "I have no complaints, some [staff] are better than others, some are a bit amateurish". A second person told us, "They're good [staff], they come once a day to help me shower and dress."
- Staff rotas showed back to back visits arranged. The office manager told us rotas were planned in geographical areas. This allowed staff to travel between clients within the travel time included within each visit. Some people told us staff were regularly late, but this was improving. One person commented, "The teatime visit is often very late, it should be 4 pm but has been 6-6.30pm."

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely as we received conflicting information. Three people and one relative told us not all staff wore a uniform when visiting. One person told us not all staff wore PPE. We spoke with staff who told us they had access to as much PPE as they needed. One staff member commented, "They, [management] are good in making sure you are safe."
- We were assured that the provider was accessing weekly testing for staff. We discussed with the regional manager and manager staff being tested three times a week in line with good practice. The management team were advocating staff receive the Covid-19 vaccine.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- We received mixed feedback on people feeling safe when being supported. One person told us, "They're [staff] very nice, very good, I feel safe and well cared for." A second staff member said, "I do feel safe when they [staff] hoist me, mostly. I feel safe according to who is doing it." We shared this feedback with the management team for them to investigate.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents. Staff knew how to report incidents and accidents at the service. The management team had completed an action plan to address concerns identified within the service.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans included people's preferences and if people required their food and drinks prepared to meet their dietary and health needs. However not everyone had a care plan.
- People told us they were happy, but staff lateness sometimes impacted on their mealtimes. One person commented, "They [staff] make me a cup of tea and we have a chat, they make me lunch and they ask me what I want."

We recommend the management team review call times to ensure people receive person centred support.

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

- People gave mixed feedback when asked if the care they received met their needs. One person said, "They're good [staff]. The care is good." A second person commented, "They've been coming here since [several months ago]. They are mostly lovely. Quite a few don't seem to know what they're doing."
- Not all people receiving support had up to date care plans. Two people had these completed during our visit. One of the management team stated they sought to complete the care plans within 48 to 72 hours of people receiving support. One person had been supported for three weeks without a care plan being completed by the provider. People told us the change in management had led to improvements in the care delivered and with communication.

We recommend the management team review the care delivered to ensure it meets people needs.

- The provider had policies and procedures for staff to follow which reflected relevant local and national legislation, guidance and CQC regulations. Staff could access policies and procedures using an online system on their person mobile phones, tablets or personal computers.

Staff support: induction, training, skills and experience

- Staff told us they had the skills and knowledge to carry out their role effectively. The current pandemic had impacted on staff training, but online training and shadowing of experienced staff was ongoing. One staff member told us, "I had to go to Manchester for face to face training and the online training is fantastic."
- Staff said they felt supported by management, and recent changes had been positive. One staff member said, "We know we can call them [management] anytime, and back up will be in place." A second staff member said, "[Member of management team] is very open, you can tell her anything."

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

- Staff worked with social and healthcare professionals as well as other organisations to ensure people received a coordinated service. One person told us, "Initially I was bed bound and had care 4 times a day but gradually that has reduced to welfare checks, chats and a reminder to take my medication each day."
- The provider liaised with the local authority, sharing information on the current pandemic status. All staff have received guidance on how to access the Covid-19 vaccination.

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

- People were asked to consent to their care, and we saw they had signed their care plan showing they agreed to the support being delivered.

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; Respecting and promoting people's privacy, dignity and independence

- Not everyone we spoke with felt they were well supported, due to changes in staff and poor punctuality. However, the same people felt the service they received was improving and spoke positively about individual staff. One person told us, "They're very pleasant [staff], and make me a cup of tea, they're there if I want them, they are caring. I was 100 the other week, they made a big fuss of me, I didn't ask for it but it was lovely." A second person stated, "They're very caring, they're polite and chat to me."
- Staff told us they now had continuity with people through regular visits and this allowed positive relationships to form.

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

- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences.
- People could express their views as part of daily conversations and feedback questionnaires. One person told us, "They [staff] do listen when I ask them to do things for me. They are respectful of my dignity." Feedback received through customer satisfaction questionnaires included, 'The carers have been very good. No concerns', and, 'They[staff] are very friendly, helpful and respectful.'

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 requires improvement. This meant people's needs were not always met.

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

- We received mixed feedback on the care people received. While not everyone had up to date care plans, people felt the care they received was improving. One person said, "I haven't seen a care plan I think they learn what my needs are by word of mouth to be honest." A second person commented, "My care plan is with them, they know what to do to get me up." A third person said, "They do my jobs for me. I am happy with them. They're there when I need them."
- The new management team were in the process of reviewing the documentation they held on each person. One person told us, "I don't have a care plan yet. [Member of management] came to visit me yesterday to sort out a care plan. The carers are very good they come two at a time in the morning and evening."
- People told us communication between themselves and the provider had improved. One person said, "They [staff] sometimes are late and weren't letting me know, I have asked them to let me know; now they do which is better."

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 were identified and recorded in their care plans. Care plans could be produced in a variety of languages and formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Information about people's background, hobbies and interests was included in their care plan. However, due to the pandemic, only essential travel was taking place.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. A complaints policy was available and information about how to make a complaint was included in the service user guide. People told us they felt able to raise any concerns with staff or management. One person told us, "If I had a problem with any of them, I'd call the office and [care coordinator] would help me. Things are improving now she has taken the reins."
- The regional manager confirmed, and we saw some complaints were taken seriously, explored and

responded to in line with company policy. We asked about additional complaints we were aware of. The regional manager said these were stored in personnel files and would submit them. These were never received.

End of life care and support

- At the time of the inspection there was no-one receiving end of life support. The manager told us while they would ensure all relevant support was available, they did not currently provide end of life care as a specialist service.
- Care plans did not identify if people had a DNACPR in place and where it was stored. DNACPR stands for 'Do not attempt cardiopulmonary resuscitation'. It means that if a person has a cardiac arrest or dies suddenly, there will be guidance on what action should or shouldn't be taken by a healthcare professional, including not performing cardiopulmonary resuscitation on the person. The provider did not discuss preferred places of care or advanced care planning as part of their initial or ongoing care planning. The regional manager stated they would review their policy on this.

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 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

- We reviewed quality assurance systems and found not all quality assurance activities were consistently completed or effective. They had not identified the shortfalls we found during our inspection. Medicine audits were not consistently completed, some care plans failed to include strategies on how to manage identified risks.
- The service used electronic call monitoring to gain oversight on when staff logged in and out of people's homes. It showed how long staff stayed at each visit. Some people only required shorter than allocated visits or requested staff to leave sooner than scheduled. However, records we looked at showed several other people had significantly shortened visits. These had not been investigated by the management team. The internal audit system stated weekly checks on the system to be completed. These had not been completed. The manager shared an action plan which identified, 'Unacceptably low call monitoring compliance'. It stated this would now be monitored 'daily/weekly.'

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had failed to operate effectively systems designed to assess, monitor and improve the service. Accurate and contemporaneous records related to each service user, persons employed, and the management of the service had not been kept.

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

- We received mixed feedback on the culture of the service. People told us they were unhappy about poor punctuality and being unsure which staff would be visiting as they did not have a rota. One person told us, "I need clarity in my life, I want to know what is happening and when. If things change, I want to know about it. Clarity is very important to me. They're often late and sometimes they call to let me know." A second person commented, "They're not too bad, I'd give them 5/10, their time keeping lets them down."
- One staff member told us, "We don't get travel time, (between clients), you will always show carer is leaving before the allocated time." The manager told us they would be able to issue rotas, but changes do happen due to changes in the service and staff availability.
- People and staff told us the service had improved and they had faith in the new management team. One person told us, "[Care co-ordinator, she gets things sorted.]" One staff member commented, "The company is more in control, the whole work ethic seems better. I am confident it is heading in the right direction." A second staff member stated, "[Care coordinator] is very open, you can tell her anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team involved people to provide their views about the quality of service they received, through annual questionnaires. The feedback we read was positive. However, this contrasted with the mixed feedback people told us.
- The management team had an on-call service to support staff. There was an open-door policy at the office and staff had access to a group chat electronic messaging service. One staff member commented, "The group chat is very professional."
- The service worked in partnership with healthcare professionals and other agencies to ensure positive outcomes for people.

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

- There was no manager registered with the CQC as required by law. We had not received an application which had been approved at the time of our inspection. The regional manager was an experienced health care professional and was clear about their responsibilities for reporting to the CQC and the regulatory requirements. They were supporting the provider to have oversight of the location in the absence of a registered manager.

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 did not do all that is reasonable practicable to manage risk related to underlying health conditions and the management of medicines..</p> <p>12(1)(2)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems and processes to make sure they assess and monitor their service.</p> <p>17(1)</p>