

## Homecare Solutions Limited

# Homecare Solutions Ltd

### Inspection report

Salford Innovation Forum  
51 Frederick Road  
Salford  
Lancashire  
M6 6FP  
Tel: 01617434545

Date of inspection visit: 10 and 17 August 2015  
Date of publication: 21/09/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This unannounced inspection took place on 10 and 17 August 2015. The service, which registered with the Care Quality Commission (CQC) in July 2014, had not been previously inspected.

Homecare Solutions Ltd is a domiciliary care agency, which provides personal care to people in their own homes, who require support in order to remain independent. The office is located in Salford Innovation Forum, which provides adequate parking facilities. At the time of our inspection, the service catered for one person who used the service.

There was a registered manager in place. 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.

During the inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering our enforcement options in relation to these breaches.

# Summary of findings

As part of our inspection, we checked to see how the service protected vulnerable people against abuse. The registered person confirmed they did not have any information about local safeguarding protocols with the local authority they had been working with in order to progress any concerns appropriately. We spoke to the two members of staff about their knowledge and understanding of protecting vulnerable adults. Both members of staff were able to demonstrate an understanding of the principals of safeguarding people. However, both confirmed that they had not received any training in safeguarding, which we verified by looking at their training records. We found that no induction training had been provided to either member of staff.

We found the registered person had not ensured they had systems in place to protect people from abuse and improper treatment. This is a breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safeguarding people from abuse and improper treatment.

We found people were not protected against the risks of abuse, because the service did not have robust recruitment procedures in place. Of the current members of staff, both personnel files contained criminal records bureau (CRB) disclosures. The service recruitment policy stated that certain official documents should be obtained from potential employees, such as proof of identity in the form of a photo driving licence or passport. There was no evidence of these documents within the personnel files. Additionally, there was no application forms, previous employment history or suitable references. Nothing was documented to indicate when the member of staff started working for the service. The service's recruitment policy, which stated that an interview should be undertaken for all candidates, had not been followed.

With regards to the member of staff who no longer worked for the service, we found information that the individual had started working for the service in January 2015. The CRB disclosure in the file was dated September 2013 and listed previous convictions. We found a completed application form, which provided details of previous employment. The application form contained details of two referees, however we found that the references had not been obtained. When we spoke to the registered person about this matter, they provided a

further document containing a reference from a person. The document was not dated and did not contain details of who the referee was and what company they represented.

We found the registered person had not protected people against the risk of associated with employing fit and proper persons. This is a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to fit and proper persons employed.

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found that staff had not undertaken any induction training as part of an induction programme to the service. Limited on-line training had been undertaken, which we verified by looking at personnel files.

One member of staff told us that they did not deliver any personal care and attended calls only where meal preparation was required. This meant that in the event of an incident such as a fall or where a person need physical support, this member of staff was not adequately trained to provide such support. We found that the person who used the service was living with dementia, yet two members of staff had not received any training in supporting people with dementia.

We found one member of staff had received some formal supervision, whilst the other had not received any documented supervision since commencing employment with the service. When we spoke to the registered person about this, they explained that as they worked with the person all the time they were constantly supervising the person, but confirmed no records of supervision had been maintained. We looked at a supervision log for the member of staff who no longer worked for the service. The log was neither dated nor signed. We saw no evidence of any annual appraisal for staff.

We found that staff were not effectively supported to undertake training, learning and development to enable them to fulfil the requirements of their role. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of staffing.

# Summary of findings

We found the service were unable to demonstrate clearly how they ensured that they had obtained consent before providing care and support. In the care files we looked at including the care file of the sole person who used the service, we found that consent forms had not been completed. We found no policy at the service that covered consent. For the one person who used the service who was living with dementia, we found no record of mental capacity assessments or best interests decisions within the care files. On our subsequent visit, we saw that a mental capacity assessment had been undertaken.

We spoke with registered person and staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. The registered person was able to demonstrate an understanding of the principals of the MCA and DoLS and confirm they had received training. The other members of staff had only a very limited understanding of the principals of the MCA and had no knowledge of DoLS. Both member of staff confirmed that they had received no training.

We found the registered person had not protected people against the risk associated with care and support only being provided with the consent of the person or their representatives. This was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulations) 2014, need for consent.

We found no evidence of any formal documented audits, such as care plan audits for documented consent, medication, spot checks, personnel files, safeguarding, training and development, which were areas of concern we identified during our inspection.

We found that the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and any allegations of abuse. Records we looked together with consultation of a local authority, confirmed that CQC had not received two required notifications of allegations

of abuse. This is an offence under 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009 (Part 4). This matter will be dealt with outside the inspection process.

At the time of this inspection, the service was supporting one person in their home. As the person who used the service was unable to speak to us about the service, we were able to speak to a close family member instead. They told us they had only been with the service for six weeks, but were happy with the quality of care and support their relative received.

We looked at how the service managed people's medicines. We looked at a general policy for managing service user's medicines. We looked at one medication risk assessment, which provided instructions to staff on completing medication administration records and to ensure they were filed monthly. It provided no information on where medicines were located, who was responsible for collecting and ordering medicines and there was no list of current medicines being used. The record related to a person who did not have capacity, we found there was no instruction to staff on how to deal with this individual.

We spoke to the registered person about these concerns, they told us that presently only they administered medicines. They explained that due to the small numbers of people they supported, all relevant information about medication was retained mentally, though they accepted that such information should have been documented in the care file.

We spoke to the relative of the one person who currently used the service, they told us that they believed staff were kind and caring.

The service policy on compliments and complaints provided instructions on what action people needed to take and a summary was contained within the service users guide. The service did not currently maintain a complaints log as they told us they had not received any formal complaints since registration.

We also established that the service had not circulated questionnaires to seek feed-back from people who used the service, their families and health care professionals as a means of monitoring the quality of service delivery. The service subsequently sent out a questionnaire following our first visit.

# Summary of findings

The registered person recognised the need to implement improvements in respect of recruitment, staff development, issues of consent, notifications and good governance and told us that they would not accept any new clients until these matters had been addressed.

# 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 not safe. We found the registered person had not protected people against the risk of associated with safeguarding people from abuse and improper treatment.

We found people were not protected against the risks of abuse, because the service did not have robust recruitment procedures in place.

We looked at one medication risk assessment, which provided instructions to staff on completing medication administration records and to ensure they were filed monthly. It provided no information on where medicines were located, who was responsible for collecting and ordering medicines and there was no list of current medicines being used.

Inadequate



### Is the service effective?

Not all aspects of the service was effective. We found that staff were not effectively supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

We spoke with registered person and staff to ascertain their understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered person was able to demonstrate an understanding of the principals of the MCA and DoLS and was able to confirm they had received training. The other members of staff had only a very limited understanding of the principals of the MCA and had no knowledge of DoLS.

We found that consent forms for care had not been completed by the service and nor were they signed by the person who used the service or their representative.

Requires improvement



### Is the service caring?

Not all aspects of the service was caring. We spoke to the relative of the one person who currently used the service, they told us that they believed staff were kind and caring.

There was no evidence to show people had been consulted about their needs. When we spoke to the registered person about this, they told us they were responsive to people's changing needs, but accepted this was not always clearly and accurately documented.

Requires improvement



### Is the service responsive?

Not all aspects of the service was responsive. We looked at a sample of four care files, one relating to a person who currently used the service and three relating to people who no longer used the service. Each file contained an initial assessment of people's needs when they were first assessed.

Requires improvement



# Summary of findings

The registered person told us they regularly sought feed-back from people who used the service and their relatives, however this was not always recorded.

The service policy on compliments and complaints provided instructions on what action people needed to take and a summary was contained within the service user's guide.

## Is the service well-led?

Not all aspects of the service were well-led. We found no evidence of any formal documented audits, such as care plan audits, medication, spot checks, personnel files and safeguarding having taken place.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and any allegations of abuse. Records we looked together with consultation of a local authority, confirmed that CQC had not received two required notifications of allegations of abuse.

The registered person recognised the need to implement improvements in respect of recruitment, staff development, issues of consent, notifications and good governance and told us that they would not accept any new clients until these matters had been addressed.

**Requires improvement**



# Homecare Solutions Ltd

## 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 checked 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 10 and 17 August 2015 and was unannounced. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which

may have occurred. We also liaised with Wigan City Council and Salford City Council. As a result of concerns highlighted by the Market Development and Oversight Team at Wigan County Council, we brought forward our inspection for this service.

At the time of our inspection there was one person who lived in the Wigan area who used the service. The service was a small family run business involving the registered provider, their partner and another family member. During the inspection, we spent time at the office and looked at various documentation including care plans and staff personnel files.

We spent time speaking to the relative of the person who used the service, the registered person and the two other members of staff.

# Is the service safe?

## Our findings

At the time of this inspection, the service was supporting one person in their home. As the person who used the service was unable to speak to us about the service, we were able to speak to a close family member instead. They told us they had only been with the service for six weeks, but were happy with the quality of care and support their relative received. They told us; “I like them and trust them and have confidence in what they are doing.”

As part of our inspection, we checked to see how the service protected vulnerable people against abuse. We were shown a copy of the vulnerable adults safeguarding policy and a copy of the ‘whistleblowing’ policy. The safeguarding policy detailed the different types of abuse and what action staff should take if they had any concerns. All concerns had to be reported to the registered person, who would assess the concerns and assume the lead regarding internal investigations and decisions to refer to appropriate authorities. The registered person confirmed they did not have any information about local safeguarding protocols with the local authority they had been working with in order to progress any concerns appropriately.

We spoke to the two members of staff about their knowledge and understanding of protecting vulnerable adults. Both members of staff were able to demonstrate an understanding of the principals of safeguarding people, however both confirmed that they had not received any training in safeguarding, which we verified by looking at their training records. We found that no induction training had been provided to either member of staff. We found the registered person had not protected people against the risk of associated with safeguarding people from abuse and improper treatment. This is a breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding people from abuse and improper treatment.

We found people were not protected against the risks of abuse, because the service did not have robust recruitment procedures in place. We reviewed two personnel files of the current members of staff and a personnel file for an individual who no longer worked for the service. The registered person told us that the individual who no longer worked for the service had left recently. They also told us that they had employed a further member of staff since

registering with the Care Quality Commission in July 2014, who only lasted one night and left following a complaint from the person who used the service. No personnel file existed for that member of staff.

Of the current members of staff, both files contained criminal records bureau (CRB) disclosures. The service recruitment policy stated that certain official documents should be obtained from potential employees, such as proof of identity in the form of a photo driving licence or passport. There was no evidence of these documents within the personnel files. Additionally, there was no application forms, previous employment history or suitable references. Nothing was documented to indicate when the member of staff started working for the service. The service’s recruitment policy, which stated that an interview should be undertaken for all candidates, had not been followed.

With regard to the member of staff who no longer worked for the service, we found information that the individual had started working for the service in January 2015. The CRB disclosure in the file was dated September 2013 and listed previous convictions. We spoke to the registered person about this individual’s character and why an up to date CRB disclosure had not be obtained. They told us they were satisfied that the convictions were old and did not represent a risk to people who used the service and that they didn’t realise that a CRB / Disclosure and Barring Service (DBS) check should be undertaken for each new member of staff. They agreed they had not documented for future reference their reasoning for the employment of this individual.

We found a completed application form, which provided details of previous employment. The application form contained details of two referees, however we found that the references had not been obtained. When we spoke to the registered person about this matter, they provided a further document containing a reference from a person. The document was not dated and did not contain details of who the referee was and what company they represented.

We found the registered person had not protected people against the risk of associated with employing fit and proper persons. This is a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons employed.



## Is the service safe?

We looked at a sample of four care files, one relating to a person who currently used the service and three relating to people who no longer used the service. The risk assessments covered areas such as moving around the working environment, security and emergencies, kitchen, food handling and meals, garden and exterior. The risk assessment was predominately tick the box and provided limited information to inform staff how to mitigate potential risks

We looked at how the service managed people's medicines. We looked at a general policy for managing service user's medicines. We looked at one medication risk assessment, which provided instructions to staff on completing medication administration records and to ensure they were filed monthly. It provided no information on where medicines were located, who was responsible for collecting and ordering medicines and there was no list of current medicines being used. The record related to a person who did not have capacity, we found there was no instruction for staff on how to deal with this individual.

We spoke to the registered person about these concerns, who told us that only they administered medicines. They

explained that due to the small numbers of people they supported, all relevant information regarding medication they retained mentally, though they accepted that such information should have been documented in the care file.

We looked at one medication administration record (MAR), which was complete without omissions. Where medicines had not been administered, the reason had been recorded on the rear of the MAR sheet. The registered person was unable to provide evidence of their current training in medication, however they explained that they couldn't access on line records and that medication training was due to be refreshed. We were subsequently provided with a social care TV / on line training certificate in the safe administration of medicines undertaken on the 12 August 2015 by the registered person. We verified that the other staff member had undertaken on-line medication training during September 2014. There were no follow-up competency assessments for staff that handled or administered medication as per national guidelines.

We did not find any issues relating to staffing levels as from people's care records, all care visits had been made in a timely way. At the time of the inspection there was one person who used the service and three members of staff including registered person.

# Is the service effective?

## Our findings

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found that staff had not undertaken any induction training as part of an induction programme to the service. Limited on-line training had been undertaken, which we verified by looking at personnel files. One member of staff had undertaken an on line moving and handling assessment, but confirmed that they had not received any practical manual handling training. They stated they always worked with and under the supervision of the registered person. The registered person told us they had undertaken practical training in manual handling, but was unable to provide any documentation confirming they had successfully completed such training. The registered person could not demonstrate they or their staff had been assessed as competent.

The other member staff told us that they did not deliver any personal care and attended calls only where meal preparation was required. This meant that in the event of an incident such as a fall or where a person need physical support, this member of staff was not adequately trained to provide such support. This member of staff told us they had received training in food safety and first aid awareness, which we confirmed from records. We found that the person who used the service was living with dementia, yet two members of staff had not received any training in supporting people with dementia.

We found one member of staff had received some formal supervision, whilst the other had not received any documented supervision since commencing employment with the service. When we spoke to the registered person about this, they explained that as they worked with the person all the time they were constantly supervising the person, but confirmed no records of supervision had been maintained. We looked at a supervision log for the member of staff who was no longer worked for the service. The log was neither dated nor signed. We saw no evidence of any annual appraisal for staff.

We found that staff were not effectively supported to undertake training, learning and development to enable

them to fulfil the requirements of their role. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of staffing.

We found the service were unable to demonstrate clearly how they ensured that they had obtained consent before providing care and support. We looked at a form that the service used to obtain written consent from the person who used the service or their representative for a number of areas These included; administer First Aid, call for a GP to visit me where required, call for an ambulance / paramedics to visit me where required, obtain prescriptions and arrange to be taken to a hospital A&E Unit where necessary. In the care files we looked at including the care file of the sole person who used the service, we found the form had not been completed at the time of our first visit. We found no policy at the service that covered consent. A relative of the person who used the service confirmed that they had provided consent on behalf of their family member for the service to provide care and support, though this had not been documented.

For the only person who used the service who was living with dementia. We found no record of mental capacity assessments or best interests decisions within the care files. On our subsequent visit, we saw that a mental capacity assessment had been undertaken.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

We spoke with registered person and staff to ascertain their understanding of the MCA and DoLS. The registered person was able to demonstrate an understanding of the principals of the MCA and DoLS and confirmed they had received training. The other members of staff had a very limited understanding of the principals of the MCA and had no knowledge of DoLS. Both members of staff confirmed they had not received training.

We found the registered person had not protected people against the risk associated with care and support only

## Is the service effective?

being provided with the consent of the person or their representatives This was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulations) 2014, need for consent.

# Is the service caring?

## Our findings

We spoke to the relative of the one person who currently used the service, they told us that they believed staff were kind and caring. Comments included; “I feel they are very caring towards my relative.” “Happy with service, I think I have the right people seeing to my relative.” “I would personally recommend them, they have a caring nature, any problems they will ring me.” “My relative is a difficult case, but on the whole I’m very happy with the service.”

We asked the relative of the person who used the service to what extent they were involved in determining or reviewing their relative’s care. A relative of the person who used the

service told us; “This was an emergency package so it was not discussed with Homecare Solutions, it was very rushed, however they are very good at keeping me informed.” Though we saw evidence that care plans had been reviewed, there was no evidence to show people had been consulted about their needs. When we spoke to the registered person about this, they told us they were responsive to people’s changing needs, but accepted this was not always clearly and accurately documented. They told us that most of their clients had been short term packages of care. We found no arrangements in place to demonstrate that people were involved in making decisions about their care, were listened to and their views acted upon.

# Is the service responsive?

## Our findings

We looked at a sample of four care files, one relating to a person who currently used the service and three relating to people who no longer used the service. Each file contained an initial assessment of people's needs when they were first assessed. This included background information on people's personal life history and an assessment of their daily living needs. Care plans were devised to meet the person's individual support needs and we were told a copy was placed in the person's home for staff and the person to access. Care plans included washing and dressing, food, drinks and diet, medication, personal hygiene and communication needs.

We asked a relative had they ever been given the opportunity to provide feed-back to the service in order for them monitor the quality of service delivery. They told us they had received a questionnaire that morning following out visit to the service the previous day. They told us it was the first questionnaire they had received.

We spoke to the registered person about how they sought feed-back and involved people in making decisions about their care, especially as we saw no evidence in any of the care files we looked at. The registered person explained that due to the limited number of clients they supported,

they regularly sought feed-back from people who used the service and their relatives, however this was not always recorded. We found that prior to our visit, no questionnaires had been circulated to people, relatives or professionals to ascertain what they thought about service and whether improvements could be made.

The service, provided people with a Service User Guide, which was a generic document, distributed to new people upon joining the service. This included aims and objectives of the company, care staff responsibilities and what people could expect of their care. There was also information about how the person who used the service or their relatives could contact the service with information of their as views and opinions as a means of continually improving the service. Although feedback was sought, we found no formal records of the comments obtained to indicate the level of satisfaction of the people who used the service in order to facilitate continual improvement of service delivery.

The service policy on compliments and complaints provided instructions on what action people needed to take and a summary was contained within the service user's guide. The service did not currently maintain a complaints log as they told us they had not received any formal complaints since registration.

# Is the service well-led?

## Our findings

There was a registered manager in place. 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.

We found no evidence of any formal documented audits, such as care plan audits for documented consent, medication, spot checks, personnel files, safeguarding, training and development, which were areas of concern we identified during our inspection.

We found that the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and any allegations of abuse. Records we looked together with consultation of a local authority, confirmed that CQC had not received two required notifications of allegations of abuse. This is an offence under 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009 (Part 4). This matter will be dealt with outside the inspection process.

No staff meetings had taken place, however the registered person explained that due that small numbers of staff who were family, issues or concerns were discussed informally and therefore had not been recorded.

The registered person recognised the need to implement improvements in respect of recruitment, staff development, issues of consent, notifications and good governance. They told us that they would not accept any new clients until these matters had been addressed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

We found the registered person had not ensured they had systems in place to protect people from abuse and improper treatment.

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found that staff were not effectively supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

We found the registered person had not protected people against the risk associated with care and support only being provided with the consent of the person or their representatives.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found the registered person had not protected people against the risk of associated with employing fit and proper persons.</p>

**The enforcement action we took:**

CQC have issued a warning notice with conditions to be met by the 12 October 2015.