

Solihull Care Limited

Solihull Care Domiciliary Service

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Solihull Care Domiciliary Service provides personal care and support to people in their own homes. At the time of our visit the agency supported 100 people with personal care and employed 57 care workers.

We visited the offices of Solihull Care on 2 February 2016. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service had a registered manager. 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.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse and keep them safe. However, some people were not satisfied with the amount of different care workers that visited them. They told us they would prefer to receive consistent care and support from a fewer number of care workers.

There were processes to minimise risks associated with people's care. These included risk assessments and safe systems to manage people's medicines. Staff we spoke with had a good understanding of these processes.

The provider checked the suitability of care workers to work with people who used the service during their recruitment. There were enough suitably trained care workers to deliver care and support to people. Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively.

People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required. People received care from staff who were respectful and ensured people's privacy and dignity was maintained.

The managers understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care.

Staff were knowledgeable about people's needs. Most care plans and risk assessments contained relevant information for staff, to help them provide the care people needed in a way they preferred.

People knew how to raise a complaint about the service if they needed to and information about making a complaint was available for people. Staff felt supported to do their work and people felt able to contact the office and management team at any time.

There were systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys and spot checks on care workers' practices.

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.

People did not always receive care and support from consistent care workers who knew them well. Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures in place to protect people from risk of harm and care workers understood the risks relating to people's care. People received their medicines as prescribed and there was a robust staff recruitment process.

Requires Improvement ●

Is the service effective?

The service was effective.

Care workers were suitably trained and supervised to ensure they had the right skills and knowledge to support people effectively. The managers and care workers understood the principles of the Mental Capacity Act 2005 and care workers respected people's decisions and gained people's consent before care was provided. People who required support with eating and drinking were provided with foods that they enjoyed.

Good ●

Is the service caring?

The service was caring.

People were supported by care workers who they considered kind and caring. Care workers respected people's privacy and promoted their independence. People and their relatives were involved in making decisions and planning their care.

Good ●

Is the service responsive?

The service was responsive.

People received support from care workers that understood their individual needs. People's care needs were assessed and care workers were kept up to date about changes in people's care. People knew how to make a complaint.

Good ●

Is the service well-led?

The service was well-led.

The provider and managers provided good leadership and regularly reviewed the quality of service people received. People were happy with the service and said they were able to contact the office and speak to the management team if they needed to. Care workers felt the management team were approachable and they were confident to raise any concerns so that actions could be taken for the benefit of people who used the service.

Good 

Solihull Care Domiciliary Service

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 2 February 2016 and the visit was announced. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The inspection was undertaken by two inspectors.

When planning the inspection we reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. We found the PIR reflected the service provided.

Before the visit we sent surveys to people who used the service to obtain their views of the service they received, we also sent surveys to staff. Surveys were returned from twenty four people, three relatives and six staff members. We spoke with seven people by telephone, (five people who used the service and two relatives).

We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had received six concerns about the service which they made the provider aware of, and the provider had responded to.

During our visit we spoke with three care workers and staff working in the office including the care manager and the registered manager. We reviewed three people's care plans to see how their care and support was planned and delivered. We checked care workers had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us that they felt safe with the care workers who supported them. One person told us, "I am happy and feel safe with all of the care workers." Another person told us, "Yes, definitely, I always feel safe." People said they would contact someone at the office or tell their relative if they didn't feel safe. Returned surveys showed us most people felt safe from abuse or harm.

Everyone we spoke with told us they were happy with the care they received, however some people and their relatives were not always satisfied with the consistency of care workers who came to their home. One person told us "I don't always know who is coming; I don't know them all." Another said "I get a lot of different carers; they are all nice but its pot luck who I get." They told us this made them feel unsettled at times and they would prefer to receive their care and support from a consistent group of care workers.

A relative told us they were concerned about the number of different care workers who visited. They told us their relative lived with dementia, and if the care worker did not know their relative's preferences, or read their care plan, their relation could not tell them. They had raised their concerns with the registered manager and hoped the issue would be resolved in the next few weeks. They further explained that thirteen different care workers visited in a fifteen day period and on one occasion their relative was left without her reading glasses which had made the person feel anxious.

We looked at the visit schedules for three people who used the service and three care workers. These records showed us people were not always receiving visits from a consistent group of care workers who knew them well. Care workers told us they often visited lots of different people each day. One said "I try my best to get to know people but it is hard to build up relationships as I don't always visit the same people all of the time."

We discussed this with the registered manager and the care manager. They explained they were trying to recruit new staff and where possible, people did have consistent care workers. This could be difficult to sustain as most care workers worked part time. They agreed to look at how the number of different care workers visiting people could be reduced.

Care workers understood the importance of safeguarding people who they provided support to. Staff we spoke with attended regular safeguarding training and had a good understanding of different types of abuse. One care worker told us, "I know to look out for signs of abuse for example, unexplained bruising. I always inform the office straight away if I have any concerns and then concerns are reported to social services by the office staff."

Care workers knew about the provider's whistle blowing policy and knew who to report to if they had any concerns. The registered manager understood their responsibility to protect people and to report potential safeguarding incidents. Records showed appropriate and timely referrals had been made to the local authority as required.

There was a procedure in place to identify and manage risks associated with people's care. People told us assessments of their care needs had been completed and these identified any potential risks to providing their care and support. Two of the risk assessments looked at showed people were at risk of their skin becoming damaged. However, guidance for staff to follow to manage this risk was not in place. We asked care workers how they monitored people's skin to make sure it remained intact. One carer worker told us "We check [persons] skin every day. We report any concerns to the manager who would report it to the district nurse." The registered manager was confident skin checks were taking place and they agreed to add the information to people's care plans straight away.

Some people required two care workers for each visit to ensure they were supported safely. One person's relative told us, "[Person] needs to use a hoist to transfer safely from their bed to a chair. Two care workers always come together to make sure this was done safely."

The registered manager told us they always tried to complete an assessment before they started providing care and support to a person but this was not always possible for example, when a person needed to be discharged from hospital quickly. They explained to us information was gathered by telephone. If the person's care and support needs could be met a manager or a senior care worker completed the first visit to the person. A risk assessment was carried out at this first visit. This ensured the provider was aware of any potential risks for staff to be aware of, and the person was kept as safe as possible.

Recruitment procedures were in place to ensure people were supported by staff with the appropriate experience and skills. Prior to care staff starting work the provider checked they were suitable to work with people in their own homes. One care worker told us, "I had an interview and I had to wait for my references to be checked and DBS clearance certificate before I could start working." The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions by providing information about a person's criminal record. The registered manager explained all new staff were required to successfully complete a six month probation period before they were offered a permanent job to ensure they were competent.

People's medicines were being managed safely by care workers of the service. One person told us "They [care workers] remind me every day to take my tablets, they never forget." Medicine administration records were checked every month by the registered manager and their checks showed people had received their medicines as prescribed. Only trained competent staff supported people to take their medicines and all care staff we spoke with confirmed they had received medication training. The care manager observed care workers handling people's medicines, as part of their annual staff competency checks. This assured them staff continued to support people with their medicines in a safe way.

Staff we spoke with knew what to do if a person refused to take their medicine. One care worker told us, "I would record it on the administration chart and report it to the office." This was important as people's health could be at risk if they did not take their medicines.

Records showed that accidents and incidents had been reported to the manager when they had occurred. One care worker told us. "If an accident happened I need to report it straight away." Accidents and incidents were reviewed by the manager who took any further actions needed to reduce the risk of them happening again.

Is the service effective?

Our findings

One person told us "They [care workers] do have training, they do know what they are doing." Another said, "I know training takes place." Returned surveys showed most people thought staff had the skills and knowledge to provide the care and support they needed.

Care workers told us they received training the provider considered essential to meet people's care and support needs which included safeguarding adults and health and safety. We saw they had also completed training to obtain the skills to effectively support people with specific health conditions such as Parkinson's disease and diabetes. Care workers spoke positively about the training they had received. One care worker told us, "My training has been really good, this is my first job in care, so I have learnt a lot." Another said, "All training is great and the trainer really puts me at ease."

The care manager was responsible for ensuring care workers received the health and social care training they required. The care manager was an accredited trainer and was qualified to provide training, including how to move people safely. They told us, "Most of the training is provided face to face by me, it works really well." Care workers told us training usually took place at the office in small groups. One care worker said, "It is great as we can answers to the questions we have specifically about the people we are caring for." Records showed there was a programme for regular refresher training for care workers to keep their skills up to date.

Care workers confirmed they had received an induction based on the Care Certificate before they had started work. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. The registered manager told us, "We have worked really hard to implement the care certificate." Care workers had also worked alongside experienced care workers to prepare them for their role before they worked unsupervised.

Care workers told us their work performance was monitored through supervision meetings (one to one meetings with their line manager) and observation checks on their practice. They told us they had regular meetings to discuss their training and individual development needs. One care worker told us, "We have meetings and the managers encourage us to complete qualifications for example, social care diplomas." Records showed us most care workers had already completed or were working towards level two or three qualifications in health and social care. This ensured care workers had the skills they needed to effectively meet people's needs.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within these principles. We were confident the registered manager understood their responsibilities under the Act. All of the people who used the service at the time of the inspection were able to make day to day decisions about how to live their lives, for example, what they would like to eat or drink. We saw one person did not have capacity to make complex decisions and a best interest decision had been made. The registered manager had worked closely with the person's relative and health care professionals to ensure the decision was made in the person's best interest.

Staff we spoke with were knowledgeable about the people they supported. One care worker told us, "I always explain what I am doing and make sure [person] is happy for me to help them to have a shower." This showed us care workers understood the principles of the MCA and knew they could only provide care and support to people who had given their consent.

We asked care workers how they knew if a person's care and support needs had changed. They told us changes were communicated in a variety of ways which included text messages being sent to their mobile phones, and newsletters. Staff who worked in the evenings, visited the office before they started work and information was passed on at this time. The registered manager told us care staff were really good at reporting any changes and this meant that care plans were updated quickly so that people's changing needs continued to be met.

Care workers supported some people with their dietary needs. People told us they were happy with the way care workers prepared their meals and drinks. One person said, "They [care workers] know what I like and how I like it." Another said, "They only heat up my meals for me and make me a drink, I haven't got any complaints." The registered manager explained they informed people's families if someone frequently refused to eat and drink and tried different approaches to encourage people to eat. For example, care workers knew to serve one person's food on a coloured plate. This usually resulted in the person eating more food as it appeared appetising.

People we spoke with managed their own health appointments. The registered manager told us the service was flexible and could support people to attend appointments if required. Records confirmed the service involved health professionals with people's care when required including district nurses and GPs.

Is the service caring?

Our findings

People and their relatives were positive about the staff who supported them. They told us care workers were kind and treated them with respect. One person said, "I am pleased with the care I receive." One relative told us "All of [person's] carers look after her really well, there is nothing they wouldn't do if we asked them."

Staff told us what caring meant to them. A care worker told us, "Listening to people, doing a good job, being friendly and approachable." All the staff we spoke with spoke positively about how they supported people. One care worker told us "I know if [person] is in a low mood as they won't seem as friendly towards me. I sometimes sing them their favourite song which often cheers them up."

People told us care workers listened to them and returned surveys showed us people felt they were encouraged to be independent. One person told us, "Carers always give me a warm flannel and encourage me to wash my own face, I can still do that."

People and their relatives were involved in making decisions and planning their care. They told us they were provided with information about the service before they received any care or support. One person told us "I feel involved; I know I can make changes if I want to." Another told us, "I have meetings; the manager comes out to see me and to check that I am happy with everything."

Care workers understood people's needs, and were able to tell us how they cared for people in a dignified way. They described to us how they respected people's privacy and dignity when providing personal care. For example, they closed the curtains and shut the bathroom door at this time.

The registered manager was keen for people to be as independent as possible. They explained how care workers had successfully supported one person to live independently after spending time in hospital. The person had lost their confidence and over time care workers had encouraged them to do more for themselves. This had resulted in the person regaining their confidence and they no longer required a service as they could manage on their own.

Is the service responsive?

Our findings

We asked people if care workers knew about their likes and preferences. Most people told us care workers understood how they liked to receive their care and their needs were being met. One person told us, "They [care workers] do ask me what I like." Care workers we spoke with told us they had enough time to talk to people and read their care plans. One care worker told us, "We have time to chat and find out exactly how [person] prefers things, everyone is different."

We looked at three people's care plans. People had contributed to their care planning, and information had recently been reviewed, but we saw inconsistency in the level of information recorded in the care plans. For example, in two plans there was detailed information for care workers about the care they needed to provide during each visit. In the third plan the information was not as specific. For example, 'provide all personal care' was written. This could be interpreted differently by care workers so people received inconsistent care. In response to this, the care manager acknowledged this information was not sufficient for care workers to carry out their role. They told us "Care plans are quite task focussed and we are in the process of updating them to include more information and people's personal preferences."

We asked the registered manager what they thought the service did well. They explained the care manager was qualified to complete moving and handling assessments and order any equipment people required to use in the own home when discharged from hospital. They described this as, "A great way to speed things up." This meant people were able to return home with support from the service more quickly as they no longer had to wait for a health service occupational therapy assessment before they could be discharged from hospital.

Most people we spoke with told us they received their care around the times they expected. One person told us "Often they [care workers] arrive on time." We saw care workers usually stayed for the correct amount of time although some people had experienced calls earlier or later than agreed. Care workers told us if there was an unexplained delay for example, traffic hold ups they may arrive later than planned. They told us if they knew they were going to be late they would call the office and ask them to let the person know. The registered manager told us care workers visits were scheduled closely together geographically to ensure visits took place as close to the planned time as possible. An electronic call monitoring system logged the time care workers arrived and left people's homes for people whose care was funded by the local authority. This alerted office staff to respond quickly if care workers had not arrived within half an hour of their allocated time.

People who used the service and their relatives told us they knew how to make a complaint if they needed to. One person told us "I would call the office and they would sort it out for me." The provider had a written complaints policy, which was included in the service user guide which each person had in their home. This meant people had the information they needed if they wanted to make a complaint.

There were systems in place to manage complaints about the service provided. We saw some people had raised concerns about the consistency of care workers who provided their care and support. Records

showed one formal complaint had been received in July 2015. The complaint had been recorded and a written response was provided. We looked at six compliments and thank you cards that had been received in the last 6 months. This showed us that people were overall happy with the service they received.

Is the service well-led?

Our findings

People told us they were satisfied with how the service was run. Comments included, "Everything is ok," and, "If I need to phone the office they are helpful." Some relatives were very positive about the management team but others told us communication at times between them and the office staff could be improved. A relative told us, "Sometimes [person] can get a visit when we have already cancelled it, but it's usually just a mistake so it is not a big issue."

There was a clear management structure in place. The registered manager was experienced and had been in post for several years. They were supported by a care manager and they told us they received regular support and supervision from the senior management team. Care workers we spoke with confirmed they felt supported by the management team. One care worker told us, "I have worked here for seven months, I feel supported by the managers. They are approachable and always available to give me advice." Another told us, "I think everything is really well managed."

The care manager told us, "We have a good staff team and managers lead by example. We would not expect care workers to do anything that we as managers would not do ourselves." We asked care workers about this and they told us managers frequently undertook care calls. They told us they thought this was really helpful, good for staff morale and teamwork.

The registered manager understood their responsibilities and the requirements of their registration. For example, they knew about statutory notifications and they had completed the PIR as required by our regulations. The provider PIR told us, "We hold regular team meetings which all carers attend. All carers are given the opportunity to voice their concerns and opinions." We found this was happening. One care worker told us, "We have staff meetings and we are encouraged to talk about any issues that we have." Another told us, "I can pop into the office anytime and have a chat with a manager if I need help with anything."

Care workers told us they had regular supervision meetings with either the care manager, or registered manager to make sure they understood their role and assess that they had the skills and knowledge to fulfil the role. They also told us that 'spot checks' (unannounced checks) of their practice took place.. A care worker told us, "One of the managers will come out and observe how I am caring for people. They give me feedback straight away on how they think I am doing and make suggestions of how I can improve my practices." They explained this made them feel confident they were providing good care.

People confirmed 'spot checks' occurred, and one person told us "Managers do sometimes come out and make sure care workers are doing a good job; I think it's a good thing." The registered manager explained the frequency of 'spot checks' had recently been increased as they had identified that not all tasks were being completed during visits. They told us that implementing the extra 'spot checks' ensured standards of care were maintained and care workers continually worked in line with the provider's policies and procedures.

Records showed the management team also completed other quality checks of the service. For example,

daily records that care workers had written had been checked monthly to ensure people had received their care as planned to maintain their wellbeing. We found these checks were effective and this meant the managers had an overview of the care that had been provided.

Annual satisfaction surveys gave people the opportunity to feedback on the service they received. A survey had been completed in April 2015. We saw twenty six responses had been received from people and their families. Comments included "Care workers are all really nice," "I would like more regular carers", and "Your help is greatly appreciated." The feedback had been analysed and we saw that action to improve the service had been taken.