

C&V Care Solutions Ltd

C&V Care Solutions Ltd

Inspection report

20 - 22 Wellington Road
Bilston
West Midlands
WV14 6AG

Tel: 07495482621

Website: www.cvcaresolutions.co.uk

Date of inspection visit:
20 July 2018

Date of publication:
31 August 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection commenced at the provider's office on 20 July 2018 with phone calls undertaken to people with experience of the service on 23 July 2018. The provider was given a short notice period that we would be undertaking an inspection as we needed to be sure someone would be there. This was the first rating inspection of this service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection 15 people were receiving personal care from the provider.

Not everyone using C&V Care Solutions Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was 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 felt safe and were supported by a consistent group of staff who knew them well. Staff had received training in how to safeguard people from abuse and were aware of their responsibilities to raise any concerns they may have.

Staff were aware of the risks to the people they supported and how to manage those risks. People had reported their calls were on time and they had not experienced any missed calls. People were supported to take their medicines as prescribed by their doctor.

Pre-assessment processes in place provided staff with the information they needed to support people effectively and to meet their needs. Staff had received an induction and training that provided them with the skills and confidence to meet people's needs effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were described as kind and caring and efforts were made to build relationships with the people they supported and their families. Staff respected people's preferences and choices and people were treated with dignity and respect.

People were supported by a small, consistent group of staff who knew them well. Staff recognised the importance to helping people maintain their independence where possible. People were involved in the

development and review of their care needs.

People had no complaints regarding the service they received and several compliments had been received regarding the service.

People and staff were complimentary of the registered manager. Staff felt valued and supported and shared the registered manager's values and vision for the service.

There was an emphasis on ensuring staff felt supported and were provided with training opportunities in a setting that they felt comfortable with.

The registered manager recognised the need to develop and embed new systems and processes used by the service, prior to taking on new packages of care. Several audits were in place to assess the quality of the service, but the registered manager acknowledged that further work was required in this area.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff who were aware of their responsibilities to act on any safeguarding concerns. Staff were aware of the risks to people and how to support them safely. People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who felt well trained. Staff felt well trained and supported by the registered manager. People were supported to eat and drink and their choices were respected. Staff obtained people's consent prior to supporting them.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were described as kind and caring. Staff respected people's privacy and treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development and review of their care plans and were supported by staff who were aware of their needs and preferences. People were complimentary of the service and had no complaints.

Is the service well-led?

Good ●

The service was well led.

People and staff were complimentary of the registered manager and considered the service to be well led. People were supported by staff who felt valued and supported and shared the registered manager's vision for the service. The registered manager recognised the need to improve systems and processes and had plans in place to address this.

C&V Care 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 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 20 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 20 July 2018 and ended on 23 July 2018 when we spoke on the telephone to people and relatives who use the service. We visited the office location on 20 July 2018 to see the manager and office staff; and to review care records and policies and procedures.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke on the phone to two people who used the service and four relatives. Whilst at the office we spoke with the registered manager and three care staff. We looked at a sample of records including three people's care records, two staff files and staff training records. We also looked at records that related to the management and quality assurance of the service, such as recordings of accidents and incidents and audits.

Is the service safe?

Our findings

People told us they felt safe when supported by care staff. One person said, "I feel completely safe" and a relative said, "I'm very happy with the service. I know that [person] is ok and someone is going in to them". Another relative told us their loved one had a key safe in place but their preference was for staff to ring the bell and wait. They told us, "They [care staff] know how long roughly it takes [person] to get to the door and would know if something was wrong. They would only use the key safe in those circumstances".

Staff spoken with had received training in how to recognise signs of abuse and were aware of their responsibilities to raise concerns. One member of staff told us, "If I had concerns I would ring the manager or if I couldn't get hold of them, ring Social Services". Where safeguarding concerns were raised they were recorded and responded to appropriately.

We saw each person was supported by a small consistent group of staff who were aware of the risks to the individual. One person told us, "[Registered manager] and four others come and support me and all know how to look after me". A relative told us, "[Person] is hoisted and this is done safely". The registered manager told us, "All new carers are introduced to service users, identity badges are worn and people are also informed of who is visiting. People have the same members of staff for continuity". The registered manager told us they ensured people received consistent care by observing staff practice and people spoken with confirmed this. We saw people's care records contained risk assessments and information on how to support people safely. Staff spoken with were aware of how to manage these risks and what they told us was reflected in people's care records. For example, where one person was at risk of choking, a member of staff told us, "I always make sure [person] is sitting upright and sit with them whilst they are eating to reduce the risk. I do the same when they take their medication as well".

Systems were in place to ensure people were supported by safely recruited staff. A member of staff told us, "[Registered manager's name] told me I couldn't work until I'd had my checks and been introduced to all the clients". References and a DBS [Disclosure and Barring Service] checks were obtained prior to staff commencing in post. The DBS check would show if a prospective member of staff had a criminal record or had been barred from working with adults. This would decrease the risk of unsuitable staff being employed.

People told us they had never had a missed call. One person said, "I've only ever had one late call, very recently and I didn't realise it was late until [registered manager] turned up and then the carer did". Another person told us, "I've never had a missed call; goodness, definitely not". Other people spoken with told us there was the 'very occasional' late call, but that it was only by a few minutes and they received a phone call alerting them to this. A person said, "Care staff are basically on time. They were a couple of minutes late once but [registered manager] rang and it was because someone was ill and the call had taken longer".

For those people who required support with their medicines, this was done safely. A relative told us, "[Care staff] prompt [person] to take their medicine and write it in the notes and we can see that they have taken them and it's working well. They [care staff] just make sure they encourage person to take them". Another relative told us, "They [care staff] give [person] their medicines and that's ok but things change all the time

and change rapidly, but we are very good with communication with each other and they record it on the sheet. Despite the changes in medicines there have been no problems". We saw for those people who were supported to take their medicines, Medication Administration Records [MAR] were completed and checked by the registered manager on a regular basis. We saw where one person's medicine was in the form of a patch, there was no body map in place to indicate where this should be placed. Patches are normally rotated at each application to ensure their effectiveness. We spoke with the registered manager regarding this who confirmed they would address this immediately.

People were protected from the spread of infection as they were supported by staff who had received training in this area. In addition to training, the registered manager had provided staff with a prevention infection workbook, which offered guidance for staff providing care in people's homes. Staff confirmed they had access to sufficient quantities of gloves and aprons when providing support.

Where accidents and incidents took place, they were recorded and reported upon and individual learning took place.

Is the service effective?

Our findings

We saw people's assessments of need were comprehensive and inclusive of people to ensure the service could meet their needs. A relative explained how their loved one was reluctant to receive support and they had spoken to the registered manager regarding this prior to the initial assessment. They told us, "[Registered manager's] came along and just had a chat with [person] first, got their opinion about how they felt about things before we moved forward and then [person] agreed and we spoke about what needed to be put in place. [Registered manager] coaxed them to understand that the little bit of help would be good". We saw as part of the pre-assessment process, people had been asked about how they wished to be supported and their needs in relation to any protected characteristics under the Equality Act, such as religious needs and any particular equipment they required to support them. We saw where people had particular preferences under these characteristics, staff were aware of them and arrangements were made to follow them as per people's wishes.

People were supported by staff who felt well trained and equipped to do their job and support people safely and effectively. Staff told us their induction included meeting the people they would be supporting and observing the care they received, prior to supporting them. One member of staff told us, "[Registered manager's name] took me to every client's house and introduced me to them; I've never had that before. I observed support for two weeks but was told if I needed longer, then it was ok". There was an emphasis on ensuring staff were provided with the most appropriate training in order to meet people's needs and provide consistent care. For example, for one person who required manual handling support, training that was provided to their relatives was also provided to care staff following the request of the registered manager to ensure continuity of care. A relative told us, "We all got training by the physio to use the equipment. What I liked was that [registered manager's name] accessed the training at the same time to make sure we were all doing it consistently and they were more than happy to do that".

For those who required it, support was offered at mealtimes in the form of preparation of food and drinks. One person told us, "They [care staff] get my breakfast and offer me choices. I tell them what I want and they also ask first and before they leave they ask if there's anything else I want". People told us staff checked they had what they needed before they left including ensuring they had plenty of drinks to hand. A relative told us their loved one had been losing weight prior to the receiving the service and that since staff had been preparing meals and encouraging their loved one to eat, their weight had stabilised. They told us, "The service has bought peace of mind having those visits".

Staff told us communication systems in place worked well between themselves, the registered manager, people receiving the service and their relatives. A relative confirmed this and told us, "Communication is really good. I like to make relationships with carers as me and my relative support [person] and we all work together as a team".

People were supported by staff who were aware of their healthcare needs. One person told us, "If I was ill, [staff name] would definitely get the doctor for me" and a member of staff said, "If someone was unwell, I'd call [registered manager] and they would ring the doctor".

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People told us staff obtained their consent prior to offering support. They told us staff always asked what would people like staff to do for them before providing support. A relative told us, "[Person] is very stubborn, they [care staff] have to be very careful with them and they are. [Person] wouldn't accept them otherwise. Staff have said that if [person] refuses help, they don't push them to do something and they have told me they [care staff] do what they like and always ask them what they want". Staff displayed a good understanding of the principals of the MCA and told us, "If someone is confused they can still have lucid intervals and can make decisions" and "It's about not imposing your will on anyone else".

Is the service caring?

Our findings

People spoke warmly of the registered manager and the staff who supported them. One person told us, "The staff are respectful, kind and caring. I wouldn't get bullied I tell you!" and another said, "I'm very happy with the service and they are very nice girls [care staff]". Relatives told us their loved ones looked forward to their visits from care staff and spoke positively about the staff who supported them.

Relatives told us how impressed they were with the efforts made by the registered manager and care staff to develop relationships with both their loved ones and themselves. One relative said, "We haven't had the service long, we're very happy with it and the relationships that have been built with carers". Relatives commented on how staff had engaged in conversation not only with the person who required support, but with other relatives as well. One relative told us, "They help [other relative] a little bit which is good; staff talk to them even when they are supporting [person] and so they don't get anxious and feel included". Another relative shared their initial concerns that carers wouldn't talk to their loved one when supporting them. They told us, "I was worried they [care staff] wouldn't talk to [person] and would just 'do' [the care] but that's not the case".

People were supported by a group of staff who they described as 'respectful' and who communicated with them appropriately and effectively. Relatives provided us with the following comments; "They [care staff] are extremely respectful and I couldn't fault them", "They [care staff] are respectful and know exactly what is needed and how to approach a subject" and "I've never heard [person] say a bad word about them, the girls [care staff] are very pleasant".

During our conversations with staff, it was clear that their priority was to listen to people, be respectful of their choices and support them in the manner they would wish to be supported. A member of staff said, "[Person] will tell you what they want to do. I'll get their clothes out for them to choose what they want to wear". Staff spoke warmly of people, provided examples of their relationships with them and how they encouraged them to retain their independence where possible. A relative told us, "They [care staff] are good because they want [person] to retain some independence. They want to encourage them to take their tablets themselves" and another relative said, "I like the way they record the daily notes; they always say, 'assisted [person] to do things' but didn't do it for them, little things to help maintain their independence". One member of staff commented how additional manual handling training had been sought for staff when supporting a person. They told us, "[Registered manager's] explained to the person they didn't want to take their independence away [by supporting with their mobility] but they wanted to make sure staff supported them safely and effectively".

People told us they were supported by staff who respected their privacy and dignity. This included being mindful of respecting people's confidentiality. For example, when in the office, in meetings or sharing information amongst themselves, people were referred to by a unique number, in order to maintain confidentiality. Staff described, how when providing personal care, they would ensure doors were shut and the person would be covered by a towel, to maintain their dignity. A member of staff described how a person liked things to be done and told us, "Everything is done in a particular way".

For those people who required the support of an advocate, arrangements would be made to access these services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

People told us they were supported by staff who were aware of their needs and knew how to support them, the way they liked. One member of staff described how a person had changed their preferences as to where and how they received their personal care. They told us, "[Person] didn't want to go into the bathroom, they prefer a bowl of water in the front room [to wash with]. We spoke with the family and they're fine with it and everything has worked out fine. We've updated the care plan. Everything you need to know is in the care plan". Other staff described how a person had a particular routine which was important to them and they followed. They added, "When you go into people's homes if that's how they want it [their care] that's how you do it; it makes no difference to you [the carer]".

Staff demonstrated a good knowledge of people's care needs, what was important to them and how they wished to be supported. People told us the service was responsive to their changing needs and provided us with a number of examples to support this. One person told us, "They [care staff] came out as soon as I rang for them, I'd been discharged from hospital and I was desperate for help". They went on to explain the registered manager had visited them as soon as they received their call, in order to get the package of care sorted straight away. They added, "I would absolutely recommend them, they are wonderful. Never had any cause for complaint. I've got a form to fill in if I need to raise anything, but it's never arisen".

People told us they were reassured by the fact that they were supported by the same group of staff who knew them well. A relative said, "The carers have changes slightly in the 12 months since the package [of care] started, but two remain constant. [Registered manager] always introduces staff and will ask permission to do so if they are looking at bringing in new carers. We have a good relationship with them".

We saw people were involved in the development and review of their care, to ensure their needs were being met. One person told us, "[Registered manager] keeps in touch and we keep in regular contact" and another person described how they had a 'little chat' with the registered manager to increase their calls of a morning, in order to meet their needs. They added, "I'm very happy with it [the new arrangement] and it's worked. I get consistent carers and I've no complaints".

One person told us, "I have never had a complaint, but if I did I would ring [registered manager] as I feel they would be very receptive and do something about it". We saw there was a system in place to record and respond to complaints, but none had been received. We noted that the provider had received a number of compliments regarding the service. People had written; 'We have experienced carers to be totally reliable, conscientious and respectful. Care planning is comprehensive, clear and communicated well', 'We feel [person's] care is entirely safe in their hands. We could not recommend them highly enough' and 'Thank you. What you did for [person] was far and beyond what was expected and you showed compassion and care which you would only normally get from a family member'.

Is the service well-led?

Our findings

People were complimentary of the service they received and provided us with the following comments from people and relatives who used the service; "We've been totally happy with the service and would be lost without them. We are really confident that [person] will be ok", "I would recommend them, I've used another service previously and honestly you couldn't compare them. I am completely satisfied and they always ask if there's anything else [that needs to be done]", "They [care staff] help [person] with their independence. They are open and transparent and I like the way they record what's happening" and, "We've never been in this position before and were quite anxious but we have every confidence in them [the service] and it makes such a difference".

Staff told us they considered the registered manager to be 'very approachable' and were complimentary of their abilities and the way they ran the service. Staff spoken with shared the registered manager's values and were motivated to provide good care. One member of staff told us, "It's very satisfying that I've gone in and done something and people have appreciated it". Another said, "I'm really impressed with the company at the moment, especially based on my previous experience. If I was going to be late [registered manager] would put themselves forward. In this day and age it's hard to find a job I dearly love, but I have" and "[Registered manager's] flexible, communication is good and any problem they will sort it out. I would recommend the service".

The registered manager was committed to providing staff with the training and support they needed. They told us they had abandoned the idea of online training and found face to face training more successful. Staff spoken with welcomed this and we saw staff were provided with a homecare workers handbook which laid out the registered manager's expectations as an employee of the company. The registered manager told us, "We want to provide high quality care and be professional. I tell staff you are not 'only' a carer, you are doing a really important job".

People were supported by staff who felt valued and supported. One member of staff described how they had spoken to the registered manager about some additional learning they required. They told us the registered manager was supportive and helpful and took the time to meet with them and assist them with their learning. They told us, "We had a meeting about it and [registered manager] told me how she wanted things recorded". The registered manager told us they were keen to make feel staff valued and appreciated, adding, "I think when you're in this job they [care staff] don't get an awful lot of pay. It's good to thank people". They told us they had introduced a 'recognition award' for staff who had worked for the company for 12 months and rewarded staff with a gift voucher.

Staff were provided with the opportunity to contribute to the running of the service. Regular staff meetings took place providing them with the opportunity to discuss ideas, raise any concerns or training issues they may have. A member of staff described how they had raised a particular issue in a meeting. They told us, "We discussed it and came to a satisfactorily conclusion".

Staff told us their competencies were assessed by the registered manager who confirmed this was done but

had not been formally recorded. We discussed this with the registered manager and the importance of ensuring these observations were recorded for the purposes of staff supervision. By the end of the inspection, the registered manager had put in place a checklist that could be used when observing staff competencies.

A number of audits were in place to ensure some aspects of recording care delivery, including arrival and end times of calls were appropriately recorded, but more work was required in this area. We saw evidence that staff had received training [in the form of certificates] but the training matrix had not been updated. The registered manager ensured training records were up to date by the end of the inspection. We discussed some of the challenges they faced in ensuring systems and processes were in place to maintain the smooth running of the service. They told us they had struggled to keep on top of some of the paperwork as they were also supporting staff and packages of care. They had purchased an electronic care planning system in order to assist in the development and growth of the service, but were mindful that systems and processes needed to be embedded before new packages of care were taken on. They told us they had plans to create a new staff role of team leader and recruit an administrator to assist with these challenges.

The registered manager was aware of the responsibilities of their role and were keen to develop their own learning to benefit the service. They were in the process of completing a level five qualification in leadership in health and social care and had been proactive in their approach to the recent changes in GDPR in order to ensure they met legal requirements.

People were provided with a service user guide which contained emergency contact details, what to expect from the service, their rights and a helpful list of contacts.

People and relatives told us they were in regular contact with the registered manager. They told us they were provided with a service user guide which contained emergency contact details, what to expect from the service, their rights and a helpful list of contacts. We saw efforts were made to obtain feedback on the service and customer satisfaction surveys had recently been sent out to people and their relatives. A relative commented, "I see and speak to [registered manager] regularly and they know me well enough. They will always ask if we're ok with things". We saw the registered manager worked alongside other agencies in order to support consistent care delivery.

The provider had notified us about events that they were required to by law.