

Solihull Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection site visit took place on 26 September 2018 and was announced. We gave the registered manager 48 hours' notice of our visit so they could make sure they would be available to speak with us.

This was the first inspection of the location since it registered with us in September 2017.

Solihull Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people, younger adults, people living with dementia and people with physical disabilities, sensory impairments and substance misuse problems. It operates across Solihull and Warwickshire in the West Midlands. There were 65 people using the service at the time of this inspection and 61 people were in receipt of the regulated activity personal care.

Prior to our inspection we received information of concern in relation to the service. The concerns related to some people's care calls taking place later than scheduled and some calls being missed. Some staff had not been recruited safely, and staff did not feel supported by the registered manager. Also, the training care workers completed did not support them to carry out their roles effectively.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. 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.

The provider was heavily reliant on the registered manager to ensure the service was running effectively. Systems to monitor, assess and improve the quality and safety of the service were ineffective. The provider did not complete any audits or checks to ensure people received their care in line with the aims and values of the service. This lack of senior manager oversight meant the opportunity to drive forward improvements to benefit people may have been missed.

The provider was not consistently working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, staff worked within the principles of the Act because they asked people for their consent before providing their care.

Staff received an induction when they had started work at the service. Some people felt staff had the skills and knowledge they needed to meet their needs. However, staff had not been given sufficient support to complete all of the training they needed. The provider could not demonstrate their staff had received the training they needed to care for people effectively and safely. Checks to ensure staff worked in line with the provider's expectations did not take place. Action was being taken to address this.

People felt safe because they received their care from staff they knew and trusted. However, the provider

could not assure themselves people had received the care they had been assessed as needing. Staff described how they managed risks associated with people's health and well-being. However, risk assessments were not always in place to support staff to keep people as safe as possible.

People spoke positively about the way their medicines were administered by the staff. However, checks to ensure medicines were managed safely completed did not take place. Action was being taken to address this.

Accidents and incidents that happened were monitored but action was not taken to reduce the risk of reoccurrence.

Enough staff were employed to meet people's needs and overall, the provider's recruitment procedures minimised risks to people's safety. Procedures were in place to protect people from harm and staff understood their responsibilities to keep people safe.

People told us staff were caring and showed them kindness. Staff understood the importance of promoting equality and human rights as part of a caring approach.

Staff respected people's right to privacy and upheld their dignity. People were treated with respect and were supported to retain their independence. The registered manager and staff members understood the importance of keeping people's personal information confidential.

People's needs had been assessed before they had started to receive a service. People and their relatives reviewed their care in partnership with the staff. Some people's care plans lacked detail information to support staff to provide person centred care. Further detailed information was being added to improve this.

Staff followed good hygiene practices which protected people from the risks of infection. People spoke positively about how they were assisted with the preparation of meals and drinks.

People and most relatives thought the service was well-led. The service had been through a period of instability and staff had not felt supported by their managers. Some staff felt communication between them and their managers needed to improve.

A complaint's procedure was in place and people and their relatives felt confident any complaints that they raised would be dealt with. However, not all complaints had been resolved to the complainant's satisfaction.

The registered manager understood the responsibilities and the requirements of their registration and were committed to improving the quality of care people received. They had identified areas which needed improving within the service and had implemented an improvement action plan to drive forward those improvements.

We found one breach of the Health and social care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

People felt safe with the staff who provided their care but the provider could not demonstrate people received the care they needed. Procedures were in place to protect people from the risk of abuse. Staff described how they managed risks associated with people's health and well-being but risk assessments for staff to follow were not always in place. Staff understood their responsibilities in relation to infection control. People received their medicines when they needed them.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Some people felt staff had the skills they needed to meet their needs. However, staff had not been sufficiently supported to complete their training. Staff worked within the principles of the MCA but the provider was not consistently working with the requirements of the Act. People spoke positively about how they were assisted with the preparation of meals and drinks.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were caring. People received their care from consistent staff which helped them to develop relationships. Staff spoke fondly of the people they cared for and understood the importance of promoting equality and maintaining people's human rights. People were treated with respect and were supported to retain their independence. Staff respected people's right to privacy and upheld their dignity. The registered manager and staff members understood the importance of keeping people's personal information confidential.

Good ●

Is the service responsive?

The service was not consistently responsive.

Most people told us the service was responsive to their needs.

Requires Improvement ●

People and their relatives were involved in the planning and review of their care. Some care plans lacked detail to help staff to provide person centred care. A complaints procedure was in place but not all complaints had been resolved to the complainant's satisfaction. People's wishes about what should happen at the end of their lives were documented.

Is the service well-led?

The service was not consistently well-led.

People thought the service was well-led. The provider was heavily reliant on the registered manager to ensure the service ran effectively. Lessons had not been learnt when things had gone wrong and the provider did not complete any audits or checks of the service people received. Systems to monitor, assess and improve the quality and safety of the service were ineffective. Some staff felt communication between them and their managers needed to improve. The registered manager acknowledged the service had been through a challenging time but was committed to improving the quality of care people received.

Requires Improvement 

Solihull Care Limited

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.

The office visit took place on 26 September 2018 and was announced. We told the registered manager 48 hours before our visit we would be coming so they could make sure they would be available to speak with us and arrange for us to speak with their staff.

This comprehensive inspection was carried out by one inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about what the service does well and improvements they plan to make. The information reflected some of the service we saw and we considered it when making our judgement.

Prior to our visit 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 spoke to local authority commissioning teams. They had no information to share with us about the service.

We were sent a list of people who used the service before our inspection. We contacted people via telephone and spoke with six people and five relatives to gather their views on the service they received. We used this information to form part of our judgements.

During our visit we spoke with the registered manager, the provider, the general manager, the deputy manager, the senior care worker and five care workers.

We reviewed the care records of six people to see how their care and support was planned and delivered. We looked at four staff recruitment files, staff training records, records of complaints, and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

Prior to our inspection we received information that some people's care calls had taken place later than scheduled and some care calls had been missed. This presented a risk because some people may not have been provided with the care and support they needed.

All of the people we spoke with during this inspection confirmed their care calls had taken place. Most told us staff arrived around the time they expected them and they stayed for the correct length of time. A relative commented, "The staff arrive when we expect them to."

However, staff were not using the provider's electronic system to log their arrival and departure times when they completed calls to people's homes. Staff recorded the times in people's daily records but audits of the records were not documented. This meant the provider could not assure themselves people had received the care they had been assessed as needing to keep them as safe as possible. For example, between 1 and 30 September 2018 one person had received 120 care calls but only four of the 120 calls had been logged correctly by staff.

Prior to our inspection we received information that alleged some staff had not been recruited safely. It was alleged some staff had started working at the service before their DBS (Disclosure and Barring Service) clearance had been returned and assessed by the provider. This presented a risk because the DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

During this inspection we checked and found overall, the provider's recruitment procedures minimised risks to people's safety. Staff confirmed that they had been unable to start work at the service until their references had been received, and their DBS clearance had been assessed by the provider. However, recruitment records we reviewed demonstrated the provider did not consistently follow their recruitment policy. Their policy stated, 'Solihull Care Limited requires a minimum of two references one of whom must be the applicants current or most recent employer.' Two of the four files we reviewed did not contain two references.

People told us there was enough staff to provide their care and they felt safe with them. Comments included, "I feel safe with the staff because they are very attentive," and, "Yes, very safe, I am happy with how they look after me." A relative told us, "Because the same girls [staff] come who know (person) I feel that they are safe."

We found risk assessments were not always in place to help staff to manage risks associated with people's care. For example, one person had sore skin and in the three weeks prior to our visit staff members had written 'sore skin' in the person's daily records. However, no information was in place to instruct staff how to manage this risk or to inform them what action they needed to take if they should find the person's skin had deteriorated further. For example, to inform their managers or make a referral to a district nurse to support the person. The registered manager told us they would address this shortfall by implementing a risk

assessment immediately.

Procedures were in place to safeguard people and protect them from the risk of abuse or harm. Our discussions with the registered manager assured us they were aware of their responsibilities to keep people safe. Staff had a good understanding of their responsibilities to protect people and described to us the signs which could indicate someone was at risk. One staff member told us, "We look out for signs like bruises, not eating. Anything that makes me think 'what's the matter' and then we would report it to the office. I have confidence that they (managers) would respond appropriately." Another staff member told us "I haven't had (safeguarding) training but it is all about ensuring service users well-being. Any abuse then we report to management by ringing the office."

Some people were assessed as needing support from staff to take their medicines. People and their relatives spoke positively about the way medicines were administered by the staff. One person said, "Staff help me to take my tablets on time." A relative told us, "Ear drops are administered correctly when needed." We reviewed five people's completed medication administration records (MAR) which showed people had received their medicines when they needed them.

People felt staff followed good hygiene practices. One person said, "They are good with their hygiene. Wearing gloves and aprons." Our discussions with staff assured us they understood their responsibilities in relation to infection control.

Is the service effective?

Our findings

Prior to our inspection we received information that alleged the training staff completed did not support them to carry out their roles effectively. This presented a risk because they may not have the skills and knowledge needed to provide the care and support people required.

The provider's PIR stated, 'We rota existing staff to keep them updated with training.' However, staff members told us they had not been sufficiently supported to complete training to enable them to fulfil the requirements of their role and to ensure their knowledge and skills were up to date in line with best practice. One staff member told us, "They [management] expects us to come in between breaks to complete training." Another told us, "I haven't done any training for quite a while." In response to this staff feedback, the registered manager told us they would take action to ensure staff were allocated more time to complete their training.

Accurate and up to date records of when staff had completed their training were not maintained by the provider. This meant they could not demonstrate their staff had received the training they needed to care for people safely. In response the general manager said, "We need a proper matrix for that and we don't have one." The registered manager assured us they would take action to address this issue.

The provider's PIR stated, "Management spot checks take place to ensure safe staff working practices'. However, we found these checks did not take place to ensure staff put their training into practice and to ensure staff worked in line with the provider's expectations. This registered manager told us of their plans to start implement these checks following our visit.

We received mixed feedback from people when we asked them if they had confidence in the skills and knowledge of the staff. Comments included, "I don't think some of the staff have had manual handling training because they ask me how to use it (hoist)." "The carers have the skills they need to help me.", and "I have used the company for 10 years and they have been very good. The staff are very well trained." A relative felt staff did not consistently use a hoist safely to move their family member. Whilst this had not caused any harm or distress to the person it had made them lose confidence in the service. This demonstrated staff may not be putting their learning into practice.

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.

We checked and found the provider was not consistently working within the requirements of the MCA. This was because the registered manager told us one person did not having capacity to make specific decisions about their care. Despite this, the provider had failed to follow their own procedure because a mental capacity assessment had not been completed to determine what decisions the person could make for

themselves. This meant we could not be sure the rights of people who were unable to make important decisions were always protected. The registered manager assured us they would take immediate action to address this issue.

However, people confirmed staff worked within the principles of the Act because they always asked for their consent before providing them with any assistance. Staff also confirmed they asked people for consent. One staff member told us, "I always ask people before I do anything."

Staff confirmed they had received an induction when they had started work at the service. This had included working alongside experienced staff members to get to know how people liked their care to be provided. A relative said, "New ones [staff members] come and shadow so they can learn the ropes. It's good for them to learn from the experienced staff." Records confirmed the induction was in line with the Care Certificate. 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 of staff.

People and their families spoke positively about how they were assisted with the preparation of meals and drinks. One person said, "They offer me a choice of breakfasts and always do me a cup of tea." However, one person required assistance from staff to consume their meals but no information was available for staff to follow to complete this task. The registered manager told us they would add the required information to the person's care plan. Despite this, staff confidently described to us how they supported the person to eat in line with their wishes.

People we spoke with arranged their own health appointments or were supported to do this by a family member. Staff confirmed they would support people to access healthcare and social care professionals when necessary.

Is the service caring?

Our findings

People told us individual staff members were kind and caring. One person said, "Very caring, and pleasant girls." A relative told us, "Staff are caring, polite and seem suited to the job."

People received their care from staff they knew and trusted. People told us receiving their care from the same staff had helped them to develop close and meaningful relationships. One person spoke highly of their regular worker. They said, "I get on really well with her and she chats with me as she works. I look forward to seeing her." A relative told us, "The care is good and the standard has been maintained since the service started over two years ago."

Staff spoke fondly of the people they cared for and one said, "I like the people I look after, I like helping people." Another said, "The best part of my job is the people."

To acknowledge the close relationships that had formed between people and staff, a book of remembrance was located in the office. The deputy manager said, "It's just our little way of remembering people we have cared for when they pass away." Staff also attended people's funerals which gave them the opportunity to pay their final respects.

People confirmed they were always treated with respect. One person said, "The care is excellent. They do respect my wishes." Another said, "They are respectful and make time for a chat." A relative told us, "They (staff) respect [person's] dignity and are courteous and polite."

People were supported to retain their independence which meant they continued to live in their own home in line with their wishes. One person said, "Carers are patient with me and encourage me to do things for myself. I never feel rushed." A relative told us, "The support [person] receives means they can remain living at home."

One person told us staff respected their right to privacy because staff always knocked on their front door before they entered their home. Staff described to us how they upheld people's dignity, one said, "I wait outside the bathroom door whilst (person) showers in private."

Our discussions with staff assured us they understood the importance of promoting equality and people's human rights. One staff member said, "Everyone is treated fairly, we recognise people are all different and we respect that."

The registered manager and staff members understood the importance of keeping people's personal information confidential. Copies of people's care plans were kept in a locked cabinet in the office, to make sure they were only accessible to people who had the authority to see them.

Is the service responsive?

Our findings

Most people told us the service was responsive to their needs and they would recommend Solihull Care Limited to others. One person said, "It's the same carer, she knows me and knows how I like things done." A relative told us, "Care is provided on time which is really important because (person) needs their medicines every four hours."

People received information about the service in a way that they could understand. The information was available in large print and different languages (on request) to comply with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

We looked at the involvement of people, or those acting on their behalf, had in contributing to planning care and support. People confirmed an assessment of their needs had been completed before they had started to receive care. Records confirmed an assessment of people's mobility, likes, dislikes, culture and religion were included. This was to make sure the service could meet their needs and expectations.

From the initial assessments, care plans were devised to ensure staff had information about how people wanted their care needs to be met. Records showed people had been involved in reviewing and making decisions about their care.

However, the registered manager explained some people's care plans lacked detail to support staff to provide person centred care. At the time of visit they were in the process of implementing more detailed care plans to address this issue. The care plans we reviewed confirmed what we had been told. We saw some care plans contained detailed information, for example, the approach staff needed to use to comfort one person when they were feeling anxious. However, others contained limited information and focussed on the tasks staff needed to complete. For example, one person was reliant on staff to help them to eat and drink but their care plan stated, 'prepare breakfast and feed [person].'

People's communication needs had been assessed but where people had communication difficulties, guidance was not always in place to help staff understand what people were trying to tell them. For example, one person's first language was not English and their communication preferences were not documented. Despite this, our discussion with staff members assured us they understood how the person made choices.

The service provided care to people who were moving towards the end of their lives. We saw end of life care plans detailed people's future wishes in regard to their care and what should happen at the end of their lives.

Most people and their relatives told us they were confident any complaints they raised would be dealt with. There was a complaints procedure that included information about how to make a complaint and what people could expect if they raised a concern. However, one person said, "I have high standards and have

complained. Things get a bit better but then I have to speak up again so standards don't drop."

A relative explained to us they had been dissatisfied with how the provider had handled and responded to a complaint they had raised in February 2018. They said, "We never even got an apology." We discussed this with the registered manager and the provider. They confirmed no action had been taken following the complaint to ensure lessons had been learnt when things had gone wrong.

Is the service well-led?

Our findings

The provider did not have effective quality monitoring systems in place to monitor and improve the quality and safety of the service. The provider was heavily reliant on the registered manager to assess the quality and safety of the service. This meant the provider could not demonstrate how they assured themselves the service was being led and managed effectively.

The registered manager had completed a variety of audits on 6 September 2018. This included staff recruitment files and checks of people's risk assessments related to their care. Records showed us the audits had concluded there were no areas of improvement needed in relation to either of these. However, we had found risk assessments were not always in place and some staff recruitment files did not contain two references.

People's completed medication administration records were returned to the office each month but documented audits to check people had received their medicines safely did not take place. The registered manager told us they planned to implement these checks by the end of October 2018.

The provider did not complete any audits or checks to ensure people received their care in line with the aims and values of the service. This lack of provider oversight meant the opportunity to drive forward improvements to benefit people may have been missed. For example, the provider was not aware until brought to their attention that their system to monitor the arrival and departure times of care workers at people's homes was ineffective. The provider said, "It is a complete surprise to us that the call logging system is not being used."

The system relied on care workers using their personal 'smart' mobile phones and to use an 'app' to record the time they arrived and left a person's home (An "app" is a piece of electronic software that runs on a mobile phone and passes information quickly over the internet). Staff told us they were unhappy to use their personal phone to do this and some told us they had refused to do so. One staff member commented, "We are just expected to use our personal mobiles and that's not fair." The registered manager was already aware of this and told us about the action they planned to take to resolve this issue.

Staff members told us they had not received the support they needed from their managers to complete their training. Accurate and up to date records of when staff had completed the training were not maintained. Checks to ensure staff put their training into practice and checks to make sure they were competent to carry out their roles such as, administering people's medicines and using equipment to move people safely were not completed. This posed a risk because people may not receive safe and appropriate care.

The provider operated an 'on call system' for staff to gain support and advice from a member of the management team outside of office hours. However, some staff we spoke with felt communication between them and their managers needed to improve because their requests for support were not always responded to promptly. One staff member said, "At night it is hit and miss. You can't really get hold of anyone at weekends either." They went on to say, "There are times when you need the support like if you turn up

somewhere and there is no medication or if people are poorly. You just want to call someone and run things past them rather than going to the next one worrying."

Lessons had not been learnt when things had gone wrong. For example, no action had been taken when a relative had been dissatisfied with how the provider had handled and responded to their complaint. Also, incidents were not analysed to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

The service had a registered manager who had worked at the service since July 2017 and registered with us in September 2017. They were supported by a deputy manager one senior care worker and the provider's general manager. Since starting work at the service in July 2017 the registered manager told us they had not had opportunities to discuss their performance or to reflect on their leadership style with the provider.

Prior to our inspection we received information that alleged that staff did not feel supported by management. During this inspection staff told us due to the change in registered manager the service had been through a period of instability and at times they had not felt supported by their managers.

The service had received six compliments in the eight months prior to our inspection which showed us these people were happy with the service they received. People told us they thought the service was well-led. One person said, "I know (registered manager) she's doing a good job." Another told us, "I couldn't suggest any improvements at all."

Most people's relatives shared this view point. One relative said, "The manager and office staff are very helpful and respond quickly if I have any queries." However, another relative explained they felt management had been unhelpful when they had discussed their relation's care with them. We discussed this with the registered manager who explained to us the action that they had taken to improve communication. The action demonstrated they were committed to improving relationships with people and their families.

The registered manager acknowledged the service had been through a challenging time but despite the challenges they remained committed to improving the quality of care people received. They described the last 12 months as, 'stressful and fast paced'. They explained this had been because this was their first role as the registered manager for a domiciliary care service. They said their biggest challenge had been implementing changes into an established organisation. They told us, "Introducing change has been difficult. Convincing staff the changes will make things better has been difficult."

We saw the registered manager had identified some areas which needed improvement and had implemented an action plan to drive forward improvements. This included, implementing team meetings which had not happened for over 12 months. They said, "I am hoping the meetings will improve communication between us all. Moving forward I want staff to feel listened to and appreciated."

Staff members confirmed they had opportunities to attend regular one – one meetings to discuss their work performance with a manager. One staff member said, "I have supervisions with the deputy manager and we discuss any problems."

In an attempt to improve staff morale a staff suggestion box was located within the office. This gave staff the

opportunity to raise any issues or share any ideas of improvements. Recent suggestions had been analysed and the registered manager had responded. For example, one staff member had requested more training in food hygiene which the registered manager told us they were sourcing at the time of our visit.

The registered manager encouraged feedback from people and their families. Annual quality questionnaires had been sent out in August 2018 to gather people's views on the service. At the time of our visit feedback from the questionnaires was being analysed. The registered manager told us they would use the feedback to make improvements, if they were required.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had completed the Provider Information Return (PIR) as required by the Regulations. The registered manager knew what statutory notifications they were required to send us and further clarification of these was provided during our visit. A statutory notification is information about important events which the provider is required to send to us by law.

We asked the registered manager how they kept their knowledge of legislation and best practice up to date. They told us they attended local managers' forums to keep themselves up to date on best practice. However, they did not have opportunities to meet with other registered managers who also worked for the organisation. We discussed this with the provider's general manager who acknowledged that a more 'joined up approach' would enhance managers' learning and development. They said, "It would be a good idea to have manager meetings. We have the resources to be able to do it."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor, assess and improve the quality and safety of the service were not effective.