

Full Care Solutions Limited

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Inspection report

107 High Street
First Floor
Evesham
WR11 4EB

Tel: 01386329400

Date of inspection visit:
07 November 2018
09 November 2018

Date of publication:
10 December 2018

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 7 and 9 November 2018 and was announced.

Full Care Solutions is registered to provide personal care to people in their own homes. Full Care Solutions is a domiciliary care agency and provides personal care to people living in their own homes. At the time of this inspection visit, 13 people received personal care.

There was a registered manager in post. 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.

This was the first inspection since registering with the Care Quality Commission. At this inspection we found people did not receive a service that was always safe or well led.

People did not always receive medicines that were important to them. The systems did not always allow for staff to administer the range of medicines that may be required. Staff did not feel confident that the online medicines training was sufficient to give them confidence to always administer medicines safely. Records did not provide an accurate depiction of what had taken place and what medicines had been administered.

Governance systems provided the registered manager with an overview of areas such as care records, medicine records and call times. However, actions were not always taken in a timely manner to address potential issues.

Staff felt they had access to training and were supervised and supported in their roles. Staff did not feel all training was sufficient to enable them to do their roles safely.

People felt safe using the service and staff understood how to protect people from abuse and harm. There were procedures to keep people safe and manage identified risks to people's care.

People had detailed assessments of their health and social care needs before they used the service. Care plans contained detailed information to enable staff to provide people with the appropriate care and

support for their needs. People's care needs were regularly reviewed. The registered manager maintained contact with people, or their relatives, to check the care provided was what people needed and expected. People and their relatives told us staff were reliable and stayed for the time needed. People were treated with dignity and respect.

The provider's recruitment process for new staff, included checks to ensure that they were suitable to support people who used the service.

People knew how to complain and there was a system to log and action any complaints or concerns that people had raised.

The principles of the Mental Capacity Act (MCA) were followed by staff. People's decisions and choices were respected, and people felt involved in their care. People were supported to have choice and control of their lives and staff sought permission before assisting them.

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.

Medicine systems did not always allow for people to receive all their prescribed medicines. Records did not provide accurate details of what care and support a person had received. People were protected from abuse by staff that understood about safeguarding.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had training that was appropriate to their roles.

Staff understood the principles of the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and staff involved and worked with other health professionals in people's care when required.

Good ●

Is the service caring?

The service was caring.

Staff were kind and caring in how they supported people and people were treated with dignity and respect.

Good ●

Is the service responsive?

The service remains responsive.

Support was personalised and tailored to people's choices and needs. Care records included clear information and guidance for staff. There was a system for people to make a complaint or raise concerns.

Good ●

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had systems to monitor and review the quality of service people received. Improvement is needed on how areas of concern related to record keeping and medicines are identified and dealt with.

Staff felt well supported in their roles.

Full Care Solutions 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 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.

We gave the registered manager 48 hours' notice that we would be visiting their premises on 7 November 2018 to carry out our comprehensive inspection and we returned announced on 9 November 2018. We gave them notice so they could arrange to be there and arrange for staff to be available to talk with us about the service. The visit on 7 November and 9 November 2018 was conducted by one inspector.

Prior to our inspection visit we reviewed the information we held about the service. This included any information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was very detailed and we could review the information in the PIR during our inspection visit.

During our inspection visit we spoke with the registered manager who was also the provider. Following our visit, we spoke with one person who used the service, three relatives and five staff by phone. We reviewed four people's care records to see how their care and support was planned and delivered. We also reviewed records such as staff training records, care call rotas, medicine records, risk assessments, care plans and records associated with the provider's quality checking systems. We used this information to help us make a judgement about the service.

Our findings

People and relatives told us they felt safe with the care and support they received. One relative said, "I trust the staff and feel [person] is safe." Staff understood their responsibilities to keep people safe from any abuse. Staff told us they had training in safeguarding and any concerns they had would be reported straight away. Staff knew what to do and who to contact if they had any concerns about a person's safety. The provider where needed, took positive steps to work with other agencies to keep people safe. Care records recorded where the local authority had been contacted with concerns that had been raised by staff supporting people and details of actions taken.

People's needs had been assessed and care plans and risk assessments provided staff with guidance about how to reduce risks to the care people required. For example, one care plan we looked at provided information about the importance of timely medication to treat the person's illness. There were other details about how to support a person to move safely around their home.

Relatives told us they had been involved in the initial assessments and care plans along with the person receiving the care. Staff told us care plans and risk assessments contained the relevant information they needed to keep people safe. This included not only information relating to the person's health needs, but also information regarding environmental factors in and around the person's home.

There were recruitment processes to ensure only people of suitable character were employed. This included the gathering of previous employment references and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Where staff had come from overseas to work, we found the relevant work permits and visas were in place. All staff we spoke with confirmed they had been subject to a robust recruitment procedure and that checks had to be clear before they commenced working alone. We saw some staff files where they had successfully been interviewed but had not commenced working due to waiting for the DBS to be received.

People who had medicines given to them by staff told us they had their medicines at the times they expected. We looked at how medicines were managed and found that medicines were not always managed safely. A member of staff had nearly administered a pain killer instead of the person's prescribed medicine. A relative noticed this before it was given and corrected the staff member so the right medicine could be given. As a result, the provider had revised their medicines policy to say only medicines from boxes that had been pre-prepared by the pharmacy could be given. This did not allow staff to give any other medicines, for example from hospital or the doctor, meaning that people may not always receive medicines that were

important to them. Staff did not feel confident that the online medicines training was sufficient to give them confidence to administer medicines that were not pre-packed.

Staff did not always record what medicines had been given. The system that was used to record daily notes had a box that was ticked to indicate medicines had been administered. It did not specify what individual medicines had been given. This was confirmed by staff, one member of staff said, "I just tick a box to say medicines have been given. I do not know the individual names of the tablets I am giving."

We found that some daily notes were not completed at all and this meant that there was no indication of what care had been given or how the person was feeling. We discussed this with the registered manager and they told us they were aware that there was room for improvement with record keeping. They said that it was being discussed with individual staff.

People and relatives told us they had no concerns with staff cleanliness or how they left their property. Staff told us aprons and gloves were always readily available for them and they knew when to use their personal protective equipment to reduce the risk of infection.



Our findings

Relatives felt staff understood people's needs and were effective at carrying out the identified care tasks. Staff completed a range of training appropriate to their roles including medicines, safeguarding and the Mental Capacity Act. The registered manager was a trained nurse and had also been trained to deliver training around manual handling and had provided staff with practical sessions around how to safely move a person. Staff undertook the Care Certificate which is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.

There was a period of induction for new staff that involved accessing training and shadowing calls with more experienced staff until they were confident. As well as carrying out care calls, the registered manager also carried out spot checks where they turned up to a call unannounced and observed how staff were carrying out the tasks. The registered manager also said it was a good way of monitoring how well things were going.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People and relatives told us staff respected people's choices. Staff demonstrated knowledge of the principles of the MCA and told us they always provided people with choice and respected their wishes. The registered manager demonstrated a good understanding of who to involve when a decision needed to be made in a person's best interests.

People who required assistance with meals and drinks were supported to have what they wanted to eat and drink and to meet their own nutritional needs. People told us food was prepared how they liked it and at the time they wanted.

People's records showed us the registered manager and staff liaised with a range of health and social care professionals, including doctors, nurses and social workers. Where professionals had requested additional monitoring or observations, this had been carried out reliably by staff.



Our findings

People and relatives spoke positively about the level of care shown by staff. One person said, "Staff are very nice and friendly." Staff spoke fondly of the people they supported and demonstrated empathy and kindness in their recollections of the people they supported. It was clear the staff we spoke with cared about the people they supported and that staff took a great amount of pride in what they did.

Relatives told us that people's records were personalised containing important information regarding their interests, personal history and needs.

Relatives felt staff treated people as individuals and all assessments and care plans were individually tailored to their needs. They said staff knew about the preferences of the people they supported and treated people with dignity and respect. From the records we looked at and the people we spoke with it was clear that the approach was person centred.

Staff told us how they encouraged independence and how if people could carry out tasks they were encouraged to do so. One staff member said, "It is helping people, not necessarily doing everything for the person."

Relatives told us that they found the approach of the registered manager caring. One relative said, "If we have any worries or something hasn't gone right we know a call to the manager will get it sorted." All staff had training in equality, diversity and human rights. Staff demonstrated an approach that was non-discriminatory, and we were assured that regardless of people's abilities, race, culture or sexuality they would be treated equally.

Our findings

People and relatives told us they felt involved in how their care and support was planned and reviewed. One relative said, "Every so often we hear from the manager to check how things are. But if ever we needed their support they would be there for us." The registered manager kept contact with other health professionals where needed and we could see people's needs had been reviewed and care plans updated. Staff demonstrated how they always involved the people they supported in their care.

We looked at four people's care records. All records had assessments of people's care and support needs. There were regular re-assessments of people's needs and these involved the person themselves as well as people important to them, including family members. All aspects of a person's needs were detailed in the care plans.

People and relatives told us staff were punctual staying for the expected length of time. The registered manager told us they always aimed to maintain a service that was reliable. On occasions when planned care staff had been unable to carry out a call, the registered manager had gone out in their absence. The registered manager told us they were proud that they had not yet had any missed calls.

Staff and the registered manager took immediate action when concerns were identified. One example was where staff had identified that a piece of medical equipment had become detached from the person. This had meant the person was at risk of deterioration in their health. Staff immediately contacted the registered manager who in turn contacted the district nurse. The person then had a health professional visit at short notice to rectify the issue.

We looked at the complaints the registered manager had received in the six months prior to our visit. We saw there had been one formal complaint recorded and this had been dealt with in accordance with the complaints policy. People and relatives were aware of how to make a complaint. All people we spoke with were confident that any concerns would be dealt with promptly.

No one received end of life care at the time of our visit. The registered manager said they would support people to receive the right care at the end of their lives if required. They would seek guidance from other healthcare professionals to make sure people received the most effective care to manage their symptoms, especially if people chose to stay in their own home instead of moving into a hospital or a residential or nursing home.

Our findings

People, relatives and professionals were complimentary about the management of the service. They told us the registered manager was approachable. The provider who was also the registered manager had regular contact with staff, people and relatives.

The registered manager told us they completed regular visits and care calls to people. This was not only to gain feedback from people about their care, but to also gain the staff's experience of providing the care and support. They felt this was invaluable in understanding what they expected from staff.

Staff told us they felt valued and supported by the management team. One member of staff said, "We have a good manager. Very approachable." There were regular team meetings and staff received regular supervision which provided them with opportunities to share feedback or issues they had.

Whilst there were governance systems which enabled the registered manager to have good oversight and monitoring of areas such as daily records, care plans and risk assessments, we found records were not always completed or contained adequate information. The registered manager told us they had raised the importance of accurate recording with staff but admitted there was still room for improvement. The registered manager had systems and training that restricted staff's ability to administer the full range of a person's medicines.

There was a system for monitoring call times. We asked the care manager how they ensured staff turned up on time, or if a call had been missed. They showed us there was a procedure where staff were expected to contact the registered manager to inform them if they were going to be absent or late. There had not been any missed or late calls. Times of calls were written onto the daily records that were then checked every week. However, during our visit we identified a call that appeared to have lasted only two minutes on one visit. The registered manager was unable to assure us this call had happened for the correct amount of time as daily notes for this call had not been completed. The registered manager told us this would have been picked up by the end of the week during the collation of call times. It would then have been discussed with the staff member concerned. The registered manager acknowledged that there needed to be a system where any anomalies with call times were identified and addressed quicker.

The registered manager had submitted statutory notifications to the Care Quality Commission. The registered manager is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we can monitor trends or concerns effectively.

