

Senior Care Solutions @ Home Limited

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Inspection report

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26 September 2019

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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

About the service

Senior Care Solutions @ Home Limited is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, seven people were receiving personal care.

People's experience of using this service and what we found

People received a service which was personalised and met their individual needs and preferences.

People and relatives described staff as kind and caring. People had consistency in the staff who undertook their care calls. They told us that was important to them as staff got to know people and understood how they liked their care and support to be delivered.

The service did not have a registered manager. The nominated individual (responsible for supervising the management of the service on behalf of the provider) managed the service with support from the care supervisor to ensure people received effective care in a timely manner.

Arrangements were in place to recruit suitable staff. However, records did not always show the action taken when the service encountered difficulties in obtaining references from previous employers of prospective staff. During and following the inspection, management staff were responsive in addressing this issue.

People received personalised care plans, which were reviewed regularly with the involvement of people using the service and their relatives.

Staff understood their responsibility to protect people in their care from abuse and report any concerns they had. They knew how to recognise and report any concerns they had about people's welfare.

The service assessed and managed risks to ensure that people received personal care and support safely.

Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs. Supervision and monitoring of staff ensured people received good care.

People were supported to take their medicines safely and there were enough staff available to provide people with the care and support they needed.

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

The provider had systems in place to manage and resolve complaints. People and their relatives had opportunities to provide feedback about the service. Action was taken to address issues they raised.

Infection risks were minimised by good hygiene practice.

Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the service were made when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 30 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Senior Care Solutions @ Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service does not have a manager registered with the Care Quality Commission. The nominated individual told us they planned to commence the process of registering with us. This means that they will then with the provider be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 24 September 2019 when we visited the agency's office and ended 26 September 2019, when we carried out telephone calls to people, people's relatives and care staff.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. Other information we reviewed included the previous inspection report and quality monitoring report of the service completed by the host local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We discussed the PIR with the nominated individual during the inspection.

During the inspection

We spoke with the nominated individual, the care supervisor, the service's accountant and one care worker. We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of five people using the service, four staff employment records, quality monitoring records and some policies.

After the inspection

We spoke with one person using the service (most people who used the service due to their needs were unable to speak with us about their experience of the care provided). We also spoke with five people's relatives and three care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training and risk assessment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to safeguard people from abuse and the risk of avoidable harm. We noted that the safeguarding adult's policy lacked clarity about the protocol for reporting all abuse to the host local safeguarding team. The nominated individual promptly reviewed and amended the safeguarding adult's policy, which addressed the issue.
- Staff received training in safeguarding people. Staff knew about the different types of abuse people may experience. They knew they needed to report concerns to the nominated individual.

Staffing and recruitment

- Recruitment of staff included carrying out checks to ensure they were suitable to care for people. These included criminal record checks, employment history and references. However, we found that more than one reference had not always been obtained by the service. The care supervisor told us that there were sometimes difficulties obtaining references from previous employers. Records showed us that several attempts had been made to obtain two references and where this had not been achieved, close monitoring of new staff had taken place. This included increased shadowing of the new member of staff, frequent spot checks, and asking for feedback from the person using the service or their relatives about them. Following the inspection, the care supervisor provided us with a recruitment risk assessment template, which they told us they would complete for all new staff so that any risks to do with their recruitment were clearly identified, recorded and addressed.
- Arrangements were in place to ensure that there were enough staff to meet people's care needs. Initial assessments by senior staff were used to determine the staffing needs of the person. Visits were by one or two staff members as needed and the length of the visit varied as required.
- People and their relatives told us that staff were usually on time and always stayed the full length of the visit. Staff cover arrangements were in place to ensure that live in care workers received the breaks they needed.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage risks were in place. Risks people faced had been identified, assessed and reviewed regularly. Risk assessments included risks of falls, medicines, pressure ulcers and mobility. Assessment of the risks associated with the environment in each person's home was also completed so that any risks were identified, and action then taken to minimise the risk of people and staff being harmed.
- People's risk assessments included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed. Staff told us they had read people's risk assessments and followed risk management guidance.

- Staff knew that they needed to report any concerns to do with people's safety to senior staff. Staff were knowledgeable about the procedures they needed to follow in the event of an emergency.

Using medicines safely

- Staff were trained in administering medicines safely. Their competency was assessed and monitored during spot checks of their performance.
- Staff told us they felt confident to administer and supervise medication. They told us, and records showed they completed records after administering people's medicines. Senior staff regularly checked and audited medicine management records and practices.

Preventing and controlling infection

- The service had procedures to ensure the spread of infections were minimised. Staff followed these procedures and were provided with personal protective equipment (PPE), which included disposable gloves, aprons and shoe covers. One care staff told us PPE were always available to them, which they collected from the office when needed. Staff knew that hand hygiene was an essential part of safe care.

Learning lessons when things go wrong

- There were systems in place for recording events including any complaints, accidents, incidents and safeguarding concerns. There had been no incidents or accidents in the previous twelve months. The nominated individual told us that they would ensure learning from any incidents would be shared with staff to minimise them occurring again and to achieve safer care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by senior staff before they started using the service. The initial assessment involved meeting the person and gathering information from them, and from appropriate others to ensure the care provided met their needs and wishes.
- People and their relatives told us they had been fully involved with the initial assessments of people's needs.
- Care plans were developed from this initial assessment and any information from commissioning local authorities. This ensured care staff had the information and guidance they required to provide each person with personalised effective care.
- Protected characteristics under the Equality Act 2010 (provides a legal framework to protect the rights of individuals and advance equality of opportunity for all) had been considered by the service. For example, information about people's religious beliefs, cultural needs, sexual orientation, and relationships was included in people's care records.

Staff support: induction, training, skills and experience

- Staff were provided with the induction and training they needed to carry out their roles and responsibilities. Records showed that staff had received a range of training relevant to their role and responsibilities. The management staff told us they would ensure care staff received training/learning about people's specific medical conditions such as Parkinson's (progressive nervous system disorder that affects movement), so they could provide more effective care.
- Training included a combination of on-line assessed training and face to face practical training. The location office included facilities and equipment to deliver training.
- Staff told us that they had found their induction informative and useful. They informed us they had been introduced to people using the service and shadowed staff before they carried out care visits on their own. One care staff told us, "If you don't understand something you can ask and if you need more training they [management] will arrange it."
- People and their relatives told us they found staff to be competent when carrying out their responsibilities
- Staff confirmed they had access to ongoing training, regular one to one supervision meetings and an annual appraisal of their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- Details of people's dietary needs and any help they needed with eating and drinking were included in people's care records. Staff were aware of encouraging choices, healthy eating and promoting good hydration.

- The provider ensured specific dietary requirements were known to care staff, including any health needs, cultural or religious preferences.
- People and their relatives told us that people received the support they needed with their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records contained information about people's medical history, health needs and contact details of their GP. Records showed that the service had been responsive in engaging with a person's relatives about a change in the person's health needs. This resulted in the person being admitted to hospital where they had received the assessment and treatment they required.
- Staff knew that if they had concerns about a person's care or well-being, they would report it to management staff who then, when applicable would communicate with people's relatives and healthcare or social care professionals involved in people's care.
- People received the support they needed to keep active, such as staff accompanying them on walks in the local area.

Ensuring consent to care and treatment in line with law and guidance

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Staff completed training to help them understand the principles of the MCA. Staff understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices.
- People who used the service had capacity to make their own choices and decisions. Staff knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A person told us that staff were kind and that they were treated well. People's relatives confirmed that staff were respectful to people and provided them with assistance in a considerate manner. A person's relative told us that staff were "wonderful and very pleasant."
- Care staff and senior staff knew people well, they were aware of their individual needs and preferences. Staff were very knowledgeable about a person's religious needs and of its importance to do with the person's care and dietary needs. One care worker told us that it was important to "treat everyone as equal and not to judge anyone."
- People's care plans included information about their background history, their likes, dislikes and how they wanted things done. People's wishes regarding their preference regarding the gender of staff who provided their care were detailed in their care plans and accommodated. A relative told us, "[Staff] understand [person]."

Supporting people to express their views and be involved in making decisions about their care

- People were involved with planning their care and were consulted on daily living choices. Care staff spoke about involving people in making choices, which included decisions about what they wanted to wear, eat and drink. People and their relatives confirmed that people were supported to make choices about their day to day care and other matters.
- People and their relatives told us they were asked for their feedback about the service during spot check visits by the care supervisor. Records showed that people also had the opportunity to complete feedback surveys. Senior staff told us they were in the process of reviewing the surveys they had recently received and would carry out an action plan to make improvements if needed.
- The provider had supplied people with an information guide about the agency and the service provided. This described what people could expect from the service and included the agency's contact details.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included details about their abilities. This helped staff to provide the support people needed whilst promoting their independence. Care staff told us they encouraged people to do as much as possible for themselves. One care staff spoke about people being supported to carry out some aspects of their personal care such as washing their own face.
- Staff spoke about the importance of respecting people's privacy and dignity. People's relatives confirmed that people had their privacy respected. 'Spot checks' of staff carrying out personal care included checks as to whether staff provided care in a dignified and respectful manner.

- Staff knew not to speak about people to anyone not involved in their care.
- The provider had arrangements for people's personal information and staff records to be stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans and assessment information showed that the provider involved people and their relatives (when applicable) in planning people's care. Each person's care plan was designed to meet their needs. This helped ensure that people received personalised care and support. A person using the service and people's relatives confirmed that people received the care they needed and wanted.
- Arrangements were in place to make sure staff were informed about any changes in people's needs. Records showed that people's care plans had been reviewed with involvement from their relatives and people. This helped ensure that people received personalised effective care.
- People's care plans included details about people's preferences and medical conditions, which helped staff provide them with individualised care and support.
- Staff we spoke with were knowledgeable about people's individual needs and preferences. They told us they got to know about the care people needed by reading people's care plans and speaking with people and their relatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included details about their communication needs. People's sensory needs, such as sight and hearing needs were detailed in their care and support plans, so that staff communicated with people, using ways best suited to their individual needs. For example, one person's care plan described the person's particular communication needs and included guidance for staff, "[Person] has a low tone voice and speaks very slowly, so please be patient and listen to [person] carefully."
- People and their relatives told us they had received information about the service, which included the contact details of the agency management staff. Management staff told us, that information provided to people was currently accessible to them and their relatives. They informed us they would always ensure information was provided to people in the format that was accessible to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. Details about how to make a complaint were included in the 'service user guide' documentation provided to people when they started receiving a service. People's relatives knew how to make a complaint. They told us that they would not hesitate to bring any complaints to the attention of senior staff and were confident they would be listened to and the issue addressed

appropriately.

- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others needed to be recorded and reported to management staff.

End of life care and support

- At the time of the inspection there were no people receiving end of life care. Management staff told us they informed us they would ensure that staff received the training and support they needed to provide people with personalised end of life care. They informed us they would liaise closely with people's relatives, and healthcare professionals to ensure each person received the care and support they needed and wanted at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of the inspection there was not a registered manager in post. The nominated individual told us that they had tried to recruit a manager but without success. They informed us that with support from the care supervisor they were managing the service. They explained that they were in the process of completing an appropriate management qualification and would shortly be applying to us to be registered manager of the service. They also informed us that they were currently not providing a service to people with complex needs and the numbers of people receiving personal care would remain small until a registered manager was in place.
- The nominated individual and care supervisor were clear about their roles and responsibilities. The provider had processes to achieve compliance with regulatory requirements. Checks of the service were carried out. The care supervisor had undertaken audits in the form of spot checks of care staff carrying out their duties including assisting people with personal care. This helped monitor the performance of staff and the quality of the service provided to people.
- Checks of care plans, care records, staff training, and other areas of the service were also carried out. Shortfalls were identified, and improvements made when needed. The care supervisor spoke of how the monitoring of staff training had been improved. Staff due refresher training were now more quickly identified and if necessary were reminded to complete it. Management told us they would ensure that the quality monitoring and improvement systems would be further developed to ensure any patterns and trends were identified and addressed.
- Staff understood their roles and felt confident to seek advice and guidance from senior staff if they needed to.
- Although we found shortfalls with staff recruitment, timely action was taken to make improvements during the inspection. Following the inspection, we were also assured that the revised system of recruitment checks that had been put in place would help ensure continued safe practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's relatives and a person using the service spoke positively about the care and support people received. They told us they were fully involved in decisions about people's care and found care staff understood people's needs and were competent in carrying out people's care.
- Staff told us they found their jobs rewarding and enjoyed providing people with care and support. They

spoke highly of the support they received from management staff in carrying out their role and responsibilities. They confirmed they were received the information and up to date guidance they needed to provide people with personalised effective care.

- The nominated individual and care supervisor were open in their response to the inspection process. They were aware of duty of candour expectations, including informing people truthfully about any untoward incidents and knew the importance of being open and honest with people when something goes wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's relatives told us they had been asked during spot checks for their views of the care provided to people. People also had the opportunity to feedback about the service via feedback surveys, telephone and email contact. A relative told us, "They (management) ask me if the care is all right."

- Records showed management staff worked in partnership with people, their relatives and when applicable social care agencies to ensure people received care that met their needs. People's equality and diversity needs were identified and understood by the service and supported. For example, specific requests relating to people's choices, such as having a female member of staff providing personal care were respected and facilitated by the service.

- Staff told us that management staff communicated well. They told us they felt able to speak up about any aspect of the service and were kept up to date with any changes to do with the service and people's care needs. One person's relative told us that there had been a period when communication from management could have been better when a regular care staff was planning to take annual leave.

- People's relatives provided us with examples of how the agency had been flexible when they had wanted to change the time of a visit.

- A person using the service told us, "Company [agency] has been good."