

Highlands Care Solutions Ltd

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Inspection report

8-9 Oxford Street
Southampton
SO14 3DJ

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09 August 2022

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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

Highlands Care Solutions Ltd is a home care service providing personal care to people in their own home. The service provides support to people with a range of personal care needs. At the time of our inspection there were 41 people using the service who received personal care services.

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.

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

People's feedback about the service was positive and they reported good outcomes from the support received. A typical comment was, "We are very happy with the service we get."

The provider had processes in place to keep people safe and manage risks, including risks arising from the COVID-19 pandemic. There were sufficient staff to support people safely. There were processes to manage people's medicines, and to protect people from the risk of abuse or poor care.

People received care and support that was effective, based on detailed assessments and person-centred care plans. Staff had the necessary skills and training. 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.

People were supported in a caring way. The service focused on people's independence and dignity. People were respected as individuals with attention paid to equality, diversity and human rights. There were good relationships between people and their care workers.

People received responsive care. There were processes in place to make sure people received care according to their agreed plans, needs and preferences. The provider responded positively to people's feedback about the service.

The service people received was well led. The service focused on person-centred care and good outcomes for people. There were effective systems in place to manage the service, improve the quality of care people received, and support staff to deliver high quality care. The provider had an innovative vision of how technology could improve home care services.

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

Rating at last inspection

This service was registered with us on 3 January 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Highlands Care Solutions

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection so that people could consent to take part in the inspection by giving us feedback by phone.

Inspection activity started on 9 August 2022 and ended on 15 August 2022. We visited the location's office on 9 August 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We reviewed all the information we had about Highlands Care Solutions Ltd.

We sought feedback from the local authority and professionals who work with the service.

We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and family members. We spoke with the registered manager and six members of staff.

We reviewed records relating to people's care and the running of the service. These included care records for three people and three staff recruitment files.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse. Staff had appropriate training and knew how to respond to safeguarding concerns. Staff were confident the provider would deal with any concerns they might raise.
- Staff understood how to escalate concerns about people's safety, and the provider worked with the local authority and other agencies. The provider had received a compliment from a safeguarding professional: "Thank you for being vigilant in detecting and reporting financial abuse." Where necessary they notified us of safeguarding concerns. Policies and processes guided staff to keep people safe.
- People told us they always felt safe with their Highlands Care Solutions Ltd care workers. One relative said, "I do think that [Name] is safe with the carers who come to visit her. We have no concerns."

Assessing risk, safety monitoring and management

- The provider had processes in place to manage risks to people's safety and wellbeing. Care plans contained, and were informed by, risk assessments for risks such as choking and falls, and risks associated with people's home environment. Staff told us they had all the information they needed to keep people and themselves safe while supporting them with personal care.
- The provider had assessed risks associated with the delivery of the service. There was a business continuity plan and an up to date COVID-19 risk assessment.

Staffing and recruitment

- The provider had processes in place to recruit people safely. Records showed they carried out the necessary checks to make sure staff were suitable to work in the care sector. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider routinely followed up written references with a phone call to make sure staff had shown the necessary qualities with their previous employer. We checked recruitment files contained the necessary records.
- The provider made sure there were sufficient numbers of staff to support people according to the agreed packages and rotas. Staff confirmed if two care workers were needed to support a person safely there were always two available. Some people reported that staff were occasionally late because of travel problems or a previous call overrunning, but there were no reports of missed calls.

Using medicines safely

- The provider had processes in place to make sure people had their medicine safely. Staff had appropriate training, and this was followed up by competency checks to make sure the learning had been understood.

Care records included information staff needed, such as the reason for the medicine and any possible side effects. The provider used body maps to show where prescribed creams should be applied.

- Where the provider supported people with their medicines, people and their relatives were satisfied this was done safely and according to their preferences. One relative said, "The carers do all [Name]'s medication and record the details on their phones. The provider checked medicines records every month, and they responded promptly to alerts generated by the online care system for missed medicines.
- Where people did not want the provider to support them with medicines, this was made clear during their initial assessment and in their care plan so as to avoid confusion. The provider risk assessed self-administration of medicines. There was always a list of medicines prescribed in people's care plans so that care workers and other healthcare professionals could be aware of the prescription in case of illness or accident.

Preventing and controlling infection

- The provider made sure staff supported people in line with good practice and government guidance in cleanliness and hygiene. People's relatives confirmed measures were in place concerning personal protective equipment (PPE). One relative said, "They always wear their PPE."
- Induction training included infection prevention and control and food hygiene. All staff were up to date with their refresher training in food hygiene.
- We were assured the provider used personal protective equipment (PPE) according to the guidelines in force at the time.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider accessed testing for people using the service and staff.

Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. Incidents were reported by staff in the online system, reviewed by office staff and followed up, and analysed for trends and patterns. Examples of follow up included referring to the person's GP and adapting people's care plan to avoid the same thing happening again. Where appropriate the accident and incidents process interlocked with the provider's safeguarding process.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 care and support was based on initial assessments which included people's physical, mental health and social needs. They included assessments of what support people needed with activities of daily living and identified any support needs arising from people's protected characteristics.
- People had good outcomes from the support they received. One person had been discharged from hospital with a support package of 70 hours a week for mental health needs. This had gradually been reduced to five hours a week with the person now going out independently. Another person had improved their mobility so they could use the stairs in their home.
- The provider's policies, procedures and care plans reflected good practice and legal requirements. The provider had awareness of guidance from national organisations which communicated good practice such as Skills for Care and the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. People said staff knew how to support them and were professional. One person's relative told us, "I have every confidence in their abilities." Another relative said, "The carers who come to support [Name] are well trained and know how to do their job."
- Staff told us they felt supported by the provider, and they had the knowledge to deliver care and support according to people's needs. Office staff had completed "train the trainer" courses in areas including safeguarding, medicines, mental capacity, and infection prevention and control.
- There was an effective induction for new staff. New staff shadowed experienced staff before working independently to make sure they understood people's needs and preferences. Induction was based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Where staff supported people by preparing meals, people were satisfied with how this was done. People chose what they ate, and staff prepared meals according to the person's preferences. One person's relative told us, "The carer prepares all her food and her particular favourite is large plates of vegetables. She always makes sure that she has plenty of fluids. She also likes sandwiches."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with other health and social care professionals to make sure people had consistent care. This included working with people's families when people needed a healthcare appointment. One person's relative told us, "The carer is very aware of her health and has contacted me when she had some hip pain." Another relative said, "The carers have never had to call me for a medical emergency, but I have every confidence that they would seek medical advice and contact me as well."
- The provider supported people to attend hospital out-patient appointments, for instance for blood tests. The provider worked with the fire and rescue service if they identified elevated fire risks associated with people's support. They worked with occupational therapists to make sure people's support met their needs and was effective.

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 MCA 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.

- Staff had appropriate training in mental capacity. People's initial assessment covered mental capacity while working from the assumption that the person had capacity. Nobody using the service at the time of our inspection had been assessed as lacking capacity for any decisions.
- Staff were aware of they should only support people with informed consent. One person said, "They always make sure that I am happy with what they are doing for me." Another person's relative told us, "When they are doing the personal care, they always make sure that [Name] is happy with what they are doing."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported in a caring manner. People said staff "all treat me with respect" and "we get on really well". One person's relative said, "The staff are all very respectful dealing with some difficult situations. They always have time to talk to [Name] and are so respectful of her." Another relative said, "The care [Name] gets is good and they focus on him. They are all very polite and have time to talk to him."
- The provider took into account the need to respect equality and diversity in their care assessments and support. Staff training included a module on equality and diversity, which included meeting any possible additional communication needs. One person said staff had "a lovely polite way of speaking with us".

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

- People were able to express their views and participate in decision making about their care. People said staff were "supportive" and listened to their views. One person said, "The office staff are very good at sorting out any problems we might have or changes we want to make."
- Staff supported people to have the information they needed to make informed decisions about their care. People's initial assessments were focused on the individual person with support from their family if appropriate. As there was a lot to cover in these assessments, staff would take into account if the person was getting tired and return over two or three days if necessary. This helped people make informed decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff described to us how they did this by simple actions such as making sure curtains and doors were closed before they supported people with their personal care. One person's relative said, "I think it works because both [Name] and her carer have built up a respect for each other."
- The provider took care to manage people's personal information securely. Office staff delivered any paperwork directly to people's homes. Where staff used their mobile phones to access information, the installed app was password protected. When staff were on leave, the provider disabled the app to prevent unauthorised access to people's information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual to the person and contained information about people's preferences, interests, and important people and relationships. Care plans were detailed and emphasised where people could be independent as well as where they needed support. Staff had the information they needed to support people according to their needs and to understand their wishes.
- People's feedback about their care was positive. One person's relative said, "The carers do understand what [Name] likes and how he likes things done. We have no complaints about the service. Everything is just right for us." Another person's relative said, "[Name] had a post hospital care package. Another care company was recommended to us but we were not happy with service they gave. Since coming to Highlands Care, things are much better."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the standard, and the provider's assessment process was designed to identify people's individual communication needs. People's care plans included information about their communication needs. Staff knew how to meet communication needs. Information was available in alternative formats, such as a braille version of the provider's complaints process.

Improving care quality in response to complaints or concerns

- The provider had a system to log, follow up and close complaints and concerns. People knew how to complain if they needed to and were confident any concerns raised would be followed up properly. People we spoke with had not had reason to complain. One person said, "We have no complaints everything is just fine." Records showed concerns were followed up and actioned if they were corroborated.

End of life care and support

- Nobody using the service was receiving end of life care at the time of our inspection. The provider had policies, procedures and training in place to support people in their final days with dignity, and according to their wishes and any cultural or religious needs. This included enhanced assessments and closer working with community nursing teams.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the service was well managed. One person said, "The office staff are helpful and one day the manager came to see if we were happy with everything and if anything needs changing." Staff told us the service was well managed and they felt supported to do a good job.
- There was an open, inclusive culture. Staff were empowered to become "champions" in areas such as equality and diversity, and medicines. Champions were in place to identify and communicate best practice in their area. Staff told us there was effective two-way communication and the registered manager listened to them.

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

- The registered manager understood their responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities. The provider communicated these via handovers, supervisions, observations, and appraisals. There were regular meetings for care staff and office staff. Staff kept in touch with each other using secure social media. The provider used effective communication methods to keep staff informed about people's needs and changing conditions.
- The registered manager understood their regulatory responsibilities. They notified us in a timely manner when certain events occurred as required by regulation. There were appropriate audits and checks on the quality of service delivered. The provider had effective governance processes based on their online systems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their families in a meaningful way. There were regular care plan reviews in which people and their relatives participated. The registered manager supplemented these by personal contact with people.
- The provider engaged staff via supervisions and welfare checks. These were opportunities for two-way conversations. Staff told us they felt management listened to suggestions and involved them in identifying improvements to people's care. Where possible the provider matched people with staff who shared the

same cultural or religious community and language.

Continuous learning and improving care

- The provider had a service improvement plan. This included activities for improvement in areas such as, training needs, safeguarding, call monitoring, and upskilling staff with respect to initial assessments. The provider continually worked to identify possible improvements to staff conditions, and motivational awards and events.
- The provider had identified where technology solutions had the potential to improve people's experience of care. These included the use of virtual reality headsets in staff training, and the use of technology that could be worn like a wristwatch to monitor people's vital signs. The registered manager had started projects to realise these benefits.

Working in partnership with others

- The registered manager worked in partnership with other agencies. This included working with other departments in the provider's organisation which supported other services outside our regulatory remit, such as the provider's IT team which was working on projects to deliver technology solutions.
- The provider worked with other healthcare professionals such as occupational therapists and psychologists to develop care plans which met people's needs. The registered manager had ongoing contacts with various equality, diversity and human rights organisations to ensure these were fundamental to the service provided.