

Change Social Care Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Change Social Care Solutions is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection, the service provided care to 26 people in total, ten of whom received personal care. The Care Quality Commission (CQC) only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

People's experience of using this service:

Feedback from people who used the service and relatives was consistently good. People told us they felt safe when being cared for by care workers and this was confirmed by relatives we spoke with.

We looked at medicines management and found that the majority of these were completed with no gaps. However, we found there were a few occasions where care workers were not always accurately recording on Medication Administration Records (MARs) if medicines were being administered. Medicine's audits failed to identify the issues we found during the inspection. We have made a recommendation in respect of this.

Positive relationships had been developed between care workers and people they supported. Feedback indicated that care workers usually arrived on time. Consistency was an important aspect of the care provided. People told us they received care and support from the same group of care workers.

Assessments were carried out to ensure people's needs could be met. Where risks were identified, there was guidance in place for care workers to ensure that people were safe.

Policies and systems were in place to help ensure people were protected from the risk of abuse. People were protected by staff who understood how to identify and report any abuse concerns.

Recruitment processes were in place and the service carried out appropriate checks so only care workers who were suitable to work with people using the service were employed.

The provider had taken measures to prevent and control the spread of COVID -19 and other infections.

Care workers told us they enjoyed working at the service and they were well supported by the management team. Staff felt valued and motivated.

There was a system in place to monitor the quality of the service being provided to people. This involved telephone calls and regular visits. Quality assurance systems and processes included audits looking at various aspects of the service.

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

Rating at last inspection and update

The last rating for this service was good (published on 28 March 2019).

Why we inspected:

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

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?

One aspect of the service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Change Social 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 Care Act 2014.

Inspection team

The inspection was carried out by one 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 houses and flats.

The service had a manager registered with the CQC. 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.

Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 14 April 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the site visit we spoke with two members of staff which included the registered manager and care manager who was involved with the day to day running of the service.

We reviewed a range of records. We looked at three electronic staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medication administration records, care records, risk assessments, quality assurance records, policies and procedures. We spoke with two people who received care from the service and four relatives. We also spoke with three care workers.

Is the service safe?

Our findings

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

At our last inspection, this key question was rated good. At this inspection, we found the provider had changed to requires improvement.

One aspect of the service was not always safe in relation to medicines management. There was an increased risk that people could be harmed.

Using medicines safely.

- We found medicines were not always managed safely. At the time of this inspection, the service provided medicines support to three people. Medicines and Medication Administration Records (MARs) were managed using an electronic planning system which operated on a real time basis. We looked at a sample of these and found that the majority of these were completed with no unexplained gaps. We did however note that there were a few occasions where it was not clear from looking at the MAR whether medicines had been administered and we raised this with the registered manager. She acknowledged that there had been occasions where medicines administration had not been documented on the MAR due to issues with the electronic system and also human error. She explained that care workers recorded on daily notes when medicines were administered and this worked as a back-up system.
- Each person that received medicines support had a medicines support plan in place. This detailed the medicines prescribed and level of support needed.
- We noted that one person's care plan stated that their relatives were responsible for putting medication manually into a Dossett box. Such practice was not in accordance with the service's medicines policy which stated that staff must only administer medicines from the original container which the pharmacist has dispensed to, and not from any container filled by another person. We raised this with the registered manager who clarified that the provider was not responsible for administering medicines to this person and this was not clearly documented on the care plan. The registered manager confirmed that the care plan would be updated to clarify this.
- At the time of this inspection, the provider was not carrying out formal medicine audits. The registered manager explained that she discussed MARs during management meetings but they were not formally documented. The issues we found with the completion of MARs during this inspection was not clearly identified by the provider. Whilst we found no evidence that people had been harmed, systems were not robust enough to demonstrate that medicines were always managed safely.

We recommend that the provider seeks advice from a reputable source about robust systems for managing and auditing medicines.

- Staff responsible for the administration of medicines had completed mandatory training.

Systems and processes to safeguard people from the risk of abuse

- People were safe when receiving care and support from care workers. When asked if they felt safe in the presence of care workers, one person told us, "They're reassuring. They know what they're doing." This was confirmed by relatives we spoke with. One relative said, "[My relative's] very safe. It's the body language and the way they do their job professionally. They know what they doing." Another relative told us, "They [care workers] stay with her and get on well with her. They have a good relationship."
- Policies and procedures were in place to safeguard people from abuse.
- Staff had received appropriate training in safeguarding people.
- Whilst there had not been any safeguarding concerns raised since our last inspection, staff were aware of how to recognise signs of abuse and how to report any concerns should they arise.
- The registered manager demonstrated a good understanding of the requirement to notify the relevant safeguarding authorities if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people which included moving and handling, falls and the use of Warfarin [this is a medicine that thins the blood and can have side effects]. These included details of what action to take to mitigate against the risk or reduce the risk.
- Staff we spoke with knew people's needs well and could describe the actions they would take to keep people safe and to mitigate risk.
- Feedback we received indicated that care workers were punctual. One relative said, "Most of the time they [care workers] arrive on time. I'm made aware if they're running late by the manager. At most they're 15 minutes late." Another relative told us, "They're nine out of ten on time. They notify me. They're only a couple of minutes late. They call me if they are really late."

Staffing and recruitment

- There were sufficient staff to meet people's needs. The registered manager told us they were safely able to meet people's needs with the current number of care workers they had, and this was confirmed by care workers we spoke with. The registered manager explained that they were currently recruiting care workers and would only take on further care packages if they had sufficient staffing numbers in place.
- Safe recruitment practices were in place to ensure people were supported by suitable individuals. This included obtaining references from previous employers, checking staff's identity and eligibility to work in the UK, and undertaking criminal records checks.
- The provider used an electronic monitoring system where staff logged when they arrived at a person's home on an app on their phone to indicate when they arrived and when they left. The registered manager explained that this enabled office staff to monitor staff punctuality in real time and ensure staff stayed for the duration of the visit. This enabled management and office staff to continuously monitor this. If a member of staff failed to log a call, this was then flagged up on the system so that the office was notified. The registered manager explained that the office would contact the member of staff to ascertain what the situation was and in the majority of circumstances, staff would call the office if they were running late.

Preventing and controlling infection

- The provider had appropriate infection control systems were in place. People and relatives spoke positively about infection control practices. People told us that care workers wore PPE and no issues were raised in respect of this. One person said, "They wear gloves, some wear aprons. They do wear masks, some wear shoe covers [over their shoes]." One relative told us, "[My relative] always says they always take her temperature. Yes, they wear gloves, aprons, masks."
- The provider ensured an adequate supply of personal protective equipment [PPE] was available to staff. This also included an infrared thermometer which care workers used before every visit. Care workers we

spoke with told us that they always had sufficient PPE and never experienced a shortage.

- Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures within the service had been enhanced due to the COVID-19 pandemic.
- Staff completed infection control training.
- The service ensured that they communicated with people and relatives regularly during the pandemic and we saw evidence of letters that had been sent out. Staff we spoke with told us that information was always shared with them so that they were kept informed of COVID-19 changes.

Learning lessons when things go wrong.

- The service had a system in place for recording accidents and incidents.
- We noted that there had been no incidents or accidents since the last inspection. However, the provider had a system to report, record and monitor incidents and accidents to ensure people were supported safely. We noted that the form had a section for staff to record what action would be taken to minimise future risks.
- The registered manager explained that incidents and accidents would be discussed during team meetings to ensure lessons were learnt so that this reduced the risk of similar incidents and accidents occurring in the future.

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 our last inspection we rated this key question good. At this inspection the rating has remained 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

- There was visible leadership within the service. The registered manager and care manager worked closely with care workers and led by example. Management and care workers we spoke with were knowledgeable about people's needs and preferences and had developed positive relationships with people.
- People and relatives expressed confidence that the service was well run. One relative told us, "There's one person, the manager, I have had dealings with. She seems very kind and lets me know if there's an issue." Another relative said, "They [management] are very responsive."
- Staff we spoke with told us they felt well supported by the registered manager. They told us management were always approachable and provided guidance and direction. One care worker told us, "Support is good from the manager. They are always there if you have an issue. They try and work with you. I feel able to openly talk to them." Another member of staff said, "Managers are understanding. Support is good."

Continuous learning and improving care

- Management had ongoing oversight and governance over the service and given the currently small size of the service these processes were usually appropriate to maintain this.
- At the time of the inspection, there were some systems in place to monitor the quality of the service. Quality assurance systems and processes included audits looking at aspects of the service. However, we found the quality system in place for medicines required development. The registered manager acknowledged that their quality assurance systems were continuing to improve and grow the business. They were developing their systems to enable them to further monitor the quality of service provision if they became a larger agency and supported more people.
- Checks were carried out with people who received care from the service which included satisfaction calls and home visits. The service also carried out various checks of records which covered staff recruitment, care records and staff punctuality.
- Important information and updates were shared with staff. Meetings were held to discuss work practices, development needs and staff wellbeing.

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

- Management understood and acted on their duty of candour responsibilities. The registered manager promoted and encouraged candour through openness.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents

or events within the service.

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

- The registered manager had capacity and skills to deliver good quality care. She is a registered social worker, a best interest assessor and a health and safety advisor. She is also the Chair for registered manager forum in Brent, that is organised by Skills for Care.
- We found the registered manager to be passionate about providing quality care. She was knowledgeable about issues and priorities relating to the quality of care.
- Staff performance was monitored through regular one to one supervision and spot checks. The registered manager explained that an independent external professional carried out supervisions with the staff team. This was because the team was small and sometimes it may be difficult for staff to express their feelings when they know staff so well. Having an independent person carry out the supervisions enabled staff to speak more openly.
- Staff understood their roles and responsibilities, were motivated and had confidence in the registered manager and care manager.

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

- The service obtained feedback from people and relatives about the service through review meetings and telephone calls. The registered manager explained that they had sent out a quality assurance questionnaire but did not receive sufficient responses for analysis. People told them that they preferred to provide their feedback during reviews and telephone calls and this is how the service continued to obtain feedback.
- Where required, the service communicated and worked in partnership with external parties which included healthcare professionals such as GPs and we saw documented evidence of this.