

5 Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

5 Care Services Limited is a Domiciliary Care Service providing personal care to 96 people at the time of the inspection. The service supports people with mental health conditions, physical disabilities, dementia and older people. They are also registered to support children and people with a learning disability and autistic people. Not everyone who used the service received personal care. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People received the support they needed to keep them safe and ensure their needs were met. Staff were safely recruited and were available to support at the times people needed them. 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's independence was promoted by staff who knew them well and encouraged them to achieve their goals and aspirations.

Right Care

People were supported by staff who were trained and had the skills and knowledge to meet their needs. Staff understood people's individual communication styles and worked alongside families and other professionals to ensure their knowledge of people's needs remained current. People told us staff were respectful when providing care and checked they were happy to receive care and support. There was a positive approach to risk management which supported people to live in the way they wanted to.

Right Culture

The provider had made improvements since the last inspection and this had positively impacted people's experience of care and support. Systems had been developed to improve governance and oversight of the care provided and this identified any areas where improvements were required. The registered manager was open about the concerns identified at the last inspection and had shared learning with people who received support and the staff team. People, relatives and staff had been asked for their feedback and this had been used to drive improvement across 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 inadequate (published 2 May 2023) and there were breaches of regulation.

Following the last inspection, we imposed conditions on the provider's registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 27 April 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced comprehensive inspection of this service on 20 January 2023. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 5 Care Services Limited on our website at www.cqc.org.uk.

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?

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 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.

5 Care Services 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 July 2023 and ended on 20 July 2023. We visited the location's office on 19 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 3 people who used the service and 5 relatives about their experience of the service. We also spoke with 7 staff members, the training manager, the operations manager, the finance manager, a director, and the registered manager, who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a care consultant who had been supporting the service.

We reviewed a range of records, these included 6 people's care records, medicines records and governance and quality assurance records. We also looked at 2 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people's safety were effectively assessed and managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Risks relating to people's health and safety had been reviewed since the last inspection. Detailed risk assessments were now in place, which had been reviewed when people's needs changed.
- Where people had known risks such as choking or sore skin, their needs had been reviewed and recorded which staff used to support them safely. For example, 1 person who was at risk of choking had a care plan and risk assessment in place about the potential harm certain types of food could cause. Staff who supported this person were knowledgeable about their risks and knew how to safely support them.
- Where people used catheters or were at risk of sore or broken skin staff now followed guidance provided by healthcare professionals to ensure people's needs were safely supported.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care from staff. One person said, "I feel very safe with the carers who come to see me."
- Staff had received training in how to keep people safe and knew how to identify any possible abuse. Staff knew how to escalate concerns for people's safety and there were clear reporting processes for them to communicate any concerns for people's wellbeing.
- The registered manager understood their responsibilities in relation to safeguarding and had made referrals to local authority safeguarding team when required. They had also notified us of any incidents as required by law.

Staffing and recruitment

- People told us they now received their care at the time they needed it. One person said, "They [staff] do arrive on time and if they are held up, they will ring me." A relative commented, "They are pretty good at arriving on time and always stay for the full time and sometimes even longer if person needs a little more support."
- Staff told us changes had been made to the timing of the care calls, which meant they now had sufficient time to travel between calls. This meant they were no longer late providing people's care. Monitoring systems had been established which reviewed call times on a daily basis to ensure any concerns or lateness

could be addressed without delay.

- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. One relative told us, "Staff make sure [person] has taken their medication and record it in their book."
- Improvements had been made to the management of medicines. Clear guidance was now in place relating to people's 'as required' medicines. Improvements had also been made to the recording of people's topical medicines, including creams.
- The registered manager had introduced an auditing system for medicines which provided them with a weekly oversight of medicines administration. This system enabled them to identify any errors and also prompt staff to request medicines were reordered if stock was low. This reduced the risk of people not getting their prescribed medicines.

Preventing and controlling infection

- Staff followed infection control guidance by wearing Personal Protective Equipment (PPE) to protect people from the risk of cross infection.
- The provider actively managed stocks of PPE to ensure there were sufficient amounts for staff to use. This enabled them to monitor PPE use and address any issues where it was not being used in line with infection control guidance.

Learning lessons when things go wrong

- The registered manager was open about the failings at the last inspection and learning had been taken from the concerns we identified. The registered manager had shared the outcome of the last inspection with the staff team, people who received support and their relatives. They were honest about the failings and clear in their intention to make improvements.
- Processes had been established since the last inspection to review incidents and events. This included an analysis of where things had gone wrong and why. The management team then used this information to address areas of concern and share learning with the staff team to reduce the likelihood of reoccurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to assess people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- People's needs were now fully assessed. Detailed guidance was available in people's care plans, which were used by staff to support people effectively.
- Assessments considered people's individual and diverse needs, including their preference for who they would like to support them, as well as their likes and dislikes. People's religious and cultural needs were also assessed and staff we spoke with recognised the importance of these.

Staff support: induction, training, skills and experience

- People's feedback reflected confidence in the skills and knowledge of the staff team. One person told us, "They [staff] are well trained and they always ask me if I am happy with what they do for me." A family member shared, "The carers who support my relative are outstanding."
- The management team had implemented additional training since the last inspection with the aim of upskilling staff so they could provide more effective support. In addition to training, spot checks on staff were also in place to review the quality of care they provided. Competency assessments had also been carried out with each staff member to ensure they had the skills required for the role.
- Staff spoke positively about the improvements made in the training offered since the last inspection and told us they felt supported. One staff member said, "We have done lots of training. We also have 1 to 1 meetings with the training manager, which personally I find very supportive."

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

- At the last inspection people told us staff lateness sometimes meant they did not get meals on time. At this inspection improvements had been made. Feedback from people and relatives was positive about the support provided with food and drink.
- Care plans detailed people's individual dietary needs and staff were aware where people required a specialised diet. A relative told us, "Carers provide thickened drinks and they also prepare all food in pureed form which my relative enjoys."

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

- Improvements had been made since the last inspection and staff were now working in partnership with healthcare professionals to meet people's needs. Records showed staff were in contact with relevant agencies, such as district nurses, and any advice given was recorded in people's care plans for staff to follow.
- Changes to people's health were communicated to staff and family members via the care office, who ensured relevant information was shared. People spoke positively about the support they received to manage their health. One person said, "If the carers have any concerns about me, they ask if I want a visit from the GP."
- Staff were aware of people's health needs and understood how they might impact people's daily lives. Staff shared examples with us about how they escalated any concerns for people's health, or where they identified any changes. Records showed action was taken where concerns were reported to ensure people received appropriate support.

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.

- People were asked for their consent before receiving support. A relative told us, "Carers always make sure that my relative is happy with what they are doing."
- Where people lacked mental capacity to make specific decisions staff had followed the MCA. Assessments were completed to ensure any decisions made were done so lawfully and in the person's best interests.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to assess people's needs and choices. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Care plans had been reviewed since the last inspection and now contained personalised details about people's individual care needs. One person told us, "I had 6 monthly visits from a senior carer to check on my needs and take account of any changes I might need."
- Staff told us the guidance in people's care plans gave them the information required before they supported people. Staff we spoke with had a good knowledge of people's personal preferences as well as their likes and dislikes.
- People's needs were regularly reviewed. Where people's needs changed staff reported this to the care office who ensured further assessments were undertaken, or relevant professionals were contacted. Staff spoke positively about this process. One staff member said, "I feel like we work well as a team. Not all of the pressure is on us. We share concerns and they are dealt with and then everyone is alerted to any changes."

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.

- Information about people's communication needs had been reviewed since the last inspection and now contained more detail. Care plans contained guidance for staff about how to support people's communication needs.
- One person's care plan offered guidance to staff about what to do if they didn't fully understand the person and this reflected the person's preferences about how they wished to be treated.

Improving care quality in response to complaints or concerns

- Feedback about the provider's management of complaints had improved since the last inspection. One person told us, "I have spoken with the manager who listens and sorts things out."

- There was a system in place to manage complaints and this was overseen by the operations manager. Each complaint was reviewed, responded to and any required actions taken. Following the resolution of the complaint the details were analysed to check if any learning could be implemented.

End of life care and support

- Where people were receiving support at the end of their lives, staff completed specialised care plans to ensure their needs were recorded. This care plan included details about people's personal wishes and preferences about how and where they wanted to receive care.

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 inadequate. At this inspection the rating has changed to good. 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 last inspection there were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The registered manager and management team had made significant improvements since the last inspection. New governance processes and systems had been implemented which had improved the quality of the service and the care people received. These process had been reviewed on a monthly basis, and amended where improvements could be made.
- Audits included regular reviews of areas such as medicines, falls, accidents and incidents, call timing, complaints, safeguarding and compliments.
- The registered manager and provider told us they had taken a lot of learning from the findings of the last inspection and were open and honest about where things had gone wrong. They accepted their role in the failings and discussed this with us and other partner agencies.
- The new processes were now well established and enabled the management team to maintain full oversight of the care people received. Any identified concerns were addressed in a timely way and learning was shared with the staff team.

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

- The registered manager had been open with the staff team and people who received support, about the concerns we found at the last inspection. The staff team had been encouraged to participate in making suggestions about where they felt things could be improved.
- Staff we spoke with were positive about the registered manager and the wider management team and felt the whole staff team had made progress in recent months. One staff member said, "I think there is a lot that's good. Everyone was told about the last inspection; I think we have made massive improvements."
- Feedback from people and relatives also reflected that positive improvements had been made. One relative said, "I think the care my loved one gets is first class. I would recommend the service." Another

relative commented, "They have really upped their game. We are happy with the service now."

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong, the management team had spoken with people and their relatives and explained what action they had taken to improve the quality of care people received.

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

- People and relatives had been asked for their feedback since the last inspection. One relative said, "The management listen to me and how best to support my loved one."
- Staff felt involved in the improvements made at the service and told us new initiatives had been implemented to better support them. They shared examples of individual and group meetings where they had been asked to share their views and give feedback.
- The management team had recently started drop-in sessions for staff to try and improve staff well-being and offer opportunities for staff to call into the office for informal support. Staff told us they welcomed this initiative.

Working in partnership with others

- Improvements to partnership working had been made since the last inspection. Records reflected the involvement of partner agencies in people's care.
- The care office staff had established links with both health and social care professionals. These links were used to make improvements to people's care and ensure they continued to receive care which met their needs.