

## c&V Care Solutions Ltd C&V Care Solutions Ltd

### **Inspection report**

20 - 22 Wellington Road Bilston West Midlands WV14 6AG Date of inspection visit: 08 December 2023

Good

Date of publication: 30 January 2024

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### Ratings

### Overall rating for this service

Is the service safe?	Good	
Is the service well-led?	Good	

### Summary of findings

### Overall summary

#### About the service

C&V Care Solutions Ltd is a domiciliary care service, providing the regulated activity of personal care. The service provides support to older adults, people living with dementia, people with physical disabilities and sensory impairments. At the time of our inspection there were 17 people using the service.

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

People felt safe with the service. Staff understood how to raise any concerns about people's safety, and these were investigated and reported to the appropriate authorities. Staff were aware of how to manage risks to people's safety. There were enough staff to support people safely and staff arrived on time with people always knowing which staff were supporting them. Medicines were administered as prescribed, and staff had received training to do this safely. Where incidents occurred, these were reviewed, and learning was shared with staff. Staff understood how to minimise the risk of cross infection.

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 registered manager had systems in place to check the quality of the care people received. There was an open and transparent culture in the service with people able to raise any concerns and receive a response. Feedback was used to drive improvements and staff were engaged in the service and felt supported in their role. The registered manager worked in partnership with other agencies to ensure people's needs were met and was engaged in a range of forums to help learn and develop 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

The last rating for this service was good (published 31 August 2018)

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

### 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 well-led?	Good •
<b>Is the service well-led?</b> The service was well-led.	Good •



# C&V Care Solutions Ltd

### **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 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.

#### 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 December 2023 and ended on 15 December 2023. We visited the location's office on 8 December 2023.

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 used information gathered as part of monitoring activity that took place on 12 September 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person using the service and 5 family members. We spoke with 3 staff including the registered manager. We reviewed a range of documents including 4 care plans and other records of care delivery. We looked at multiple medication administration records. We reviewed policies and procedures, quality assurance documentation and staff 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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff supporting them. One person told us, "I feel very safe." A family member commented, "They come three times a day and she is always very safe in their care."
- Staff received training in how to recognise abuse and raise concerns. One staff member told us, "Any issues are reported to the registered manager immediately and recorded on an incident log."
- The registered manager was able to describe how they reported any concerns to the local safeguarding team for investigation.

### Assessing risk, safety monitoring and management

- People and their relatives confirmed staff understood risks to their safety and helped to keep them safe. One relative told us, "The staff help [person's name] with using the toilet and a commode next to the bed. All help from staff is conducted in a safe manner." Another family member told us, "There is a wheelchair and a commode and an adapted bathroom that has a raised seat on the toilet and in the shower. There is also a stairlift. The staff are very well trained and know how to use all of this equipment."
- Risks were assessed as part of people's initial assessment, and these were reviewed on a regular basis or when things changed. For example, we saw risks relating to mobility were assessed and care plans put in place to manage these. Staff told us they used this guidance to keep people safe.
- Staff were aware of the risks to people's safety and could describe how these were managed. For example, one staff member described how risks to people's skin integrity was managed using equipment and topical medicines.

Staffing and recruitment

- People told us they had support from a consistent staff group. One relative told us told us, "Yes, 1000% there are enough staff, they come three times a day and are always on time. [Person's name] knows them really well."
- The registered manager ensured staff deployed to support people were consistent and had enough time to support people and travel between calls. Staff confirmed they had enough time to get to people's visits and stay for as long as people needed.
- Staff were recruited safely. The provider had a policy in place for recruiting staff which included ensuring safety checks were in place such as contacting the Disclosure and Barring Service (DBS). 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 and their relatives told us staff supported them well with medicines. One relative told us, "We are very happy with the medication. They are very good. They liaise with the doctors and the chemist and pick up the medication and handle all of that."

• Staff told us they had received training in how to safely administer peoples medicines. Records supported this. Competency checks were carried out with staff by the registered manager to ensure staff understood how to administer and record in line with guidance.

• Medicines administration records were accurately completed, and checks were done on these records to ensure accuracy on a monthly basis.

Preventing and controlling infection

• People and relatives told us staff followed procedures for minimising the risk of cross infection. One relative told us, "The staff wear gloves and aprons. They also wash their hands when they come in. There have never been any problems."

• Staff told us they had continuous access to protective equipment supplies and had received training in understanding infection prevention control procedures.

• The registered manager ensured staff had access to a supply of paper towels to use in people's homes along with hand gel and protective gloves, aprons, and masks. Spot checks carried out by the registered manager ensured staff were following IPC guidance and using PPE correctly.

Learning lessons when things go wrong

•Relatives told us they were confident they would be informed if there were any accidents or incidents. One relative told us, "There have been no accidents, but they would call me, and they also have the doctors details if needed."

• The registered manager had a system in place to share learning from incidents with staff. For example, where audits identified issues with documentation staff were informed of the issues to promote improvement.

• Where accidents or incidents were concerned the registered manager shared learning by discussing the incident with staff and making any changes to people's care plans.

### 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 for this key question 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.

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

- The providers systems had not consistently ensured one person's care records contained all the details staff knew about them. Nobody was harmed as a result as staff understood how to support people. The registered manager took immediate action to address this and change the monitoring system to ensure they were sufficiently detailed.
- One person's recruitment record did not have a documented discussion with staff about gaps in their employment. The registered manager addressed this straight away and adjusted their monitoring to prevent this from happening again.
- Quality checks were effective in ensuring people had good quality care. Spot checks were carried out on people's care calls by the registered manger to ensure people had their needs met in a person-centred way and checked on staff skills and how they supported people.
- Medicines audits were carried out monthly to check if staff were following the correct procedures for administering medicines.

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

- The registered manager maintained regular contact with people and their relatives through attending calls and phone contacts. One relative told us, "The registered manager is very good and offers a good sympathetic listening ear. They are always available and respond very quickly."
- Consistency was something which the service aimed to provide for everyone using their service as this was viewed as important to people. For example, people knew their staff team and who would be going to their home and what time to expect them, and any new team members were introduced ahead of attending calls. One person told us, "I know every single one of the staff."
- People and their relatives were happy with the care they received. A relative told us, "[Person's name] has regular staff and if there are any new ones then they are introduced to the whole family." Another relative told us, "This agency has always been brilliant. They are just outstanding and give the best service ever. [Person's name] trusts them which is the number 1 important thing."

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 duty of candour and reported any incidents to the appropriate body and kept relatives informed. A relative told us, "I'm sure if there was an

incident they would mention it."

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

• People told us they were happy with the service and felt able to direct their care. One person told us, "There is nothing I would change about the service." A relative told us, "This is such a good service, they listen and support the family. They do an excellent job, and I can't fault them."

• Staff told us they felt supported in their role and able to contact the registered manager for support. One staff member said, "The management are really responsive and always happy to get a call, I like this it feels supportive, when I call and ask for help to get it straight away is important to me as a lone worker."

• Care plans were created with people and their relatives to ensure people's needs and preferences were considered. For example, one person had home-made marmalade prepared by staff.

### Continuous learning and improving care

• The registered manager used their internal audits to drive improvements in the service delivery. For example, improvements to recording were identified in spot checks and this was shared with staff.

• Involvement in local registered manger forums and national forums such as Skills for Care and the West Midlands Care Association helped the provider stay up to date with national changes and policy updates.

• Staff meetings were used as a learning opportunity. The registered manager discussed with staff during the team meetings any changes and updates to policies and changes to peoples care plans.

Working in partnership with others

• The registered manager told us they worked in partnership with other agencies to support people including in the past working with other care agencies to support people.

• The staff engaged well with other professionals, for example, where people were supported by community nurses and other health professionals such as occupational therapists.

• The registered manager told us they liaised with a range of agencies to ensure any changes in people's needs were alerted and helped those agencies with monitoring people's health and wellbeing.