

Solution2care Services Limited

Solution2care Services Limited

Inspection report

Pottery House
127 Pottery Road
Oldbury
B68 9HE

Tel: 01216672111
Website: www.solution2careservices.co.uk

Date of inspection visit:
11 December 2023

Date of publication:
21 February 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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.

About the service

Solution2Care is a domiciliary care agency providing personal and nursing care to people living in their own homes. The service provides support to children and adults with complex healthcare needs, as well as people living with dementia and people with learning disabilities and or autism. At the time of our inspection there were 84 people using the service including 14 children.

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

Right Support

At our last inspection we found 1 person was having inappropriate restrictive interventions. At this inspection the service had introduced a clear policy of no physically restrictive practice. At our last inspection some incidents which needed to be shared with the local authority safeguarding team and CQC had not been recognised as safeguarding concerns. At this inspection although we saw much improvement, we found 1 incident which had not been recognised as requiring a safeguarding alert to the local authority safeguarding team. Some care files lacked detailed guidance for staff on how to support people with specific care needs. Staff we spoke with were, however, knowledgeable about people's care needs. People were supported by enough staff. Where possible care calls were made by the same staff to enable them to develop a good knowledge of how the person wished to be supported.

Right Care:

People's care records showed varying levels of detail about their cultural needs, some contained basic details, some contained more information about people's needs. At our last inspection, 2 people we spoke with did not know they had care plans. At this inspection we found steps had been taken to address this. People who could not read their care plans had the option of having them read out to them. Staff received training in safeguarding adults and children and policies and procedures were in place. Systems to safeguard people from the risk of harm were improved but had not enabled the management team to identify the need to escalate 1 safeguarding concern to the local authority safeguarding team.

Right Culture:

Systems to investigate and analyse incidents were much improved but still required further improvement to ensure safeguarding concerns were fully explored and responded to appropriately. This meant people were benefitting from better protection from harm, but there was still risk not all incidents would be investigated and shared appropriately. Systems to ensure risk assessments were robust had not identified some areas where guidance for staff was insufficient. In some care files guidance for staff was improved, showing

improvement of care files was a work in progress. People and relatives told us they knew how to make complaints and share concerns. We found that recording, investigating, and learning from complaints and concerns was much improved. This meant people and relatives felt they were listened to and had more confidence concerns would be addressed.

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.

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 requires improvement (published 15 September 2023). 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 whilst improvements had been made, the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service was subject to safeguarding risks. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the systems in place to manage risk of safeguarding concerns. This inspection examined those risks.

This inspection was also carried out to check whether the Warning Notice we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We have found evidence that the provider needs to make improvements to how safeguarding concerns are identified. Please see the well led section of this full report. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service remains 'requires improvement' based on the findings at this inspection.

Enforcement and Recommendations

We have identified breaches in relation to the governance systems in place to monitor and manage risks at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Solution2care 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 2 Inspectors and a Specialist Nurse Advisor.

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 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be available to support the inspection. Inspection activity started on 11 December 2023 and ended on 19 December 2023. We visited the location's office on 11 December 2023.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection

We spoke with 5 people about their experience and views of the service. We spoke with 4 relatives about their experience of care provided. We spoke with 8 staff including the registered manager, HR manager, clinical lead, a senior carer and carers. We reviewed a range of records. These included 8 people's care records and medication records for 5 people. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a continued risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we found risk assessment and safety monitoring had failed to ensure the adequate assessment of risk and the possible need for restrictive intervention. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- At the previous inspection risk assessments had failed to identify the inappropriate use of restrictive practice for 1 person. The management team had addressed this and completed a review of all the people they supported who could become distressed during their care. This review included discussions with the staff who supported those people.
- A policy of 'no restraint' was introduced. Staff were all made aware of this and reminders about it were included in people's care records where needed.
- Guidance for staff to support people with their mobility needs were much improved. For example, pictures showing the relevant equipment were included in people's care records as well as instructions on their use.

Systems and processes to safeguard people from the risk of abuse

- Although we saw improvement in systems to monitor and assess risk, we still found 1 example of an incident in which not all steps to protect the person from future harm were taken. The incident required investigation to determine whether abuse had occurred and had not been shared with the local authority safeguarding team. A partial investigation had been completed but had not identified all the key aspects of the incident and had not identified the need to share the concerns with the local authority safeguarding team.
- Although in the case the person had not come to serious harm, the risks had not been fully explored and mitigated. The management team told us they were completing a full analysis of what had gone wrong in this case to ensure lessons could be learnt.
- Staff told us about how they would look out for possible signs of abuse and harm.
- People receiving care and their relatives told us they had no concerns about the safety of the care they received.

Learning lessons when things go wrong

- At our last inspection we saw incidents were not always recorded and analysed effectively. At this inspection we saw improvement in this area. However, there was still a need to improve information gathering to inform analysis and enable staff to identify all possible safeguarding concerns.
- Incidents, accidents, and complaints were investigated and analysis was completed to look for themes and trends.
- Learning was shared with staff in team meetings. Learning was discussed and presented clearly to support varied learning styles.

Staffing and recruitment

- People were supported by a sufficient number of staff. The management team endeavoured to provide consistent care for people to enable better knowledge of their needs. One person told us they did not always know the staff who visited them. All other people receiving care and their relatives whom we spoke with said they knew their carers. One person told us; "[The staff] know me very well. I am always appreciative. . . .they just do that little bit more for me, they don't have to do."
- Staff recruitment processes were robust, and checks were made to ensure candidates were suitable for the caring role. This included the use of Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. It also included checking visas where applicable for staff recruited from overseas.
- Staff induction promoted safety. Inductions were tailored to the needs of the people staff were designated to support. Staff told us they felt the induction process was effective and helped prepare them for the role. One staff member described the induction as; "very professional."

Using medicines safely

- People were supported to take their medicines safely.
- An electronic medicines management system was being introduced. The clinical lead explained this allowed better oversight of medicines administration.
- Staff received training to ensure they could support people to take their medicines safely. Their competency was assessed as part of spot checks of carers.
- Guidance for staff was clear for the use of 'as needed' PRN medicines.
- Guidance for staff on the use of creams was clear and records showed these were applied as needed.
- People's care plans gave details about how they wanted to be supported to take their medicines.

Preventing and controlling infection

- At our last inspection some people told us carers had been running out of gloves. At this inspection we were assured that the provider was using PPE effectively and safely. A new system to ensure PPE was distributed effectively was introduced. All the people receiving care and the relatives we spoke with told us there were no longer any issues with staff having enough PPE.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was supporting people to minimise the spread of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 good. At this inspection the rating for this key question has remained 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 files varied in terms of how person centred and specific they were to their individual needs. Whilst some people's care files contained a good level of detail about how they wanted to receive care, others were less detailed. For example, 1 person who was not able to communicate verbally did not have details in their communication plan about how staff could tell if they were in pain. When we spoke to staff, they were able to describe how they could tell if the person was in pain well. We discussed this with the registered manager, and they commenced work on updating people's communication plans.
- Some people's care files lacked a 1 page summary. These can be helpful for staff who are unfamiliar with a person and can be used in the event of people needing hospital treatment. They enable hospital staff to understand people's key needs and are particularly important for people who cannot easily communicate their own needs. We raised this with the management team who commenced work on creating summaries for everyone. They prioritised those who had been hospitalised in the past year.
- Some people's care files promoted independence by detailing what they could do for themselves and what they may or would need help with. Other people's care files did not contain this level of detail. However, when we spoke to staff they understood the importance of promoting independence and could describe ways in which they did this.
- A comprehensive assessment of people's physical and mental health needs was completed before support was provided.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included specific training to support people with learning disabilities and or autism. Staff told us they found the training provided useful and tailored to the needs of those they supported. For example, a staff member who regularly supported a person with epilepsy told us they had received epilepsy training. The staff member could tell us all about how to support the person safely in the event of them having a seizure.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. For example, staff knew about a particular trigger for one person's seizures and made every effort to avoid this trigger.
- Updated training and refresher courses helped staff to continuously learn and apply this to the care provided.
- Staff received support in the form of supervision, spot checks, appraisals and recognition of good practice. For example, a 'carer of the month' award had been introduced. One staff member told us they had received recognition for their work and said, "It made me feel special."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Not all those who received support needed help with eating and drinking. Those who did told us they were happy with the support they received.
- People were referred to health care professionals to support their wellbeing and help them live healthy lives.
- We saw evidence of people being supported by their GP's, local pharmacies, The Speech and Language Therapy (SALT) team and the district nursing team.

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, and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Staff empowered people to make their own decisions about their care and support. Where people's ability to make decisions for themselves was limited, support from relatives and friends was sought to help represent their interests.
- Staff knew about people's capacity to make decisions through verbal and non-verbal means.
- Staff received training about mental capacity and understood how to apply it to their roles as carers.

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 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 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

- Two people receiving support told us they sometimes found communication with staff difficult. Aside from this, people and their relatives were happy with the support they received and spoke highly of the team. One relative told us; "The [carers] are incredible, they are lovely with [my relative]." A person receiving care said: "I am exceptionally lucky with [the carers] I have. When it comes to care I can't complain at all."
- People's individual cultural care needs were met. For example, a person who liked a specific type of food was catered for by providing staff who could prepare this specific food.
- Staff spoke with kindness and warmth about the people they supported.

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

- Where possible people contributed to their care plans and the reviews of their care. For those who had difficulty in doing this, relatives and friends were consulted to help represent their wishes.
- People and their relatives told us they received regular reviews of their care. They also told us their views about the service were sought.

Respecting and promoting people's privacy, dignity and independence

- People and their relative's told us staff respected their need for privacy, dignity and independence.
- One person told us; "[The carers] know I like to be as independent as I can, they leave me to do what I can for myself, they respect my wishes."
- Staff described the ways in which they protected people's privacy and respected their dignity.

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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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 provider had identified some people were struggling to understand and communicate with staff. Although a plan was in place to address this, we received mixed views about how communication needs were met. Two people told us they had had difficulty in communicating with staff. One person told us they felt 1 carer was not able to speak English at all. They advised communication was difficult as a result. For example, the person may ask for a certain food and the carer did not understand what was being requested.
- Staff already had to complete literacy and numeracy tests as part of their recruitment process. The registered manager confirmed that no staff member had been employed who could not speak English. Many staff did not speak English as their first language.
- We saw some communication care plans lacked detailed information about people who could not communicate verbally. The registered manager looked into this and later confirmed they had reviewed people's communication needs and in some cases their plans.
- Staff we spoke with were able to describe many ways in which they communicated with people who could not communicate verbally.

End of life care and support

- We saw a care plan for a person receiving end of life care was very basic and did not contain much detail about the person's needs and wishes. We raised this with the management team who told us they would address this.
- The management team later updated us to advise they had ensured the person's needs and wishes about their end of life care were explored and recorded. This would enable staff to understand the person's wishes and needs and ensure they could be fully met. The management team also told us they were reviewing the care plans and needs of all other people receiving end of life care to ensure people's wishes were reflected.
- Although the service was not following a specific end of life care programme, staff had received training in supporting people at the end of their lives.

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

- Although we found care plans did not always contain as much person-centred detail as was needed,

people were supported in a person centred way.

- People's preferences were sought and catered for as needed. For example, a person who did not want to have male carers was only supported by female carers.
- Staff spoke knowledgably about people's needs and wishes. They were able to describe in detail their likes and dislikes. They were able to describe steps they would take to support people with their health care needs in the way they wanted to be supported.
- People's assessments included consideration of their needs related to protected characteristics. For example, they were asked if they had any religious beliefs which would inform the way care needed to be provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Not all people receiving care required support to follow their interests. We spoke to the relatives of people who did receive this support and they told us staff supported people well with their chosen activities and to engage in education. One relative told us; "[The carers] would be [people] I would be happy for [my relative] to be friends with."

Improving care quality in response to complaints or concerns

- At our last inspection we found systems in place to investigate and respond to complaints were not robust. At this inspection we found significant improvements in this area.
- People receiving care and their relatives told us they knew how to make a complaint.
- Staff told us how they would support someone if they were unhappy and wanted to raise a concern or a complaint.

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 requires improvement. This meant the service management and leadership had shown improvements but was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found systems to ensure the quality of performance and compliance with regulatory requirements had not consistently enabled the registered manager and provider to identify failings in safety and risk management and mitigation. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection the registered manager and provider had failed to notify CQC of some notifiable incidents. At this inspection we saw significant improvements, but still found an incident which was notifiable had not been submitted to CQC.
- Systems in place to address, investigate and learn from when things go wrong were much improved. However, they had not identified an incident which needed to be shared with the local authority safeguarding team. The incident had been checked and signed off by the appropriate manager, but there was a failure to identify the safeguarding risk. This meant steps had not been taken to enable mitigation of future risk to others in similar circumstances.
- Systems to investigate incidents had also failed to enable staff to seek medical advice about a possible missed medication in a timely way. It was later found the medication had not been missed. However, risks around the implications of this and advice on how to proceed were not addressed quickly enough. This would have left the person at risk of possible side effects had they missed their medication.
- At our last inspection we found systems to monitor the quality of risk assessments and care records had not enabled the registered manager and provider to identify gaps in guidance for staff in some key areas. Although we found much improvement in guidance in some care files, we still found some gaps in guidance. For example, guidance on catheter care was not always sufficiently detailed and the positioning of a person during percutaneous endoscopic gastronomy (PEG) feeds was not addressed. Staff were trained to provide support in these areas, but written reminders of key details are important to ensure safe practices are maintained.

Systems to ensure the quality of performance and compliance with regulatory requirements had not

consistently enabled the registered manager and provider to identify failings in safety and risk management and mitigation. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider took steps during and shortly after the inspection to begin to address the concerns raised. A retrospective safeguarding alert was raised for the incident identified.
- At our last inspection we found policies and procedures around the use of restraint contributed to a lack of understanding by staff about what defined restraint. New policies and procedures had been introduced to ensure no restraint was being used by staff.

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; Continuous learning and improving care

At our last inspection we found systems to investigate and act upon complaints were not robust. This meant complaints were not always fully investigated and people did not always receive clear outcomes to their concerns. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- At our last inspection we saw not all complaints had been recorded, investigated, and responded to appropriately. At this inspection we saw a new system had been introduced. Complaints and concerns were logged and investigated. People and relatives told us when they raised concerns they were responded to appropriately. Everyone we spoke with told us they knew how to raise a complaint if they needed to.
- A booklet was provided to people receiving care which included details on how to raise a concern or complaint.
- We saw several examples of staff apologizing for when things had gone wrong. Staff also told us they felt confident in how to support a person who shared a concern or complaint with them appropriately.
- Analysis of incidents and concerns was completed and shared with the staff team to enable learning. This could contribute to prevention of avoidable harm in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- One case of a failure to identify and raise a safeguarding alert with the local authority safeguarding team was found. However, there was generally improvement in information sharing with other services. We saw examples of safeguarding concerns being shared with the local authority safeguarding team and commissioners. We saw evidence of staff working with various health professionals and agencies to improve the quality of people's care.
- A more open learning culture was developing in the staff team. Lessons learned were being shared. Staff told us they felt confident to raise concerns with the management team.
- People and relatives told us they were happy with the care they and their loved ones were receiving. One relative told us; "I would not change them; they are part of the family." Another person said, "I cannot fault them.... [the carers] are very pleasant."
- People and their relative's opinions about the care provided were sought. Their responses were analysed and action plans developed to address concerns. In this way people and their loved ones were enabled to shape the development of the service.

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

- Care files varied in terms of the quality of detail, but people's care files did contain information about how they wanted to be supported with, for example, religious beliefs.
- At our last inspection 2 people told us they did not know they had a care plan. At this inspection we could see work had been done to address this. People who were unable to read their own care plans were offered the option of having them read out to them if they wished.
- People receiving care, relatives and staff were all asked to provide feedback on the service. The outcomes of this were subject to analysis and used to improve service provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to ensure the quality of performance and compliance with regulatory requirements had not consistently enabled the registered manager and provider to identify failings in safety and risk management and mitigation.