

Solace Care Solutions Limited

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Inspection report

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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

About the service

Solace Care Solutions Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service provides care for older people and younger adults with needs relating to dementia. There was two people using this service at the time of our inspection.

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

Risk were assessed, but not always recorded. Systems were in place to help protect people from harm, but not always executed in line with the providers policy and procedures. Systems were in place to monitor when things went wrong, but we were not confident appropriate action would be taken.

Sufficient numbers of staff were employed for the number of people using the service. Medicine systems were organised, and people received their medicine as prescribed. The service followed infection control guidelines effectively.

Planning and development was not always monitored or recorded in line with the providers policy and procedures. There was a registered manager in place who was open, transparent and approachable, but was not always in the office ensuring good governance was in place or operated effectively.

People complimented the service and their experience of the service was good. People were involved in their care and support and had the opportunity to give feedback about the service. The registered manager was passionate about the care the service provided and acknowledged the shortfalls we found during the inspection. The provider was aware of the duty of candour. People were supported to access other professionals and work with other agencies as required.

Staff supervision and support was taking place, but not always recorded. Staff were knowledgeable about the people they cared for.

People's nutritional needs were met and their needs were assessed. The service supported people to work with other professionals and agencies to ensure they received effective care.

People were involved in decisions about the environment they lived. People were supported to live a healthy life style. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by kind, compassionate and polite staff. People were supported to express their views about their care and support and were treated with respect by the staff that cared for them.

Peoples communication needs were met, but not always in the format they could understand. People were empowered to make choices and have control of their life. People were aware how to make a complaint and raise a concern. End of life policies and procedures were in place should people wish to discuss their end of life care needs.

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

Rating at last inspection:

This service was registered with us on 16/07/2018 and this is the first rated inspection.

Why we inspected

This was a planned inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement

We have identified two breaches in relation to safeguarding and leadership at this inspection. You can see the action we have asked the provider to take at the end of this full report.

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 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 responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Solace Care Solutions 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 Care Act 2014.

Inspection team

The team consisted of one inspector

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 Care Quality Commission. 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 24 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 10 October 2019 and ended on 23 October 2019. We visited the office location on 10 October and 17 October 2019. On the first day of the inspection the provider was unavailable when we arrived at the service. On the second day of the inspection the provider was at the service.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from other professionals who work with the service. We contacted the local authority commissioners. However, the two local authorities we contacted currently did not have any commissioning arrangements

with Solace Care Solutions Limited. Commissioners are people who work to find appropriate care and support services for people and fund the care provided

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one person who use the service about their experience of the care provided. We spoke with two members of staff, including one care worker and the registered manager.

We reviewed a range of records. This included two people's care records. We looked at one staff file in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality data, training matrix and a variety of policies.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk associated with people's needs had been assessed, but not recorded. There were no risk assessments in place personalised for the person; they also lacked detail of how staff would manage risk. There were no risk assessments for people at risk of falls, anxiety or managing continence. This meant staff had no instructions of what they should do if risks were identified. Staff may not manage a person's risk appropriately until these records had been updated. The registered manager said they would review and address this.
- Staff told us they were aware of risks for people, as the registered manager had discussed known risks with them, but none had been recorded. Risk assessments were in place to cover the general environment, such as hazards around the home. However, there were no personal evacuation plans in place for the care people would need should they have to evacuate the premises in the event of fire.

The provider failed to ensure risk assessments were in place and risks mitigated to prevent avoidable harm. This was a breach of regulation 12 (2)(c) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to monitor and manage safeguarding concerns to help protect people from harm. However, when concerns were identified, such as a person with dementia leaving their door open or unlocked when leaving their home. The registered manager had discussed these concerns with the person's family and social worker, but had not discussed with the local authority safeguarding team or made a referral. Therefore, we were not confident the provider was following their safeguarding policy effectively.
- The registered manager was fully aware of their and staff's responsibility to make sure people were kept safe. Staff gave an example of a person leaving their door open on a number of occasions when they went out and restricting access to the property due to leaving a key in their door. Staff had reported to the registered manager, but these issues had not been recorded or followed up with the local safeguarding team.
- People were made aware to raise concerns; if and when required. However, relevant information to ensure people were kept safe from harm, such as safeguarding leaflets or contact details were not shared with them, to ensure people were fully informed who they should report any concerns to.
- One person told us they felt safe with the staff that cared for them. Person said, "I definitely feel safe."

Learning lessons when things go wrong

- Systems were put in place for when things went wrong.
- Staff were aware of the process to report accident and incidents. Staff shared an example when they could not access a person's home due to the person leaving the key in the door. The staff reported to the registered manager as there was a risk the staff would not be able to provide care. There was no incident form completed or record of an investigation. There was no process to analyse accidents and incidents to monitor themes and trends to reduce reoccurrence. There was a risk relevant action taken would not be recorded for the service to identify lessons learnt.

Using medicines safely

- People received their medicines as prescribed when the service was responsible for administering their medicines.
- Staff had received training to ensure they were able to administer medicines safely if the need arose. The registered manager assessed staff competence to ensure they administered medicines safely, but these were not recorded.
- Systems were in place to audit medicines, but these were not robust to ensure errors would be reported and investigated appropriately.

Staffing and recruitment

- The provider had sufficient staff in place to meet people's needs at the time of our inspection.
- People told us there was enough staff to meet their needs.
- Staff told us they had completed an induction and shadowed an experienced member of staff and had their competency assessed by the registered manager before providing care to people.

Preventing and controlling infection

- People were protected from infection; because staff completed infection control training and followed processes in line with the providers infection control policies and procedures.
- People told us staff wore appropriate personal protective equipment, such as, gloves and aprons.
- Personal protective equipment was in good supply and staff confirmed they had easy access to such things as gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and delivered as reflected in their care plan, but the plans were not person centred to ensure people's choice and preferences were documented. This was identified as a recording issue.
- Records showed the registered manager had established what assistance people required and support was provided accordingly.
- One person told us they [staff] provided very good care.

Staff support: induction, training, skills and experience

- One person told us they thought staff were trained and knew what they were doing. They had no concerns and felt staff looked after them well. They had the same carer each day.
- The provider monitored staff training and development to make sure staff had the right skills to do their job. We saw the manager had attended training; including undertaking the care certificate. Staffs skills and experience were documented on the staff files we looked at.
- Supervision was undertaken, but not recorded. The registered manager told us they would address this.
- Staff confirmed they had discussions with the registered manager but had not received formal supervision as they had not worked at the service very long. We saw dates were in place for future supervision and appraisals. The registered manager also told us they would review the supervision process to ensure they captured relevant staff development and well-being.

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

- People were supported to have sufficient to eat and drink depending on their needs. Staff were knowledgeable of the importance of people having a balance diet.
- People's likes, and dislikes were recorded in their care plan for nutrition and hydration to monitor their intake and output to ensure they maintained their health and wellbeing.
- Staff had completed food hygiene training and felt competent to provide appropriate support for people when eating and drinking.

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

- People were supported to attend appointments, such as hospital or the GP. The registered manager gave an example where a person had been supported by a district nurse. They said the district nurse made recommendations, which were followed by staff to ensure the person received appropriate care and

treatment.

- People confirmed staff were very supportive when they were unwell. One person said, "Staff are very supportive and help me when I need something or become unwell."
- Processes were in place to ensure people received appropriate healthcare in a timely way.

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 Act 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.

- People had consented to their care and treatment. Records we viewed confirmed this.
- Staff were aware how to support people to make decisions for themselves unless a Mental Capacity Assessment (MCA) was in place to identify decisions to be made in the persons best interest. This was to ensure people's rights were upheld. Staff gave an example of a person having a shower and that they had refused. Staff said this was the persons choice but would prompt the person in their best interest to have a wash.
- Staff had received training in mental capacity as part of their induction, but no in-depth training had taken place at the time of the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with dignity and respect always and they made sure the person was comfortable before carrying out any care.
- People were very complimentary about the staff and the way they treated them.
- The registered manager and staff were kind, caring and compassionate towards people. They were knowledgeable of people's needs and preferences. This told us people were well cared for.

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

- People completed surveys about the service they received. The registered manager also contacted people by telephone and reviewed people's care on a regular basis to ensure people's views taken into consideration.
- Where people required support the service had acted as an advocacy service. Advocacy services speak up for people on their behalf. They also signposted people to other advocacy services, such as, age concern. This meant people's voices would be heard.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was upheld. People were supported and encouraged to stay independent.
- Staff were knowledgeable about protecting people's dignity. Staff gave examples of covering people up, closing curtains and giving people reassurance to ensure their dignity was protected. Staff also respected people's wishes and choices.
- People's confidentiality was protected, and their records were stored in a safe way.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People did not receive or have access to information in a format they could understand, for example, large print. The registered manager told us they would research other options and formats to make sure they assist people with this process.
- Staff understood how to identify people's communication needs, such as, if a person had dementia they would speak slower to ensure the person could understand what they were asking them.

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

- Care plans were not written to fully reflect people's choice, needs and preferences. This was identified as a recording issues.
- People were supported to participate in hobbies and interests, for example, going shopping or out and about in the community.
- Staff and management were passionate about people's care needs and ensuring people were involved in decisions about their care.
- People's needs were responded to. The registered manager gave an example where the service supported a person to access the community, meet with friends and go to church.

Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints were dealt with in line with the providers policy and procedure. The registered manager told us and people we spoke to confirmed there had been no complaints.
- The service user guide had information for people and guidance what they should do or who they should contact if they had any issues or concerns and needed to raise a complaint.

End of life care and support

- Policies and procedures were in place for end of life care. No one was receiving end of life at the time of our inspection. However, we looked at how end of life care was planned. The registered manager told us it was their policy to ensure people had the opportunity to share and understand their wishes, needs and preferences around the care they required at the end of their life.
- Staff had received no training in end of life care, however they understood what end of life meant for a

person and that they should make the person comfortable if they had to care for someone at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was aware of their responsibility; however, they were also providing care to people. This meant they were out of the office a high proportion of their time, which had impacted on their ability to develop the service and review practice. As such, the registered manager had not identified some of the shortfalls in the systems and processes identified at the inspection. Such as, recording of risk assessment and ensuring they were consistent and in line with support plans. Ensuring safeguards were reported and followed up appropriately and recording quality monitoring to make sure the service was providing effective care.
- There were processes in place to monitor the quality of the service, but these were not always recorded. Audits had not taken place to ensure the service was providing quality care. Spot checks and staff supervision had taken place, but they were not recorded.

Failure to establish and operate systems and processes effectively placed people at risk of harm and in receipt of poor-quality care. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us their experience of using the service was good. One person told us staff made them feel good. They said, "Staff are bright and cheerful, they make me feel happy and this uplifts my mood."
- Staff told us they felt the manager was supportive and in contact with them by telephone. Staff said they had a good relationship with the registered manager who was approachable, and it was a good place to work.

Continuous learning and improving care

- The registered manager was open and about shortfalls within the service regarding risk assessments, detailed care plans and recording issues. They assured us they would take immediate action to make improvements.
- The provider was passionate about providing people with a high standard of care and showed determination and commitment in providing the care for people. They acknowledged they needed to make improvements as they wished to extend the service. The registered manager was aware the day to day running of the office needed to be addressed.

- The provider was subscribing to an electronic call system to help monitor calls when care packages increased. This meant the provider was proactive to ensure they provided effective responsive care.

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 told us they were aware of notifications they should submit to the care Quality Commission (CQC) and would notify us if incidents or issues did occur. They said, "There had been no incidents to report. Where minor concerns had occurred, the provider contacted relatives and next of kin to ensure they were kept up dated and informed of their relations condition.

Working in partnership with others

- The registered manager had plans to develop networks with other professionals, such as, working with the local authority, attend provider and manager forums, research the internet for NICE guidance (NICE guidelines make evidence-based recommendations on a wide range of topics.) to share knowledge and best practice.

- The provider worked alongside GP's and district nurses when recommendations were made to ensure people's health was maintained.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risk assessments were in place and risks mitigated to prevent avoidable harm. This was a breach of Regulation 12 (2)(c) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that the systems and processes in place to assess, monitor and improve the quality and safety of the services provided were fully or consistently effective. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>