Care Quality Commission

Realistic Resolutions Ltd

Support Solutions

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection carried out on the 19 and 25 September 2017 and was announced. This was the first inspection for this provider at this location. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the main office.

Support Solutions provides care and support to people who live in their own homes in York and surrounding areas. The service is registered to provide the regulated activity of personal care to people who misuse drugs and alcohol, children 4-18 years, people with dementia and people with an eating disorder. At the time of our inspection 26 people were receiving the regulated activity of personal care from this provider.

There was a registered manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager will be referred to as 'manager' throughout the report.

Systems and processes were in place that helped keep people safe from harm and abuse. Care workers had completed safeguarding training and knew the signs of abuse to look out for and how to raise any concerns.

The provider ensured there were sufficient skilled and qualified care workers to meet people's individual needs and preferences. People provided mixed feedback regarding consistent care workers attending their needs. However, the manager confirmed they had no problem recruiting full time care workers to ensure people received the same care workers and did not use agency staff.

People received their medicines as prescribed and safe systems were in place to manage people's medicines. Care workers were trained in medication administration and their competency was checked regularly.

The provider had systems and processes to record and learn from accidents and incidents. These identified trends and helped prevent re-occurrence.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives were encouraged to participate in the planning of their care and support. Where people did not have capacity to agree to their care records the provider had obtained consent from representatives appointed with Lasting Power of Attorney (LPOA). The manager told us further work was planned to ensure care plans accurately recorded where a LPOA had been validated and the scope of the appointee to make decisions on behalf of the person.

People were supported to eat healthily and any dietary needs were assessed, recorded and responded to.

Care workers had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

People were encouraged to live full lives. The provider held coffee mornings and promoted free transport to encourage people to avoid social isolation.

There was information available, and people were encouraged to raise their concerns and these were responded to.

There were systems of audit in place to check, monitor and improve the quality of the service. Associated outcomes and actions were recorded and these were reviewed for their effectiveness.

The provider worked effectively with external agencies and health and social care professionals to provide consistent care.

Everybody spoke positively about the way the service was managed. Care workers understood their levels of responsibility and knew when to escalate any concerns.

The manager had a clear understanding of their role and responsibilities and requirements in regards to their registration with CQC.

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.

Care workers had received training in safeguarding adults and understood the signs of abuse to look out for and how to report any concerns.

There were sufficient numbers of appropriately trained care workers with the required skills and knowledge to support people according to their needs.

Care workers received training and policy and procedures were in place that ensured people received their medicines safely as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by care workers who had the knowledge and skills to provide good care to people.

There were systems in place to support people to maintain their health and wellbeing.

Care workers we spoke with understood the importance of ensuring people consented to the care and support they provided.

Is the service caring?

Good

The service was caring.

People's individual care and support needs were understood by care workers, and people were encouraged to be as independent as possible.

People's privacy and dignity was respected by care workers who understood when to maintain confidentiality and when to share any concerns.

People's end of life wishes and preferences were recorded where

this had been agreed.

Is the service responsive?

Good

The service was responsive.

People and their relatives were encouraged to be involved in planning their care and support.

Care plans recorded information about people's individual care needs and preferences and people were supported to avoid social isolation.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or complaint.

Is the service well-led?

Good

The service was well led.

The manager was aware of their responsibilities as part of their registration with the CQC.

Care workers understood their roles and responsibilities and when to escalate any concerns.

Quality assurance systems and processes with associated action plans were used to demonstrate a commitment to continuous improvement.

Care Quality Commission

Support Solutions

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 19 and 25 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the main office.

One adult social care inspector undertook the inspection and they were assisted by an expert by experience. The expert by experience had previous knowledge of people who used these services in a similar setting.

Before this inspection, we reviewed the information we held about the service, such as notifications we had received from the provider. Notifications are when providers send us information about certain changes, events or incidents that occur.

The provider submitted a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR included a list of professionals who worked with the provider. We contacted the local authority who provided us with feedback and other health professionals who did not provide us with feedback, including an advocacy, solicitor, social worker, and an out of area local authority.

During the inspection, we spent time visiting two people in their own home. We spoke with eleven people receiving a service and two of their relatives over the telephone. We spoke with five care workers and we spoke with the manager.

We looked at records, which related to people's individual care; this included the care planning documentation for five people and other records associated with running a community care service. We also looked at five care workers recruitment and training records, records of audits, policies and procedures and records of meetings and other documentation involved in the running of a domiciliary care agency.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse and care workers had received safeguarding training to ensure they were aware of how to identify and report their concerns. People we spoke with told us they felt safe living in their own homes and with the care workers who visited them. One person said, "Yes, I feel safe; it is my home and the care workers are very kind." The provider had a safeguarding policy and procedure in place. Safeguarding concerns had been recorded and investigated with actions implemented to reduce the risk of further occurrence.

People were supported to live their lives as they chose to and we saw risk assessments were in place which supported this approach with minimal restrictions in place. Care plans included assessments associated with people's care and support. Where risks had been identified, these were recorded and support plans helped to keep people safe. The risk assessments covered areas of daily life which the person may need support with. For example, personal hygiene, mobility and dexterity, continence and behaviours which may challenge the service or place the person and others at risk. These were detailed and provided care workers with guidance to reduce the risks and keep people and themselves safe.

One care plan we looked at included a support plan that was associated with personal care for younger people. The support plan did not include a risk assessment for this activity. We spoke with the manager about this and they told us this had been omitted. The manager implemented a risk assessment during the inspection and told us they would make care workers aware of the document straight away. We saw other risk assessments were reviewed for their effectiveness and included input and guidance from other health professionals where this was required.

The provider completed assessments of people's homes and included risk assessments for the environment. This ensured care workers were aware of risks when accessing and entering a person's property. Examples included checks on lighting, trip hazards, flooring, furniture and pathways. A care worker said, "The information in care plans helps us to ensure we are safe and that we can keep people safe in their homes."

The provider had contingency plans in place to keep people safe in the event of an emergency situation for example a severe weather event.

Where people had been assessed as requiring support with their medicines, care plans included information to ensure care workers managed and administered medicines in line with their prescriptions. Medicines, once administered by care workers were recorded on medication administration records (MAR). A relative said, "[Name] has all their medicines from blister packs. Care workers record everything they do on the MAR and they are up to date every day." One person told us, "I need to take my medicines every four hours but there's no set time to when the care workers arrive." We spoke with the manager about this and they said, "[Name] is aware that we cannot adjust the morning call. The second call does fall within a 4 hour window. We document when [name] has asked for the medicines to be left out for them when the call is not in the 4 hour window; this is part of the agreement made and what the person wanted." Because of our feedback the

manager arranged for a review of the care and support provided for this person at the time of our inspection. We found people received their medicines as prescribed.

The provider had a clear medication policy which care workers followed. They told us and we saw from training records they completed comprehensive training before they were able to administer people's medicine. Once this had been completed they were observed by their manager and had ongoing checks that ensured they were competent in this activity.

We looked at staff rotas which confirmed there were sufficient care workers on duty at the time of our inspection. People and care workers told us there were enough care workers available to meet people's needs and they did not have any concerns about staffing levels.

People gave us a mixed response regarding the consistency of care workers who visited them in their homes. Comments included, "There's been some re-shuffle of care workers. For the past year it's been the regular carers, now there's only four left who we know." "There are different faces each day." And, "I have regular care workers and one is particularly good." A care worker told us, "The rotas are quite good and we see the same people. The business is growing and new care workers have been employed so there have been some changes for some people." The manager said, "We only use contracted employees; we don't rely on agency staff and have no problem recruiting good quality care workers in and around York; this will ensure consistency of care for people."

Recruitment of care workers was managed safely. We looked at the recruitment checks in place and saw that the dates were recorded for when references and Disclosure and Barring Services (DBS) checks had been received. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. It was clear that these checks had been undertaken and the provider had received this information prior to the new employees starting work with people.
Accidents and incidents were recorded and reviewed to establish whether there were any patterns or trends identified. This showed the service was keen to improve, to ensure people were supported as safely as possible.

Good

Is the service effective?

Our findings

We asked people and their relatives if they thought that care workers had the appropriate skills and knowledge to meet their needs. Feedback was mixed. One comment included, "I have concerns about whether new carers are appropriately trained to position [name] into their chair safely." We checked and care workers had received up to date training in moving and handling. The manager told us, "Where we have concerns about the competency of care workers they are required to complete additional training and they will be observed to ensure they can put their learning into practice." Other comments included, "The care workers are helpful and motivate me to live a better life." "Yes, care workers understand my needs and know how to support me; no concerns."

Care workers told us and we saw from their records they completed an induction and a period of shadowing before they commenced independent duties with people. The manager told us new employees were required to complete the care certificate as part of their induction. The care certificate is a set of basic standards in providing care and support for care workers to adhere to in their daily role. This meant people could be assured the care workers who supported them were well trained and understood the importance of compassionate and effective care.

Training records confirmed care workers had received generic training on topics that included health and safety, moving and handling, medication, food hygiene, nutrition and diet, and safeguarding. Where a person required specific areas of individual support, for example with epilepsy and autism; care workers had received this training. This meant the provider supported care workers to obtain the appropriate skills and knowledge to provide people with care and support appropriate to meet their needs.

Care workers told us they had their practice observed by senior staff. Observation records were maintained in staff files and confirmed care workers had their competency routinely checked to ensure their practice was up to date and they followed company policy and procedure. Records included observations for time keeping, medication, appropriate uniform, preparing a meal, personal care, moving and handling and other household duties. A care worker said, "We have regular unannounced observations; they keep us on our toes and we discuss the outcomes during supervisions or sooner if there are any concerns."

Care workers received a quarterly supervision and an annual appraisal. This ensured they were supported in their role and had the appropriate skills and knowledge to provide people with safe care and support.

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.

We checked whether the service was working within the principles of the MCA. At the time of our inspection

there were no people with restrictions in place or being deprived of their liberty. Care workers had received training in the MCA and demonstrated a good understanding of the legislation and how this was applied to the people they supported. A care worker said, "We have to ask people if they want and agree to the care and support we provide and we need to respect people's decisions. We provide people with personal care in their own homes and they may refuse our help; that's expected. We have to respect and record their decision; we can always try again later."

Where people were able to we saw they had signed to consent to their support plan. For people who were unable to give consent to the support being provided we saw consent had been obtained from representatives deemed to have been appointed with Lasting Power of Attorney (LPOA). A LPOA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. We saw this information was recorded in their care plan. Care workers were aware of, and followed this information for example, when reviewing care plans and seeking support with any decision making on behalf of people. The manager told us further work was planned to ensure care plans accurately recorded where a LPOA had been validated and the scope of the appointee to make decisions on behalf of the person.

People had been assessed to determine if they required support from the provider to maintain a balanced diet and prepare their meals and drinks. Care plans included a support plan to ensure care workers had appropriate up to date information to support people with nutrition and any specific dietary needs were recorded. Care workers were aware of this information and told us, "I help one person to prepare their lunch; they have a nut allergy which is clearly recorded." "[Name] likes to have a boiled egg but doesn't like toast. They have that at tea time and we provide a hot meal which they choose at lunch time." One person told us, "They [care workers] help me with my cooking. I used to struggle to eat well and often relied on 'take away' meals. I am not a good eater but I am trying to cook, I do some cooking with them [care workers] and since getting help I have started to do my own shopping."

We saw people's care plans contained information about their medical needs and how care workers were to support them to maintain a healthy lifestyle. Previous and current health issues were documented in people's care plans and healthcare professional were contacted when support was needed. An example included a person who had been assessed as at risk from choking and required a soft diet. The provider had contacted a speech and language therapist (SALT) for further intervention and guidance and the information was recorded in the care plan. People were supported to access their GP when required and regular reviews were undertaken to ensure their health and wellbeing was maintained.

Good

Is the service caring?

Our findings

It was clear from our discussions and observations people received care and support from compassionate care workers who understood the importance of treating people as individuals and respecting their wishes and preferences. This was confirmed from the feedback we received from people. One person said, "I can do most things myself, really it's a comfort call and for reassurance to me and my daughter. They [care workers) are very respectful towards me, they always do the things I ask them to do, always make my breakfast, take the rubbish, and they open the windows."

All the people we spoke with told us they were encouraged to do as much for themselves as they wished. Care workers gave examples where they promoted people's independence. For example, by enabling people to mobilise using equipment, and by encouraging them to do aspects of their personal care where they were able to. People were supported to retain their independence and be involved in their care as far as possible.

People assured us that care workers had meaningful relationship with them, that they cared about them, understood their needs and helped them to remain living in their own homes. There was a clear, good relationship between people and care workers. It was evident people knew the care workers and the care workers knew people well. We observed care workers knocked on people's doors and announced their arrival. Care workers routinely engaged people in conversation asking them how they were and if they needed anything.

Care workers received training in delivering person centred care. They were able to discuss the importance of maintaining people's dignity and treating people with respect. A care worker said, "[Person's name] has a wash downstairs in their home, so we close the curtains and make sure we have towels ready. We encourage the person to do as much as they can for themselves and to help out." Another care worker said, "One person always needs the toilet when we arrive so we help them and let them have privacy. We are only in the next room so they are safe and we can get on with some tidying up." One person said, "I have half a dozen care workers and they are always kind and polite. They assist me with showering and dressing; it works very well for me." Another person told us, "The carer workers are very good and generally regular; I don't have any concerns. They are very respectful, and we always have a bit of a laugh."

The provider ensured people's personal beliefs were recorded and care workers confirmed people were treated equally without discrimination. A care worker said, "Religious beliefs and practices are usually recorded in people's care plans where they have agreed to this." Records confirmed this and we saw people had been asked as to their preference for a male or female care worker and care workers told us this was respected.

Care workers understood how to maintain people's confidentiality. They said, "We can be the only person that people will see and they often confide in us and discuss things that are private. We don't discuss things that people have told us; it's private."

Where people did not have close family to support them the manger told us they had the option to use an advocacy service. An advocate's role includes making sure correct procedures are followed and making sure the person's voice is heard.

People had been consulted on their wishes and preferences for end of life care and support. Where they had agreed, this information was available and recorded in their care plans.

Good

Is the service responsive?

Our findings

The provider had developed a personalised approach to responding to people's needs. Before people were accepted by the provider their needs were assessed to ensure the service was suitable for them. Following this initial assessment, individual care plans were developed that provided guidance about how each person would like to receive their care and support. This included their preferred routines of care and how they communicated their needs.

A care worker said, "Care plans are routinely updated based on the information we feedback from our visits to people in their own homes. Their care plan is also reviewed and discussed with the person to ensure we are providing the right care and support to meet the person's individual needs." A relative told us, "Information is all on file in the care plan; they [care workers] replace it sometimes, they fill everything in, we look at it sometimes and [name of person] tells them what they need doing and it gets done." However, another person told us, "I feel my care plan is not being done, they [care worker] takes the care plan and makes changes without my participation. There are a lot of things that are wrong with my care and I need a review." We spoke with the manager about these concerns. The manager confirmed the person had a review in July 2017 and another review was not due. However, the manager was responsive to the concerns raised and instigated a meeting with the person's social worker for a review of the person's needs following our inspection.

Care plans contained information that was centred on the individual. This provided members of care workers with information about their family, hobbies, and interests, where they were born, their working life and any food preferences.

We saw reviews had been completed and included input from people. A service review sheet was completed and this identified the care and support that was in place, what was and was not working, and recorded any changes that were needed and if the outcome had been achieved. This ensured care and support provided was suitable to meet people's individual needs and where appropriate included input from other health professionals.

People confirmed they were supported to access other health professionals where this was required. One person said, "Due to an injury I can't get upstairs at the moment but they [the provider] has been very helpful in booking the physiotherapists which I am finding to be very beneficial." A care worker told us, "We are hopeful that with the input from the physio that [person's name] will be able to use the upstairs of their home again." Other examples we found included input from the crisis team where people showed signs of behaviour that challenged care workers and GP reviews. This meant the provider ensured people had access to other health care services that helped meet their needs and enabled them to remain independent in their own homes.

The provider recognised the need to ensure people did not suffer from social isolation where they were unable to leave their own homes. A care worker told us, "We are holding a McMillan coffee afternoon; this will enable us to raise money for cancer support and will be an opportunity for people receiving a service to

come along for a bite to eat, a drink and a natter; we are arranging transport for people so nobody needs to be left out." The manager discussed how they had promoted the use of a free bus service that was provided in the locality. The manager told us this was as a result of people and their families raising concerns at the cost of attending events using local taxi services. They said, "The bus service is free, safe and carries people with similar needs so is also a great opportunity for people to have a chat and make new friends."

The provider only accepted contracts that meant care workers could spend a minimum of 30 minutes with people. Care workers were expected to scan in, using an electronic monitoring system, and out of people's property. Failure to do so triggered an alarm to alert the main office. This meant the office team were able to contact the person to advise that the care worker was running late and who would be visiting in their absence. One person said, "Care workers visit a couple of times a day and once they have completed their tasks we spend time chatting; usually they are here for 20/25 minutes and we have a bit of a joke and a laugh." The provider regularly audited call times and where concerns were found these were discussed during supervisions. A care worker said, "It's good; we have half an hour so we can spend quality time chatting to people; sometimes we do run late because of the traffic and this can have a knock on effect. Any problems and the office sort it all out for us."

We were shown a copy of a client hand book. This was given to people joining the service. The manager said, "The book is given to everybody and includes information on making a complaint and a copy of a complaint form." People confirmed they knew who to speak to if they wanted to raise a complaint but those we spoke with had not needed to. A relative told us, "I wasn't happy about a particular aspect of [person's name] care and support that was being provided. I was asked if I wanted to complain but we sorted to out informally."

We saw where a complaint had been made the provider had followed the policy and procedure in place. Details of the complaint were recorded, investigated and where appropriate actions taken and an outcome finalised and signed. The outcome included duty of candour where the provider had contacted the person and made a full apology. This meant the provider had systems and processes in place to ensure complaints were taken seriously and lessons were learnt as a result.

Good

Is the service well-led?

Our findings

We received mostly positive feedback about the provider and the management of the service provided. Comments from people included, "I wasn't too sure at first if I should trust them, I was a bit wary but I have got to know them now, and they are a very good firm." "They [provider] are very good I get an e mail of the rota every week." However, a relative told us, "They [provider] are not very good; especially at communicating with me and [person's name] current assessments need to be reviewed immediately." The manager said, "We have reviewed this person and all support plans and risk assessments are up to date; they are waiting for a community health care assessment."

There was a clear staffing structure in place and care workers understood their roles and responsibilities and when to escalate any concerns. A care worker confirmed, "We can often deal with routine concerns as they happen but if it's anything serious or involves safeguarding I would speak to the seniors and management; they are responsive and can make sure everything that needs to be done is done. For example, contacting safeguarding or speaking with people."

Care workers told us they felt valued and supported in their roles by the management team. Comments included, "We work well as a team, that's our strong point." We all have people's wellbeing at the core of everything we do and that is supported from the top down." "The manager sets a very good example to all the staff; they care about people and they try to ensure people maintain or regain their independence as much as possible." "We don't use agency staff and we all know each other – it is like a family and not just work."

The provider completed quality assurance checks to maintain and improve the service they provided. These included audits of people's individual calls and the care and support they received. As part of the audits where people received assistance with their medicines the management and administration was audited to help ensure people received their medicines as prescribed and that associated records were up to date. The manager and care co-ordinator also carried out direct observations of care workers to ensure they were adhering to company policy and upholding high values of care and support to people.

Audits completed in people's homes included the opportunity for management to talk with people and to obtain their feedback on the care workers employed, the service they received and enabled people to have a voice and input into any improvements that were required. The manager and care workers we spoke with were keen to provide outstanding care and support for people and clearly understood the benefits of delivering care and support that was holistic and person centred.

The manger showed us the outcome of a quality monitoring report by the local authority. They told us the local authority completed checks on the service to ensure any contractual requirements were being met. This helped the provider to work in partnership with the local authority to improve the service for everyone and provided contacts that meant the provider had access to best practice initiatives and procedures.

The provider sought the views of people through a questionnaire. Information was evaluated using the

CQC's key lines of enquiry and highlighted areas of care and support that were positive and those requiring further improvement. The manager told us that further work was required to evaluate the responses further in order to identify any trends where improvement was still required and to celebrate any successes identified.

Care workers told us how staff meetings kept them informed about any changes and provided them with an opportunity to discuss people's individual needs. Minutes we reviewed confirmed these included what was working for people, what required improvement and any areas of concern they had. A care worker confirmed "We have regular staff meetings; we discuss all sorts of issues, about new events that are taking place and what is working or is not working." We saw a newsletter was discussed and care workers confirmed they were able to input any ideas they had.

Accident and incident records were maintained and demonstrated immediate appropriate actions were taken following these. The manager confirmed how all accident, incident and safeguarding reports were analysed and reviewed in order to identify any emerging patterns and outcomes to inform learning and prevent re-occurrence to keep people safe.

The provider promoted the visions and values of the service. We saw the provider had attended numerous promotional events that included work fairs and hospital recruitment events. More recently the manager told us about their involvement as an ambassador for I-care. I-care ambassadors are care workers who inspire and motivate people to understand more about working in social care. I-care is an initiative that is supported by Skills for Care, a nationally recognised organisation.

The manager told us how they attended meetings on a regular basis with other service managers as part of a provider forum. They told us this helped to maintain and develop their practice to ensure the service upheld the visons and values of good care and support for people.