

Care Solutions Fylde Limited

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## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Care Solutions Fylde provides personal care to people in their own homes, in and around the Blackpool area. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 59 people were receiving personal care.

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

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 felt safe and were protected against the risk of abuse. Where people were supported to take their medicines, staff did so safely. The registered manager used incidents as a learning opportunity and shared learning to improve the safety of the service. Staff were recruited safely and there were enough of them to meet people's needs. People received support from a consistent team of staff who knew them well.

People's needs were thoroughly assessed before they received support to ensure they received the support they required. People received care from staff who were trained, competent and well-supported to carry out their role. Staff provided the support people needed with meals and drinks.

People were supported by staff who were kind, considerate and caring. People spoke positively about the staff who supported them and the service as a whole. Staff respected and promoted people's privacy, dignity and independence. Staff asked people for their views about their care and respected the decisions they made.

The registered manager had developed a positive, person-centred culture within the service. The registered manager and staff team were committed to providing people with high-quality care. The registered manager understood their responsibilities under the duty of candour. The registered manager used feedback and the results of audits to continually improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 March 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

### 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 safe.

Details are in our safe findings below.

Good ●

### 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Care Solutions Fylde 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

One inspector carried out this inspection.

#### 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the person managing the service had begun the process to register.

#### Notice of inspection

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

Inspection activity started on 19 May 2002 and ended on 28 June 2022. We visited the location's office on 19

May.

#### What we did before the inspection

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

#### During the inspection

We visited the location's office and spoke with the manager, two office staff and three carers. We discussed the service in detail with the manager and reviewed three staff files in relation to recruitment, training and supervision. We also looked at a range of records related to the management of the service.

Following our visit to the office, we contacted six people who used the service and their relatives to gather their views of the service. We reviewed care records for six people and reviewed a range of records related to the management of the service.

# 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 has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received the support they needed to take their medicines. Staff supported people to have their medicines as prescribed. Staff were trained in how to support people with their medicines and had their competence assessed by management. This included training specific to people's needs. Staff completed thorough records of the support they had given to people. The manager audited medicines administration regularly.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people's health and safety were assessed and managed. Staff carried out a thorough initial assessment with people, to ensure their needs and preferences could be met safely. The provider used an electronic care planning system which provided staff with information about people and their needs and enabled the management team to monitor care delivery in real time.

### Staffing and recruitment

At our last inspection we recommended the provider consider current guidance on safe recruitment of staff and act to update their practice. The provider had made improvements.

- Staff were recruited safely. The provider carried out checks to ensure staff were of good character before

they were employed. This included checks on criminal records and references from previous employers. Staff had to complete a probationary period at the start of their employment to show they were able to carry out their role satisfactorily.

- There were enough staff to support people safely. People received care from a consistent team of staff who knew them well. The registered manager tried to match people to care staff and accommodate any preferences. One person told us, "I do have a few [carers] that are very regular, get new ones as well, one of the regulars will bring them round and introduce them to me."
- Staffing was well organised, so people received visits from staff as planned. People told us staff would contact them if there was going to be any significant delay. Staff told us they had sufficient time to travel between visits and rotas were organised into manageable geographical areas.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe with staff who provided care and support to them. One person told us, "Yes, I feel safe. There are no safety problems." A relative commented, when asked about safety, "They are very good. No problems. They've done assessments and we've had no accidents."
- Staff were trained to identify and report abuse. They told us they would report any concerns to a member of the management team and were confident action would be taken to protect people. Staff knew how to report concerns to external agencies if necessary.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in preventing infection and using Personal Protective Equipment (PPE) effectively to reduce the risk of infection. They had completed training in how to put on, take off and dispose of PPE safely. Staff told us the provider had ensured they had appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the COVID-19 pandemic. People told us staff used PPE when delivering care.

Learning lessons when things go wrong

- The provider had systems to identify and learn from any incidents. Staff recorded any accidents, incidents and near misses, which the manager analysed for any learning. Any learning from untoward incidents was shared with the staff team, to help improve the safety of the service.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider reviewed call times to ensure people received person-centred support. The provider had made improvements.

- Staff worked with people to help ensure they received enough to eat and drink. Not everyone required support with their nutrition or preparing meals. However, where this was part of people's support, details were included in their care plans. Information included people's likes and dislikes and any risks associated with eating, such as a risk of choking. No one raised any concerns around the timing of calls in relation to meals.

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

At our last inspection we recommended the provider reviewed the care delivered to ensure it met people's needs. The provider had made improvements.

- People's needs and preferences were thoroughly assessed before the service agreed to provide care. This helped to ensure the service was suitable to meet people's needs. People, or those acting on their behalf, were involved in the assessment process so that their preferences and wishes were taken into account in care planning.
- Care plans were easy to follow and gave staff information about people's preferred routines as well as their care needs and preferences. Staff accessed care planning via a smartphone app, which meant updates to care plans and risk assessments could be shared with staff instantly.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. Staff told us they completed a range of training to give them the skills and knowledge to provide people's care. People and their relatives told us they were confident staff were equipped to fulfil their roles. Comments from people included, "They are usually very confident and knowledgeable." And, "Staff are well trained. They know what they are doing. Someone new takes a few visits to get to know her routine. Introducing new staff is done by the more established team."
- Staff were well supervised and supported. Staff had regular meetings where they could discuss their roles and training needs. Staff said they felt well supported by the management team. When asked to rate how

well supported they felt, comments from staff included, "Things are better now since [manager] took over. She's more respectful to staff. She's understanding, including with personal issues. Very supportive." Staff explained the management team had supported them with both work issues and personal issues and were thankful they received such a good level of support.

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

- Staff worked with other agencies, such as district nurses and social workers to ensure people's needs were met. Community based health professionals provided guidance to support people with ongoing health conditions.
- The service helped people to access healthcare services when they needed them. People explained they were able to change visits to accommodate appointments and procedures. Staff told us they knew people well enough to recognise any signs if people were developing an illness and would contact the management team to raise the alarm.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People maintained control of their lives and their rights were protected. Everyone we spoke with told us they chose what support staff provided to them and we could see from records we reviewed that people's preferences and wishes were taken into account.
- The manager and staff understood their responsibilities under the MCA. Staff were trained to ask people what support they wanted and to respect the decisions they made. Staff told us they would respect a person's right to refuse care. They said they would inform the office if someone refused an important aspect of their care. This meant the provider could take action if refusing care placed a person at risk.

# 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. 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who were kind and considerate. People told us they liked the staff who visited them and valued the support they provided. Staff had received training on equality, diversity and human rights, and respected people's individuality. People told us staff were respectful in their approach. One said, "Respectful and caring, they always check I've got my monitor on. Very respectful indeed. They will have a nice a chat and they are pleasant."
- The manager had fostered a caring and respectful culture among the staff team. Staff told us they enjoyed supporting people and making a difference for them. One person told us, "I find them excellent quite honestly, no reservations at all, they are excellent. Every girl that has been, has been fine." Another said, "[Manager] is a very nice person, very polite, have a laugh with her. She took me out week before last, had a bit of lunch. Like going out with a friend. They're all like that. Even the youngsters, it's nice."
- People's lifestyle choices were respected. Staff demonstrated an awareness of people's human rights and their diverse needs. Care records were written in a respectful and caring way that demonstrated awareness of people's equality and their diverse needs.
- Staff understood the importance of supporting people to maintain their independence. Staff supported people to do what they could themselves, without taking over. A relative told us, "The staff are really nice with [person]. They are very pleasant ladies and show dignity and respect to both of us. They respect the house and they do check with [person] and me if there's anything else. They understand the limits of what I can and can't do as well."

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

- People were fully involved in shaping their package of care. Staff completed thorough assessments with people, or those acting on their behalf, before support was provided. People told us they chose what support they received from staff and when. This was kept under regular review by the management team, who people confirmed contacted them to ask for their views of the support they received. One person told us, "[Staff member] rings up and comes in person to make sure everything is OK."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People's care was planned around their needs, choices and preferences. The management team worked with people, and those acting on their behalf, to ensure planned care continued to meet their requirements. They reviewed people's planned care regularly and immediately if there was a change in someone's needs. The electronic system the provider used for care planning meant changes could be updated and staff received instant access to the new information. One person told us, "They've taken time to get to know me and what I like, the way I prefer things." A relative told us, "They have spent time getting to know mum, what she likes to have a laugh about. They are very good."

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 service assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

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

- The service supported people with social visits and supported people to access the community, based on their individual needs and wishes.
- The service encouraged people to maintain contact with families. During the COVID-19 lockdown, the service supported people to contact their families, as people did not all have the ability to make calls or video calls.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for receiving and responding to complaints about the service. Guidance about how people could raise concerns was included in the information given to people. Staff told us they would support people to raise concerns or make a complaint. People we spoke with told us they could simply ring the office to speak with the manager or office staff and were confident they would resolve any issue. One person's relative told us, "If I had any concerns, I can raise them with the office. I have in the past and they have been rectified."

- Complaints were used as an opportunity to learn and improve the service. The manager logged and investigated all complaints, no matter how minor. We saw they provided a response to the person who complained in each case. Any learning or actions taken to improve the service were shared with staff.

#### End of life care and support

- The provider had policies and procedures to guide staff in end of life care. The staff had received training in supporting people who required end of life care. No one was receiving end of life care at the time of our inspection. Documentation showed some discussions had taken place around people's preferences and wishes for end of life care. The manager approached the topic sensitively with people.

## 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had failed to operate effectively systems designed to assess, monitor and improve the service. Accurate and contemporaneous records related to each service user, persons employed, and the management of the service had not been kept. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 17.

- There had been a change in management of the service since our last inspection and we received positive feedback about how the service had improved. The manager and staff were clear about their roles and responsibilities. We received positive feedback about the manager, their approach and how they managed the service. People who used the service, relatives and staff all described the service in positive terms. One person told us, "They are marvellous. [manager] is very good and accommodating."
- The manager was committed to the continuous improvement of the service. They assessed the quality of the service to identify how it could be further improved. Methods they used included regular reviews of people's care, satisfaction surveys, regular observations of staff and audits. One person told us, "[Manager] has been to me a few times, [Staff] has been to see me, [staff] came even over Christmas to see how I was doing. They'll sort things out for me and ask whether everything is working and if I'm still happy with everything. [Manager] phones regularly. We have a chat and she asks how things are whenever we talk. She's always very helpful. Never an awkward moment. Always trying to do what they can to help."

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

- The manager had developed a positive culture which put people at the heart of the service. People we spoke with gave positive feedback about the service. Comments included, "Overall the care is good, don't think there could be much improvement." And, "I have actually recommended them to another lady here. That's how highly I think of them." A relative of one person told us, "I appreciate the way they talk to mum, treat her like a human being. They know us all and talk about family and ask about family and take note about what she's told them. The way they care for her is exemplary in my opinion." Another relative commented, "Everything is spot on. They look after mum very well. She likes them visiting her."
- Staff took pride in delivering person-centred care to people and making a difference for them. One staff

member told us, "It's very person-centred. Everybody is different. We use the care plan, get to know the person and what they want and how they want it." They went on to say, "If you can't give the best to clients you shouldn't be in this job. [Manager] is recruiting people with a similar ethos." Another staff member said, "We try to go above and beyond to make sure they've got the service they deserve. You get a lot of satisfaction seeing a client happy, warm and secure at home."

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 manager and staff team understood their responsibilities under the duty of candour. The provider had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.

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

- The provider used systems to gather people's views about the service. They asked people to complete a satisfaction survey to share their views of the service they received. People were also asked for feedback during review meetings and over the telephone by office staff.
- Staff felt engaged and able to share their views of the service. Staff told us they could approach the manager with any views or suggestions to improve the service and were often asked for feedback.

Working in partnership with others

- The service worked with other agencies to ensure people received the care they needed. Staff liaised effectively with other services, such as community professionals and social workers, to ensure people received the support they needed.