

Solutions Social Care Limited

# Rockware Business Centre

## 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 was an announced inspection that took place on 17 January 2017.

This service provides personal care and support in people's own homes for vulnerable adults and children aged 13 to 18. It is located in the Greenford area of London.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

At the previous inspection on 3 February 2014, the agency was meeting the standards under the previous method of regulation. At this inspection the regulations were met.

People told us they were happy with the service the agency provided and notified of changes to the timing of their care or staff providing it. The support was provided to their satisfaction, the staff were professional and really cared. People thought the service provided was safe, effective, caring, responsive and well led.

The agency records were kept up to date and covered all aspects of the care and support people received, their choices and identified and met their needs. They were clearly recorded, fully completed, and regularly reviewed with information that enabled staff to perform their duties well.

Staff knew the people they gave support to and the way people liked to be supported. They also worked well as a team providing information when it was required. Staff provided care and support in a friendly, skilled and supportive way that was focussed on the individual. They were well trained, knowledgeable and made themselves accessible to people using the service and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work. They had access to good training, support and there were opportunities for career advancement.

People using the service, including younger adults and their parents were encouraged to discuss health and other needs with staff that may affect their support needs and the way they were met. People also agreed information that was passed on to GP's and other community based health professionals, as appropriate. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's meal likes, dislikes and preferences were met.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

People told us the office, management team and organisation were approachable, responsive, encouraged feedback and frequently monitored and assessed the quality of the service provided.

## 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.

The agency was suitably staffed, with a work force that had been disclosure and barring (DBS) cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

People were supported to take medicine in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

### Is the service effective?

Good ●

The service was effective.

People's needs were met by well trained staff.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

### Is the service caring?

Good ●

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

### Is the service responsive?

Good ●

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

### **Is the service well-led?**

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

**Good** ●

# Rockware Business Centre

## 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 checked 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.

This was an announced inspection and took place on 17 January 2017. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 30 people using the service and 45 staff. During the inspection, we spoke with 8 people using the service or parents of younger adults and 10 staff, the registered manager and management team.

During our visit to the office premises we looked at 5 copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at 5 staff files.

## Is the service safe?

### Our findings

People using the service and parents thought there was enough staff available to meet their needs. They also felt safe using the service. One person told us, "This is a very safe service." One parent said, "I feel safe leaving my child with their staff."

Staff understood, followed and were trained in the agency's adult and child safeguarding policies and procedures to protect people from abuse and harm. They had also received training that included assessing any risks to people and themselves when care was being provided. Staff received induction and updated training in how to recognise abuse and possible harm to people using the service. They understood what abuse was, the action required should they encounter it and their responses to questions reflected the provider's policies and procedures. Staff said if they had concerns they would inform the office who would raise a safeguarding alert. The agency's safeguarding, disciplinary and whistle-blowing policies and procedures were also contained in the staff handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The recruitment procedure for staff included advertising the post, inviting prospective staff for an informal chat, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills and knowledge of the care field they would work in. Many staff were students who were studying in the social care field or had recently graduated and therefore had very up to date knowledge. References were taken up, work history checked and disclosure and barring (DBS) security checks carried before people were confirmed in post. There was no probationary period as much of the work was contracted. The agency employed enough staff to meet peoples' needs.

Risk assessments were carried out by the agency as part of the initial overall assessment. The risk assessments enabled people to take acceptable risks as safely as possible at home and in the community and also protected staff. The risks assessments included identified risk and measures to reduce the risk. The risk assessments were monitored, reviewed and updated after six weeks and then regularly depending on how long people were receiving the service and if their needs changed. They were contributed to by people using the service, relatives and staff as appropriate. People said they were encouraged to identify any risks that staff may not be aware of. The risk assessments also incorporated environmental risks within people's homes. Staff had been trained to identify and assess risk to people and themselves. The staff said they shared information regarding risks to people with the office and other members of staff. They told us they knew people who used the service well, were able to identify situations where people may be at risk and take action to minimise the risk. There were also accident and incident records kept that were regularly reviewed.

Staff safely prompted people to take medicine or administered it as appropriate. The staff that prompted or administered medicine were trained and this training was updated regularly. They also had access to updated guidance. The medicine records for all people using the service were checked by the agency and there was a risk assessment specific to medicine.

## Is the service effective?

### Our findings

People using the service and parents were involved in making decisions about the care and support they received, who would provide it and when it would take place. They said they rarely had issues with the timing of calls, length of time the support was provided and that their needs were well met. They told us that staff were aware of their needs and provided the type of care and support that they needed in a way they liked. People thought that staff were well trained and this enabled them to complete the tasks and provide the support that was required. One parent said, "I'm really pleased, (Child) is really happy and enjoys going out." A person told us, "They turn up on time and are helpful, friendly and supportive."

Staff received induction and mandatory refresher training. The induction was comprehensive, based on the 15 standards of the 'Care Certificate' and the expectation was that staff would work towards the 'Care Certificate'. Training included areas such as moving and handling, safeguarding, infection control, medicine, food hygiene and health and safety. More specialist training was also provided for areas such as autism and challenging behaviour. There were bi-monthly staff meetings, monthly supervision and annual appraisals depending on employment contract. These provided opportunities to identify group and individual training needs. This was in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

The care plans included peoples' health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them. People were advised and supported by staff to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person's relatives and GP as appropriate. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services. The agency worked closely with the local authority and other community based health services, such as district nurses.

People's consent to the service provided was recorded in the care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. The agency had an equality and diversity policy that staff were aware of and understood. Parents of people using the service who were under 18 took the lead regarding consent, although the provider made sure that young people between the ages of 16 and 18 were involved and had their views heard. Consent documentation was recorded on file and regularly reviewed and updated. There were clear internal and external guidelines led by consent from parents and legal guardians.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The agency carried out spot checks in people's homes that included areas such as staff conduct, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. The spot checks were incorporated as part of the appraisal reviews, where appropriate.

## Is the service caring?

### Our findings

People using the service and parents thought that staff treated them and their children with dignity and respect. Staff listened to what people said, valued their opinions and provided support in a friendly, helpful and compassionate way. One person said, "Staff are fantastic." A parent told us, "Friendly, enthusiastic, supportive, I'm really, really happy." Another parent said, "Every staff member we've had has been excellent."

People said the agency provided suitable information about the service it provided. The information was in brochure form and outlined the service people could expect, the way support would be provided and the agency expectations of them.

Staff received training in treating people with dignity and to respect them and their privacy. This was part of induction and refresher training. It included the importance of social engagement, interaction and inclusion of people as for some people this may be limited. The agency operated a matching staff to people policy, particularly for sensitive areas such as same gender personal care. This included staff skills that helped to meet people's needs and enhance their quality of life. A staff member told us, "I would say the quality of care provided is of a great standard. Everyone is very caring and knows each other (workers and clients) which makes it a very welcoming environment for all."

Where possible continuity was promoted so that people and staff could build up relationships and develop the quality of the service provided further. Staff knowledge about respecting people's rights, dignity, treating them with respect and equality were tested as part of the recruitment process, at the interview stage and training provided if required. People said this was reflected in the caring, compassionate and respectful support staff provided.

People said they were fully consulted and involved in all aspects of the care provided. This was by patient and thoughtful staff who were prepared to make the effort to make sure their needs were met properly. Staff told us about the importance of asking the views of people using the service so that the support could be focussed on the individual's needs. The agency confirmed that tasks and other required support were identified in the care plans with people to make sure they were correct and met the person's needs. People also felt they were fairly treated and any ethnicity or diversity needs were acknowledged and met.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction, on-going training and contained in the staff handbook.

## Is the service responsive?

### Our findings

People using the service and parents said that the agency sought their views and they were consulted and involved in the decision-making process before care and support was provided. One parent said, "I'm very pleased with the support worker, it is the same person each day, giving good continuity and (Child) gets to choose each time, what to do." One person told us, "I get the service when it's needed and they are always able to accommodate me, if I have to change arrangements." People said that they received personalised care that was responsive to their needs and staff enabled them to decide things for themselves, listened to them and if required action was taken. Staff told us how important it was to get the views of people using the service and their relatives so that the support could be focused on the individual's needs.

Once the agency had received an enquiry, an assessment visit was carried out by a member of the management team. During this visit they checked the tasks and required support identified in the referrals with people, to make sure they met the person's needs. This was to prevent any inconsistencies in the service to be provided. The visit also included assessments of any risks.

We saw office copies of people's support plans that were individualised, person focused and the manager told us that people were encouraged to contribute to them and agreed tasks with the agency. People had support plans, that detailed the agreed tasks and gave information that would help staff familiarise themselves with people. This included how they would like to be addressed, outcomes they wanted from the support plan, religious, cultural and personal preferences, communication, social activities and personal interests, important relationships and medical and behavioural history. People's needs were regularly reviewed, re-assessed with them and their relatives and support plans changed to meet their needs. The changes were recorded and updated in people's files that were regularly monitored. The support plans were reviewed a minimum of three monthly or as required.

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training. People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. One person said, "I was made fully aware of how to complain and who to, but am happy with everything."

## Is the service well-led?

### Our findings

People using the service and parents were comfortable speaking with the manager, staff and were happy to discuss any concerns they may have and felt appropriately responded to. They told us there was frequent telephone communication with the office and they liked the fact that it was a reasonably small organisation that made the service a more personal one. People commented that if there was a rare problem with staff or the timing of the support provided, it was quickly resolved. One person said, "The organisation is easy to contact." Another person said, "Good communicators."

The management team displayed open, supportive and clear leadership with staff enabled to take responsibility for their designated tasks. They described the agency's vision of the service, how it was provided and their philosophy of providing care to a standard that would be satisfactory for them and their relatives. The vision and values were clearly set out, staff understood them and said they were explained during induction training, contained in the staff handbook and regularly revisited. The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

Staff told us the support they received from the management team and the office was what they needed and that they felt valued. The manager was in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. This included during bi-monthly staff meetings. They felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency. One care worker said, "Support from the manager is good. Whenever I've had any queries or I'm running late, etc., I can always call the office and be advised on the best actions to take." Another care worker told us, "We have supervisors who are able to help us whenever we have any queries or are unsure of anything regarding our roles. Since joining the organisation I have been promoted and feel that there is room for further growth as I progress." A further care worker commented, "I have found the management take a personal interest in the development and high standard of each worker and have found them to be very supportive when the need has arisen. Our manager takes a keen interest in his staff and that in turn fills me with the confidence that I'm not just working for a money making machine."

The records demonstrated that monthly staff supervision and annual appraisals took place, if appropriate and input from people who use the service, about staff performance was included. This was to help identify if the staff member was person centred in their work. Records showed that spot checks also took place.

There was a policy and procedure in place to inform other services of relevant information should they be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews with people regarding their care. They noted what worked for people, what did not and any compliments and comments to identify what people considered the most important aspects of the service for them. The current number of people using the service enabled the

agency to have an individualised approach to monitoring the quality of their care. Quality checks took place that included spot check visits and phone contact with people and their relatives. Audits took place of peoples' files, staff files, support plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.