

Full Care Solutions 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

Full Care Solutions provides personal care for people living in their own homes. At the time of our inspection visit, 18 people were receiving personal care.

People's experience of using this service

There were enough staff to allocate all the visits people required. Risks to people's health and wellbeing were identified and support plans provided staff with information about how to minimise the risk of harm. Staff understood their responsibility to keep people safe and report any concerns. Staff had received training in safe medicines management and people received all their prescribed medicines.

People were supported by well-trained staff who felt confident in their roles. People had 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. When staff had concerns about people's health or wellbeing, they ensured people received the medical care they required.

People and relatives were happy with the staff who visited them and described care staff as kind, friendly and polite. The care and support people received supported them to maintain independence and remain living at home. Staff felt motivated in their role because they felt valued and appreciated by the managers.

Care plans provided detailed guidance for staff about everything they needed to do on each visit and were responsive to people's changing needs. People and relatives were confident if they had any concerns or worries, they would be listened to and action taken to address their concerns.

There was a friendly, open and supportive culture amongst the managers and staff team. Managers had a positive approach and used feedback to improve the quality of the service provided.

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

Rating at last inspection: Requires Improvement. (The last report was published on 11 December 2018). At this inspection we found the service had improved and the service is now rated as Good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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 ●

Full 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 inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service 72 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 10 December 2019 and ended on 17 December 2019. We visited the office location on 10 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We also used information identified during the last inspection.

The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection

During the inspection

We spoke with two people and four relatives about their experiences of receiving a service from Full Care Solutions. We spoke with six members of staff including the nominated individual, the registered manager, the care co-ordinator and three care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and risk assessments and a selection of medicines records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including quality assurance files and service user questionnaires were viewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Improvements had been made to ensure people received all their prescribed medicines. Staff had received extra training, so they had the confidence and competencies to support people with their medicines.
- Each person's medicines were recorded on the provider's electronic call management system. Staff recorded on the system when each individual medicine had been given.
- Staff explained how the system supported safe medicines practice. One staff member told us, "On the system it says the time, how much they should have and the dosage on the package. It is easy to see what medication, at what time and how much."
- Medication administration records were regularly checked by the managers to ensure any errors were promptly identified.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and spoke knowledgeably about the different forms of abuse.
- Staff were aware of the signs that might indicate a person was worried, and clear about their responsibilities for making people safe and reporting concerns. One staff member told us, "It is about understanding the possible signs, reporting it correctly and trying to make sure the person is as safe as possible and not leaving them in a vulnerable position."
- The management team understood their responsibility to report concerns to the local authority to ensure any allegations or suspected abuse were investigated.

Risks for people were individually assessed and managed.

- Individual risk assessments detailed the action staff should take to minimise the risk of harm.
- This included risks in people's homes and any risks in relation to people's care and support needs. For example, risks related to transferring people, catheter care and where people were at risk of skin damage.
- Staff had received training in how to use specialist equipment safely. Training was supported by detailed guidance on the correct use of equipment to maintain people's safety.
- The provider had a contingency plan to ensure continuity of care should an event occur which impacted on service delivery. For example, adverse weather conditions or staff shortage.

Staffing and recruitment

- There were enough staff to allocate all the visits people required.
- People and relatives told us staff generally arrived when expected and stayed the amount of time allocated for the call. Comments included: "They always come the same time every day", "They are pretty

good with time" and, "If they are late it is only a matter of minutes."

- Managers and the care co-ordinator were all fully trained and able to cover any unexpected absence by other staff. This meant any unplanned gaps in the rota could be effectively covered at short notice.
- The provider's electronic call management system monitored the time staff arrived and left people's homes. If a member of staff failed to arrive for a care call, the system alerted the office staff, so they could investigate the potential cause.
- People were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained.

Preventing and controlling infection

- Staff had received training in minimising the risks of infections spreading. Staff had access to and wore personal protective equipment such as disposable gloves and aprons.
- Some people had specific health conditions or used equipment that made them particularly vulnerable to infection. Care plans reminded staff of the actions they should follow to minimise the risks of cross infection.

Learning lessons when things go wrong

- Staff recorded people's health or wellbeing in their daily records on the electronic system. These were checked by the managers every day to ensure any required actions had been taken.
- However, whilst we were assured appropriate actions had been taken, staff were not always clear when an issue also needed to be recorded on an accident or incident form. The registered manager said they would immediately address this with staff.
- There was an open culture in the service where learning when things went wrong was encouraged. One staff member told us, "If something goes wrong you have to admit it. I know I wouldn't get shouted out, they would let me explain myself and then we would find a resolution to the issue."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to ensure they could be met. Assessments included people's care and support needs and any specific health conditions. One relative told us, "Everything was gone through."
- The registered manager told us they only accepted a care package following assessment if they had enough staff with the appropriate knowledge and skills to deliver the care required. They explained, "I would be honest and say I don't have capacity at this time. I do not want to compromise the service I deliver just because I want more hours. I also need to be sure there is enough space in my rota to slot everyone in."
- Information from assessments was used to develop care plans that were kept under review to identify any changes.

Staff support: induction, training, skills and experience

- New staff completed an induction which included working alongside more experienced staff, so they understood how people preferred to be supported. One staff member explained, "I asked all the questions I needed to, and they (experienced staff) explained what I needed to do. I was really happy with my induction. I was nervous to start with but confident once I knew the routine people were in."
- Staff induction followed the principles of the Care Certificate to support staff to provide safe and effective care to people. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- Staff received regular refresher training to ensure their skills remained up to date. They were also encouraged to gain further vocational qualifications in health and social care.
- Staff knowledge and practice was monitored through a system of supervision meetings with their manager and observations of their practice. One staff member said the supervision meetings were, "Useful so I can give feedback and get advice. [Registered manager] will also get feedback (from people) and can advise me if I am going wrong and where I am going wrong."

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

- Records confirmed the service worked with other professionals when required to ensure people had access to the right support and help. For example, people were referred to the occupational therapist to ensure they had the correct equipment in place to support their independence whilst maintaining their safety.
- When staff had concerns about people's health or wellbeing, they ensured people received the medical

care they required. This included calling health professionals or advising people's relatives that the input of health professionals may be required. One relative told us, "They (staff) do pick up things if they are not quite right, so we can get the nurse in."

- The registered manager was aware of the CQC's thematic review of oral health care. People's oral health needs and the support they needed was now assessed as part of care planning.
- Each person's care plan contained a 'grab sheet' which contained important information that needed to be referred to other healthcare professionals in an emergency situation. One staff member told us, "When we call paramedics we stay as long as possible and our calls are re-allocated, so we are not under pressure."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of MCA.

- Staff received training in applying the principles of the Act and people's rights with regards to consent and making decisions were respected by staff.
- People's capacity to make decisions was considered during the assessment process. The registered manager told us if they had any concerns about a person's capacity to consent to any restrictions within their care plan, they would refer them to their social worker to ensure they were in the person's best interests and legally authorised.

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

- Most people made their own meals or had family who supported them with this.
- Where people required support with their meals or had risks associated with nutrition or weight loss, this was recorded in their care plans.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and relatives were happy with the staff who visited them and described care staff as kind, friendly and polite. Comments included: "We couldn't get better. They are really, really good", "They are all very nice" and, "They are always polite and chatty."
- In feedback to the provider one relative had recently written, "They (staff) are all very nice, helpful and kind and always very pleasant and they look after [name] wonderfully. They are all great and so friendly, we both look forward to their calls."
- Staff knew how to treat people well and understood how a positive attitude could improve people's lives. One staff member explained, "We are all such a happy lot of people and I know we provide the best care and we put the person at the heart of the care." Another told us, "Everyone who works here, their heart is in it. They are doing the job because they want to do the job and they are caring."
- Staff demonstrated a caring attitude to relatives and recognised the importance of supporting them to maintain their role in people's lives. One relative told us, "They seem to go that extra mile to make sure [name] is comfortable and they always call me in to check he is comfortable." A staff member explained, "With their family we are someone to talk to, a shoulder to cry on. It can be overwhelming especially if they are having three or four calls a day."
- People's lifestyle choices were considered, and staff received training in equality and diversity. The registered manager told us, "On assessment we ask people if they have any specific cultural needs they need us to observe, especially end of life, and then we will incorporate it into the care plan."
- Staff told us they felt valued, appreciated and cared for by the managers. One staff member told us, "I am really happy here. The bosses are great, they are very kind people, very fair. They look after the staff and if there is an issue they are always at the end of the phone."

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

- People and their relatives were involved in the assessment process, care plan reviews and made everyday decisions about their care. One relative told us, "[Care co-ordinator] came out today and went through the care plan with me. They asked if anything needed changing."
- Care staff told us they would feel confident to advocate on behalf of people, if they felt people's needs were not being addressed or their voices not heard.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy and dignity. One staff member told us, "We are in their home and we want them to feel comfortable in their own home." A relative confirmed, "They

are very respectful, they always keep his bedroom door closed when washing him."

- The care and support people received supported them to maintain independence and remain living at home.
- Staff understood how supporting people's independence contributed to their sense of wellbeing. One staff member told us, "When washing and dressing we get them to do as much for themselves as possible. It makes them feel good about themselves. Knowing they can do something gives them a bit of independence back."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 support plans were written in a personalised way, and included information about their backgrounds and preferences, and how they wanted to be supported.
- Care plans provided detailed guidance for staff about everything they needed to do on each visit. Staff told us they used this information to provide care in the way people preferred.
- Relatives told us staff were responsive to people's changing needs. One relative told us their family member sometimes had to go into hospital when they were unwell. They explained, "I always ring [registered manager] and they accommodate him brilliantly. When he comes out of hospital we let them know and they are there within minutes to make sure everything is fine."
- Another relative told us they had contacted the office when there was a problem with the specialised equipment their family member needed to maintain their health. They said, "He (a manager) came straight out and helped me trouble shoot it."
- Staff were kept up to date with changes in people's needs. One staff member said, "We soon get told, an update on nurse buddy (the electronic care planning system), or in a meeting."
- Staff told us they had a role in meeting people's social needs. One staff member told us, "We are the only people some of them see so we will try and have a chat with them. If they don't see anybody else, we are their main source of communication with the outside world. I can brighten their day just by sitting with someone and having a cup of tea."

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's communication needs were considered during the initial assessment process and incorporated into their care plans. For example, one person's care plan advised staff, "I will need carers to take their time with their explanations, so I am able to digest the information."
- Where people needed support with communication, staff liaised with families to ensure the person they cared for had information in a way they could understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and had received three formal complaints in the last 12 months. These had been actioned in accordance with the complaints policy.
- Staff told us they would support people if they had any complaints. One staff member told us, "If they

didn't want to complain directly I would take it to the office. Otherwise I would advise them to make a phone call to the managers."

- People and relatives were confident if they had any concerns or worries, they would be listened to and action taken to address their concerns. One relative told us, "We had some hiccups to start with, but that has all been sorted and it got better."

End of life care and support

- The service supported people to remain in their own home at the end of their life. Managers and staff worked in liaison with other healthcare professionals to ensure people could spend their last days as they wished to.

- Staff felt supported when providing care to people in their final hours. One staff member explained if a death was imminent, "I would not leave. I would make a phone call and I know my calls would be covered."

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 the last inspection this key question was rated as requires improvement. At this inspection we found the rating had improved 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

- Improvements had been made since our last inspection to ensure records contained enough relevant information. A care co-ordinator had been appointed who checked the daily records completed by staff on the electronic system. This ensured any issues were quickly identified and addressed and the timing of care calls was monitored.
- Staff told us they worked well as a team to ensure good outcomes for people. They felt supported by the managers and each other. One staff member told us, "I think they (managers) are great. It is the happiest I have ever been in a care role. It is a nice team. [Registered manager] makes you feel comfortable but she wants everything right, the paperwork has got to be right." Another told us, "If I am having a down day I can ring the office and they will offer support. We are a good supportive circle and we can always rely on each other."
- Systems were monitored and maintained to improve the quality and safety of service provided. The quality monitoring system included checks by managers that people received the care they needed. Care staff had regular supervisions and 'spot checks' of their work which ensured they provided care and support at the standards required.
- The registered manager had notified us about incidents which impacted on the safety of the service in accordance with their regulatory responsibilities. However, there was one occasion when the registered manager had a raised safeguarding concern with the local authority but failed to notify us. Whilst the safeguarding concern did not relate to the care provided by the service, we reminded the registered manager of their responsibility to notify us of all safeguarding referrals. The registered manager took action to address this oversight during our visit.

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

- There was a friendly, open and supportive culture amongst the managers and staff team.
- Staff spoke positively about their job role and supporting people to stay in their own homes. One staff member explained, "We make sure they feel empowered and respected and feel they have their dignity. They are receiving care, but they are still made to feel independent and have a say in what care they have."
- People spoke of a safe and effective service that was responsive to their individual needs. One relative told us, "We couldn't get better. They are really, really good. They have never let us down."

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

characteristics

- The registered manager responded to feedback they received from people who used their service and relatives. Feedback was gathered through an annual survey, regular review meetings and observations of staff practice.
- People, and with their consent, their relatives could access their records through the electronic care planning system. People could ask questions or raise issues through the system knowing they would be promptly responded to. One relative had recently fed- back to the registered manager, "I am updated promptly when needs arise and kept fully informed of each visit via "Nurse Buddy".
- There was a 24 hour on-call system so staff could always be assured of management support. Regular meetings enabled information to be shared between managers and staff. People also had 24 hour access to the on-call system.

Working in partnership with others: Continuous learning and improving care

- The registered manager and staff worked closely with other health and social care professionals to ensure people's needs were met.
- The provider had learnt from our previous inspection and used our feedback to improve the quality of service provided.

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 and provider understood their responsibilities to share information under the duty of candour regulations.