

SoLO Life Opportunities

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

We carried out this inspection on 20 November 2015 and it was announced.

SoLO Life Opportunities is a charity which supports adults and children with a learning disability to access social and leisure activities. The regulated Personal Assistant service provides one to one support for 35 people either in their own homes or in the community. At the time of our visit the service had three people who received personal care support.

The personal assistant service had a registered manager. 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 2008 and associated Regulations about how the service is run. A registered manager had been in place since 2011.

Relatives told us they felt their family members were safe using the service. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns.

Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Staff received an induction to the organisation and completed a programme of training to support them in meeting people's needs effectively.

Care plans contained information for personal assistants (care staff) to help them provide personalised care to people. Staff knew about processes to minimise risks to people's safety, as staff providing care were consistent, however, these were not always documented, so we could not be sure people would be supported safely.

People did not receive regular medicine from staff. Records did not always show how people should receive this to make sure it was administered as prescribed.

Staff understood the principles of the Mental Capacity Act (MCA) and how to support people with decision making.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs.

People had personal assistants they were familiar with, who were flexible and completed the required tasks. There were enough staff to care for people they supported.

Relatives told us personal assistants were kind and caring and had the right skills and experience to provide the care their family member required. People were supported with dignity and respect.

People knew how to complain and could share their views and opinions about the service they received. Personal assistants felt they could raise any concerns or issues with the management team and they would be listened to and their concerns acted upon.

There were some processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, including surveys. There were other checks which ensured staff worked in accordance with policies and procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People received support from staff who understood the risks relating to their care but these were not always documented, so we could not be sure people were kept safe. People did not receive regular medicine from staff however documentation did not always show how people should receive this. Staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff supervision was through telephone support and group meetings. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs if this was part of their care plan.

Good ●

Is the service caring?

The service was caring.

People and their relatives were supported by staff who they considered kind and caring. Staff ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from consistent workers who understood their individual needs.

Good ●

Is the service responsive?

The service was responsive.

People received a service that was based on their personal preferences and were supported how they wanted to be. Care records contained information about people's likes, dislikes and

Good ●

routines. People knew how to complain and the registered manager responded to any concerns raised to people's satisfaction.

Is the service well-led?

The service was well-led.

Relatives were happy with the service and felt able to speak with the registered manager. People were given opportunities to share their views about the service. Personal assistants were supported to carry out their roles by the management team who they considered were approachable and responsive. The management team had some systems in place to review the quality and safety of service provided.

Good ●

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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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors and spoke to the local authority commissioning team, who had no further information.

The inspection took place on 20 November 2015 and was announced. We told the provider we were coming 48 hours before the visit so they could arrange for staff to be available to talk with us about the service. The inspection was conducted by one inspector.

We contacted people who used the service by telephone and spoke with two relatives. The people that used the service were not able to speak with us due to the nature of their disability. During our visit we spoke with five staff including a personal assistant/project leader and a team leader who both supported people. Also the management team, including the personal assistant manager, the registered manager and the chief executive.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

Risks associated with people's care were not always documented to help ensure they were managed and people were kept safe. Staff told us one person they supported was concerned they would choke on food and required a softened diet. We saw there had been an incident in 2010 when they had been unwell due to this. A speech and language therapist had been involved to support them at this time. We were not able to see a risk assessment on their care records around how staff would manage or minimise the risk of them choking.

Another person had epilepsy and had not had a seizure for several years. The care records were updated in September 2013, however, there was no procedure of what to do if they had a seizure and no risk assessment. We asked the management team about this and they were not sure why there was no risk assessment. This person had a document which stated, "The warning signs I am going to have a seizure are..." but this had not been updated. We saw a previous version dated 2004, so we were unsure if this was still correct.

We asked staff how risks were assessed. One staff member told us, "With new service users, the personal assistants would get information from the parent's about specific risk areas." Another staff member told us, "This is an area we need to develop." Staff told us another person had become unsafe while travelling in a vehicle with a staff member, due to removing their seatbelt when the car was moving. This risk had been identified and measures had been put in place to ensure the safety of the staff and service users when travelling by car. The registered manager told us personal assistant's highlighted any changes to them and they updated the risk assessments "as and when required". We saw risk assessments had been documented for some people, for example, one person had a risk assessment about managing their anxiety.

One person's care record said they were prone to trip over a lot as they 'walked with their head down'. There was no risk assessment around the risk of falls, or how to prevent these. One person had a problem with their leg, which could sometimes become sore when the skin could 'break down,' and this affected their walking. There was no risk assessment around managing this. We asked staff about this person and they told us if the leg was sore they would fill in an 'incident' form. The same person could also hit out, slap or pinch other people sometimes and there was no information or assessment about how to reduce this risk. The chief executive told us, "There are risk assessments completed for some people, but not on these care records," referring to the people we had identified. They were unsure why this was and told us that all risk assessments would be reviewed and updated for everyone now.

We looked at how medicines were managed and we could not be sure they were administered safely. One staff member told us, "We have medication training according to people's needs." Staff told us their competencies were assessed to ensure they remained safe to do this.

The registered manager and personal assistant manager told us staff did not administer medicines to the three people who received personal care. On care records we saw one person was given medicine by staff, however, this was not regularly. This person had epilepsy and they had not had a seizure for a long time.

However, if they did, staff were required to give them some medicine and an ambulance was to be called. They also had a pain relief tablet to be given "as required". There were not clear medicine protocols documented for staff to know when to give it. A staff member told us a protocol would usually say something like "the person will point to the pain", but there was no protocol for this person. This posed a risk of this medicine being given incorrectly, which could result in the person being left in pain or of them receiving an overdose.

Relatives told us their family members felt safe because they knew staff well and trusted them. One relative told us, "[Person] is safe, they are well cared for always, they are 100% looked after correctly." Sufficient staff were employed to meet people's needs. One staff member told us, "Yes I think there is enough staff, we have a good bank of staff." Another staff member told us, "The service is growing and growing, we make sure we get the right person for the service user. There is enough staff." The service sometimes employed students as personal assistants as they were working towards professional qualifications. This meant some staff left after graduation, due to them gaining employment within their chosen field. Therefore, the management team ran a rolling recruitment advert for this reason. No agency staff or bank staff, (staff employed as and when required) were used.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. One staff member told us, "I had the usual checks, two references, my DBS (disclosure barring service) checks." Another staff member told us, "I had my CRB (criminal records bureau) check and references checked." People had background checks and two references were obtained before people could start work. The management team ensured when recruited personal assistants they had the necessary skills and experience to support people safely and effectively. We saw these were documented on three staff files. If they did not have these, then they suggested the person considered volunteering first at the service. Interviews were held where questions were based on scenarios and considered people's values. For example, what someone may need to consider when assisting someone with personal care. This was to ensure the right kind of staff would be employed who would consider a person's privacy, dignity and choices.

New personal assistant staff completed an induction within their first 12 weeks of employment which consisted of 'shadowing' other workers, gaining an understanding of the organisations procedures and meeting the staff team. Induction training consisted of 'core' training which included understanding their role, health and safety, disability awareness and safeguarding people. Personal assistants were given a pack of information called a 'learning log' when they first started which comprised of information such as policies around medicines management and safeguarding to ensure staff were aware of procedures. The learning log also contained the profiles of people and was used by personal assistants while they supported people with care.

Staff told us they understood the importance of safeguarding people from abuse and their responsibility to report any concerns. One staff member told us, "I had training last year, there are different types of abuse, it could be sexual, physical or emotional abuse. If I was worried I would go to the managers, the safeguarding board or CQC. I would log an incident form." Another staff member told us if they had any concerns, "I would discuss it with the manager or contact the Solihull safeguarding team or the person's social worker." Staff told us they had made safeguarding referrals before when they had identified concerns related to people's care. Staff knew about the service's whistleblowing policy and this was available 'on line' if they needed to access this.

Is the service effective?

Our findings

Relatives told us staff had the skills and knowledge to meet their family member's needs. One relative told us, "The carers we have are both excellent." Staff received training considered essential to meet people's care and support needs. One relative told us, "Staff are skilled and knowledgeable." Another relative explained that they felt staff were trained. They told us, "I have never had any concerns about training." They gave the example that their family member had some "behaviours that challenge" and how these had been reduced due to the staff support and knowledge.

Staff completed some of their training on the computer and there was also 'face to face' training held in a classroom situation. Staff told us, "There is training around communication, health and safety, first aid and safeguarding," and, "There is not as much as I would like." They told us training on the computer had to be done in their own time. One staff member explained what they had learned from training. They told us, "Effectively safeguarding people means sometimes being really mindful of what you say, how you say it, hugging for example, could be misunderstood." There was a 'lone worker' policy in place for staff working in the community with guidelines to keep them safe, one staff member told us they would like further training in this area. Plans were in place for staff to complete the 'care certificate' in the future as computer learning.

Staff told us they felt supported in their role by the management team. One staff member told us, "Yes I have supervision every six weeks; we have 'catch ups' in between if there is an issue, I can raise it there." Personal assistants also received support from the management team at six monthly meetings and one had been held in June 2015. Meeting minutes showed the completion of risk assessments had been discussed as well as the Care Act and the provider's whistleblowing policy so staff were aware of action to take if they had any concerns. The registered manager told us staff telephoned into the service regularly for support if they had any queries or concerns. The personal assistant manager told us, "We use phone supervision to catch up with a personal assistant; there is regular communication with the office." There were no formal one to one meetings held for personal assistants. The personal assistant manager acknowledged this and told us, "I have now implemented a procedure for supervision, I phone the staff to discuss how things are, we are looking at a more formal procedure."

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. It also requires that when people lack mental capacity to make 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We were made aware that the three people supported had capacity to make day to day decisions themselves. All of the people had someone to support them with more complex decisions if this was

required. Staff were aware that it was important for people to be supported to make as many decisions for themselves as possible. One staff member told us, "It's about making decisions in a person's best interests. They may be able to make decisions for themselves but you might not always consider them to be the right ones." No one using the service had a deprivation of liberty safeguard (DoLS) authorised, however the registered manager was aware of when this may be applicable for people. Staff told us they understood the importance of obtaining people's consent to their care and support.

People's nutritional needs were met by staff who supported them where possible to maintain their independence. One person was assisted to eat by staff and staff knew how to do this as they were guided by their family member. The registered manager explained how another person helped prepare meals of their choice. They told us, "[Person] is involved in cooking as much as they can be, preparing the food." Staff knew about people's food preferences and told this person particularly liked chocolate. Another person needed assistance only with cutting up food and their meals were made by their relative.

People were supported to manage their health conditions and to access other professionals when required. However, as all the people supported lived with relatives, this was done through them and not with assistance from staff at the service.

Is the service caring?

Our findings

Relatives told us staff were kind and caring when supporting their family members. One relative told us, "Both the staff have very good attitudes, they have known [person] a long time." Another relative told us, "They are caring, all the staff are very good, [person] gets on with them all." Staff told us they were passionate about their work and worked together well.

Staff explained to us what 'caring' meant to them. One staff member told us, "People with learning disabilities don't always have a circle of friends, it can be just us." They recognised the importance of this relationship and went on to say, "I love my job. I always think how would I like my own child to be supported effectively when I work with people." One staff member told us caring was about being "consistent" with care. They talked about the people they supported and how their goal was always for the person and their family to be at the centre of all the decisions made. The registered manager described staff as, "Passionate, enthusiastic and having commitment to the people they supported."

People's privacy and dignity was respected by staff and training around this was completed during the induction period. One relative told us, "They treat [person] with dignity and respect." They went on to explain the importance of this as their family member had personal care needs. A staff member explained about what dignity meant to them and gave the example that one person they assisted did not always ask for assistance with personal care when it was required. The staff member would discreetly offer them regular support to ensure they remained comfortable.

One personal assistant had discussed how they could support one person when out during the day whilst maintaining their safety and privacy. We saw a plan had been devised with the registered manager and family, agreeing how this was to be done in a way that safety and privacy were both maintained.

People were supported to increase their independence. The registered manager told us, "The whole aim of the service is to promote independence." This was supported by a relative who told us, "[Person] is used to being away from me on respite, they have encouraged them to be away from me." They explained how this had been positive for them. A staff member told us, "It is easy to just do the same things, but we need to push them emotionally and socially, it's the little things." They gave an example of how one person was able to sit in a restaurant now and had not been able to do this before. They went on to say, "We think about what measures we can put into place to enable them to be as independent as possible."

People and their relatives were involved in making decisions about and planning their care. One relative told us they were involved in planning the care and working with the personal assistants to do this. A staff member told us a relative had said to them, "You are such a big help to us, we have no one else." The staff member explained how they made themselves accessible to people by making sure families had their phone number if they needed to contact them for any reason.

All of the personal assistants supported people who lived with family carers in their own homes and for some people this enabled the family carer to have a break." An example was given how they had supported

one person's relatives to be able to go out for a meal for the first time in 15 years, while they looked after the person at home. This enabled them to have a break from caring. The registered manager explained how staff understood the importance of supporting the family carers. They told us, "They (staff) are very willing and flexible if families want to change anything."

Is the service responsive?

Our findings

Relatives were positive about how staff supported their family members and how they responded to people's care needs. One relative told us, "The staff are always on time and they stay as long as they should." They went on to say, "[Person's] behaviours have reduced down, now I feel they have more of a life since the staff have come in." Another relative told us, "[Person] is happier in the company of staff rather than other service users. The staff are flexible and support us when we want this."

Prior to starting with the service, people were assessed by the management team to ensure the service could meet their needs. Referrals were usually from families, through social services or schools. A home visit and 'informal interview' then took place. At this meeting the manager would consider which staff member had the right skills and experience to support the person. Information such as gender preferences and other factors such as age or experience of the personal assistant are discussed. The registered manager told us, "We individually match our staff to a service user." Support was 'tailored' to what people wanted. The registered manager explained the person and family always had the final decision around who worked with them.

The registered manager ensured that people received care from the same personal assistants who they had a relationship with. One relative told us, "We have long standing carers, there is consistency and continuity." The registered manager told us how one relative of a person they supported had initially been nervous to leave their family member. However, as the relationship had grown, the relative had become more confident with staff supporting their family member so this was now more regular.

Care records were centred around the person and their needs and preferences. People's likes, dislikes and routines were documented in an 'All about me' document, so staff could support them in the ways they preferred. One relative told us, "They know [person] better than they know themselves." Staff told us they did not complete daily records about the support they had provided. However there was a verbal handover of information between the personal assistant and the family carer so that they were both aware of any concerns or changes in care needs. A staff member told us, "We rely heavily on the relatives, it is not very formal, it's a verbal handover, we rely on the feedback of families." Another staff member told us, "Parents inform us about any changes to care needs." We asked the management team about this and they told us they were now considering a more formal recording of the care provided at each visit to communicate to other staff.

A monthly 'timesheet' was completed by personal assistants and submitted to the registered manager. This documented any issues around the care of people that arose during this time. The registered manager told us this was an area that was highlighted for development and changes were due to be implemented in January 2016. A handover of information was given informally between the person, their relative and the personal assistant and this was documented on the personal assistant's timesheet. The personal assistant also completed their own feedback then. The personal assistant manager then reviewed this document and contacted the person, family or personal assistant if they had any queries or concerns from this timesheet.

Incident forms were used alongside this to document any change or unusual occurrences to highlight this to the management team. We saw incident forms had been completed by personal assistants and one staff member told us they would complete a form for example, if there were any changes in the person. Forms were reviewed by the management team within 24 hours so they were aware of any changes and these were appropriately acted upon if this was required.

Staff told us some people had 'grown up' using the service and they knew people well. For example, one staff member told us about one person's routines and how they enjoyed being driven on the motorway. They told us about another person who they communicated with using a communication board. Staff knew how to read this person's facial expressions and used these to communicate with them. Another person used 'Makaton' which is a kind of sign language or picture cards, and staff were able to communicate with this.

People were given a complaints leaflet and policy when first starting at the service so that they were aware of the process to raise any concerns. We looked at how complaints were managed by the provider. One relative told us, "I have never needed to complain but I would have no problems doing this if I did." Another relative told us, "I have no complaints as there are no issues." A staff member told us, "Complaints? Yes, I would pass them on to the manager and complete an incident form." The registered manager told us no complaints had been made.

Is the service well-led?

Our findings

Relatives told us they were satisfied with the running of the service. Comments included, "I have no concerns, I always manage to speak with someone there if I need to." "It's a very good service and they try very hard." "I can always come in and have a chat if I have anything to say, they are very approachable."

The registered manager told us, "We have a fantastic team and we are very lucky, we expect a good service." The personal assistant manager told us about the ethos of the service and stated this was 'brilliant', people remained at the centre of the service.

Staff told us they felt supported by the registered manager. One staff member told us, "Yes the manager is approachable, we have weekly meetings." Another staff member told us management were, "Extremely approachable." They went on to say, "I am able to talk about anything." They explained earlier in the year had been a difficult time for them when dealing with a personal issue at home but the managers had been very supportive around this. The registered manager and the personal assistant manager, alternated covering an 'on call' rota to support staff out of normal office hours. The personal assistant manager was a new post and had been employed since September 2015 to assist the registered manager with managing the team.

The service held annual appraisals and two monthly 'catch up' meetings for permanent staff. Personal Assistants did not have an annual appraisal, however they were expected to attend six monthly meetings where any issues or concerns could be raised and feedback was given to them about the service provided. We asked the registered manager if there was any observed practice of staff and they told us they observed staff when they came into the service, as some staff supported at the day services and social activities held in supporting family carers.

Checks were carried out to monitor the quality of the service and satisfaction surveys offered people the opportunity to feedback any issues. A survey had been completed in July 2015 for people, relatives and staff and there were 16 responses. Comments from staff included, "They value your views, input and suggestions." Comments from relatives included, "It's great because the PA knows them so well," and "[Person] treats the PA as a friend as they always go the extra mile." Other checks were completed such as analysis of the incident forms completed by personal assistants to identify any trends of significant events. However reviews of care records had not identified the issues we found around risk assessments not being updated.

We asked the registered manager about plans for the service. They told us, "There are plans for developing all the time, to other boroughs, Warwickshire and Birmingham. Demand has grown and grown." The service had been providing personal care to people since 2011. The registered manager had been employed initially to manage the adult services and to 'grow' the personal assistant element of the service. There were now approximately 30 personal assistants employed and this had been successful.

The registered manager explained about achievements and challenges at the service. They told us their

achievements were, "Getting feedback from parents and carers that staff are fabulous, the difference it has made to people's lives and becoming a friend." They went on to say, "We offer a bespoke matching service, have a good relationship with people and have a good reputation." Challenges had been in managing one person's care package which was complex and also in continually recruiting suitable staff.

The management team involved people in the planning of the service and held additional events to support them. A planning event was run by the service for people in the transition period from school to adulthood and a session had been held in November 2015. A strategy meeting for people and their relatives had taken place in February 2015 to look at the service and discuss plans for the future.

The registered manager understood their responsibilities and the requirements of their registration. They were able to tell us what notifications they were required to send us such as changes in management and safeguarding.

The local authority commissioner visited the service, as they were involved in supported family carers and to monitor this. The registered manager told us they encouraged them to involve people and carers as much as possible and gain their feedback, which they had continued to do.