

# Individual Support Solutions Ltd

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## Inspection report

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Date of inspection visit:  
24 October 2017

Date of publication:  
30 November 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 24 October 2017. The inspection was announced. The provider was given one days' notice of our inspection. This was to ensure the registered manager and staff were available when we visited the agency's office.

This was the first time the service had been inspected. This service provides care and support to three people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There was not a registered manager in place at the time of our inspection visit. 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. However, there was a manager of the service who had applied to become the registered manager. We refer to this person as the manager in the body of this report.

Staff understood their responsibilities to protect people from the risk of abuse, and other risks that related to their care and support. However, people's care records did not always provide enough detail to ensure risks were managed safely and consistently by staff. Staff knew people well, and there was a consistent staff team in place to support people. The manager checked staff's suitability for their role before they started working at the service. The manager made sure there were enough staff to support people safely.

Staff offered people everyday choices about what they did each day. All of the people who used the service took part in every day local activities, or went to local day centres, as they chose. People were complimentary about staff that supported them, describing them as kind and caring.

Care was delivered based on the individual support needs of each person. Relatives were included in planning how people were cared for and supported, and people were supported by staff who had the skills to meet their needs.

People's right to make their own decisions was not always respected. People's involvement in care planning and decision making was not recorded by the provider. Mental capacity assessments were not in place to support decisions that were made in the person's 'best interests', if they lacked the capacity to make them themselves. 'Best interests' decisions were not recorded to show how decisions had been reached.

Staff knew people well and respected their privacy and dignity. The person and relative we spoke with told us they knew how to make a complaint if they needed to. The manager had procedures in place to respond to complaints in a timely way.

The provider had failed to notify us of all the important incidents that happened at the service, as required by the regulations. The manager and provider checked the quality of the service, however quality checks did not always identify where improvements were needed. Where improvements were identified the provider and manager had acted to improve the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Recorded risk assessments did not have enough detail to ensure staff had all the information they needed to support people safely. People we spoke with told us they felt safe with staff. Staff had been recruited safely and knew people well. There were enough staff to support people safely. Medicines were administered to people safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff completed an induction and training so they had the skills they needed to effectively meet people's needs. Where people could not make decisions for themselves, people's rights were not always protected, as they not have mental capacity assessments in place, to support decisions which were made in their 'best interests' People were supported to see healthcare professionals where appointments had been arranged, however, people's care was not always reviewed and referred to health professionals to seek advice.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and respected people's privacy and dignity. Staff treated people with respect and kindness.

### Is the service responsive?

**Good** ●

The service was responsive.

People were supported in a way that took into account their preferences and wishes. People were able to raise complaints and provide feedback about the service. Staff had the information they needed to respond to changes in people's care needs.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Auditing procedures did not always highlight where the service needed to make improvements. We found risk assessments and care plans were not fully completed, and kept in an accessible location. We had not been notified of all the incidents that happened at the service, according to the regulations. There was no current registered manager at the service, however, the provider worked with the management team to make improvements where these had been identified. Staff told us they received support from managers when needed.

# Individual Support Solutions Ltd

## **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 was 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 inspected the service on 24 October 2017 as an announced inspection. We gave the provider 24 hours' notice of our inspection visit so we could be sure the manager and other members of the management team were available to speak with us. This inspection was undertaken by one inspector.

Before our inspection visit, we asked the provider to send us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract services, and monitor the care and support the service provides, when they are paid for by the local authority.

We received feedback from one person, and one person's relative.

During the inspection we spoke with the manager and the team leader. We also contacted the director of the service. We received feedback from three care staff and a commissioner of services.

We looked at a range of records about people's care including two people's care files in detail, daily records,

and medicines records. This was to assess whether people's care delivery met their identified needs.

We reviewed records of the checks the manager/provider made to assure themselves people received a quality service. We looked at staff files to check staff received supervision and appraisals to continue their professional development.

# Is the service safe?

## Our findings

The person we spoke with told us they received care from staff they knew well and trusted. A relative told us, "We have never had any concerns. [Name] is very happy and settled."

Staff told us and records confirmed, suitable recruitment practices were followed. Before staff started work, checks were made to make sure they were of a suitable character to work with people in their own homes. For example, criminal record checks, identification checks and references were sought before care staff were employed to support people.

There was a system to identify risks and protect people from harm. However, we found risk assessments were not always detailed to instruct staff on how risks to people's health should be managed. For example, the manager told us one person had reduced mobility due to a medical condition, and sometimes had restrictions on how they could move around. We looked in their care records to see how their mobility was being managed by staff. There was no risk assessment or mobility care plan in place to instruct staff on how the person should be assisted with their mobility, to prevent them from injury. However, staff we spoke with told us they understood the person's needs and how to manage the risk, as they were fully trained and knew the person well.

In another person's care records we found they had been involved in an incident with another person when out in their local community. The person had displayed behaviours which other people found challenging. A complaint had been made about the person's conduct. However, there were no risk assessments or risk management plans in place to instruct staff on how they should manage the person's behaviour, to safeguard the person, themselves and other people in the future if they displayed these behaviours again. The team leader told us they had briefed staff on the incident, and answered the complainant, but had not recorded this in the incident log or the person's risk assessments and care plans.

The provider had procedures in place to protect people against the risk of abuse and safeguarded people from harm. Staff attended regular safeguarding training. Staff told us the training assisted them in identifying different types of abuse, and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm, and protect staff members if they raised any concerns.

We found there were enough staff to care for people safely. Before people began using the service, the manager conducted a detailed assessment of the care each person required, prior to confirming whether they had enough staff to provide their care package. At the time of our inspection there were three people who lived together, each person had assigned staff to assist them with their personal care and visits into their local community, each day. At night there was a member of staff who slept in the home to ensure care and support was always available to people. One relative told us, "We are confident that he is supported 24/7 as required." One staff member told us, "I believe we have an extremely good team and we all pull together to help one another. If there has been any difficulty in reaching clients on my call, I inform my manager with the reason as soon as possible, for example, not being well enough to work, and ask my



manager to inform my client if I'm arriving a little later than the support time specified."

The provider told us that whenever people were at home there was at least one member of staff at their home. All the people had allocated one to one support hours in their support packages, so sometimes there may be two or three staff at the property whilst people are present.

Staff administered medicines to people safely. Staff had medicines training which included checks on the competency of staff, including how and when to administer medicines. Where people required medicines to be given on an 'as required' basis, there were instructions for staff on when to give the medicine. For example, in one person's medicine records it instructed staff to administer anti-histamine drugs only when the person was suffering from the symptoms of hay fever. The manager told us they or senior staff undertook regular checks on staff and records, to ensure medicines were managed safely. The team leader explained they conducted these checks weekly as they worked alongside staff where people lived, and could conduct checks on daily records and medicines records.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The manager and team leader were able to describe to us the principles of MCA and DoLS, which showed they understood it should be applied to protect people's rights. The manager told us everyone who used the service lacked the capacity to make complex decisions themselves. They described people as needing assistance to make complex decisions about their care and wellbeing, but were able to make everyday decisions about how they spent their time themselves. The manager told us that people were restricted in some aspects of their care and were supported by staff 24 hours' a day. For example, one person's diet was restricted. In addition, people were unable to leave their home without staff supporting them.

We reviewed two of the three people's care records. They did not have mental capacity assessments in place to confirm which decisions about their care had been made in their 'best interests'. One person's care records stated '[Name] is unable to make most decisions and lacks capacity.' The manager told us, and records confirmed; they believed a referral needed to be made to the local authority who commissioned the person's care, for a complete mental capacity assessment to be undertaken. They told us a request had been made to the local authority, but this had not been completed in the previous two years. We explained that it was not necessary for the local authority to conduct the assessment; Individual Support Solutions were responsible for making sure these were in place. For example, a mental capacity assessment may be required at the time a 'best interests' decision is made, to demonstrate the person's capacity has been considered at the time of the decision. After our inspection visit, the provider told us they have introduced a system to conduct mental capacity assessments for decisions that need to be made, for all three people at the home, and these would be done straight away.

Where best interest decisions had been made on people's behalf, it was unclear from their records who had been involved in the decision, and how the decision had been reached. For example, one person required support with their diet, and their records showed staff were not allowing the person to access certain types of food. However, there was no decision recorded on the person's records to show who had decided this was in the person's 'best interests'. Records did not show the person had been consulted about this aspect of their care. Following our inspection visit the provider told us they had implemented paperwork at the service to document 'best interests' decisions and who was involved in making those decisions, and care records would be updated straight away with this information.

People's care records did not state they had consented to aspects of their own care. The manager told us no-one who used the service was supported by a formal arrangement, such as a power of attorney or lasting

power of attorney. This meant no-one had a designated family member who was able to legally manage the person's financial arrangements, or make decisions about their care and welfare. However, people did have family members that were involved in planning and reviewing their care. The manager told us, and records confirmed people were having their finances managed by the agreement of the local authority by a family member.

Although paperwork was not in place describing how people were involved in making their own decisions about their care, staff told us they asked people for their consent before they provided people with support. A relative confirmed this saying, "The staff take considerable time to explain to [Name] decisions to be made and why, at a level he is able to understand." They added, "The staff will involve ourselves in the decision making process where required."

The manager told us they were aware people who used the service should have agreed restrictions placed on their care, through the local authority and court of protection. These arrangements are often described as community DoLS. They explained one person had been living in their home for approximately two years being supported by Individual Support Solutions, but a DoLS assessment had not yet been completed for the person, or anyone else living at the home. However, these had been referred to the local authority so that an application could be made to the court of protection.

We found staff had the skills, experience and support to enable them to meet people's needs effectively. One relative told us, "We feel all the staff involved in [Name's] care have got to know him very well, all the carers are able to manage their behaviours well and anticipate their triggers. They are also confident enough to seek our advice if on the rare occasions they don't respond. They all know likes/dislikes and capabilities to support them with daily routines and activities accordingly."

Staff told us when they started work at the service they received an induction that was tailored to meet the needs of the people they would be supporting. The induction included basic training in how to deliver care to people safely. Staff were trained based on the standards of the Care Certificate. The Care Certificate is a recognised level of training care staff can achieve, and is supported by Skills for Care, a nationally recognised organisation that sets standards for care staff. One member of staff told us, "Yes the induction was based on the Care Certificate, and all other training is kept up to date."

Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills. The manager maintained a record of staff training, so they could identify when staff needed to refresh their training. Staff told us they had regular meetings with their manager to exchange ideas, to check on their understanding, and to monitor their performance. They told us these meetings were useful in reviewing their development.

The manager supported people to see health care professionals such as their GP, dentist, and health professionals when a need had been identified. However, we noted that one person had a thyroid condition and other health concerns. These affected their weight and their diet was restricted; records showed they were also at risk of choking. A nutritional specialist or the Speech and Language team had not been consulted about their health, which may be usual under these circumstances. We brought this to the attention of the manager who agreed to look into the person's care, to see whether a referral was required.

## Is the service caring?

### Our findings

The person and the relative we spoke with said staff treated people with kindness and compassion. Comments included; "Yes, the staff are nice", "They are all friendly, kind and caring and bring out the best in [Name]."

Staff members told us they enjoyed their role and the interaction with people they supported. One staff member commented, "I enjoy my role, and the people I support appear to be pleased when they say things like 'when are you coming again' or 'that was a nice meal'."

The provider told us people were always introduced to staff before they started to care for them. People were given choices about which care staff were suitable to support them, according to their age and interests. The manager told us people were also being involved in recruitment of staff, where they were able to participate in the process. Staff supported the same people regularly so they got to know them well.

One member of staff explained how they supported people. They made sure people were encouraged to do what they could themselves, and only supported people with tasks they could not manage. One staff member said, "I support people to cook and take part in activities, I enjoy promoting people's independence (like when the person is shy or has little confidence) encouraging them makes me happy, if they are happy."

People were supported to understand information that was given to them by the provider, as some documents were written in an 'easy to read' format, using large text sizes and pictures. For example, the provider told us people had 'easy to read' occupancy agreements for their tenancies.

Staff understood how to provide care to people whilst retaining dignity and privacy. Staff described how they followed the confidentiality policy, and ensured people's privacy when they supported people with personal care. One staff member said, "Privacy is maintained by ensuring things such as bathroom doors are closed whilst in use, personal files are kept locked away, clients have their own bedrooms and personal conversations with a client are kept private."

## Is the service responsive?

### Our findings

The person we spoke with told us staff responded to their requests for support, and what they wanted to do each day. For example, people went out into their local community every weekday, most people attended a day centre operated by the provider where they took part in crafts, socialising, cooking, reading and playing games. A relative told us, "There has never been a time when we have not been accommodated or our requests denied."

A relative told us, "[Name] has grown in maturity & confidence since moving into supported living with ISS. We feel they are being fully supported and encouraged to live a full and active life. The proof is in their obvious happiness."

Records showed people attended regular activities during the week and at weekends, for example, a weekly disco and eating out. Some activities people did as a group, such as the weekly shop. Other activities were done on their own with support from staff. For example, one person had a volunteering role at a local sports club where staff supported them. The provider told us about some of the activities people were engaged in regularly, which included visiting family members, the cinema, bowling, having nails painted, hair appointments, playing skittles at the local pub, and personal shopping.

People's relatives were involved in planning their care. One relative told us, "We are able & encouraged to be involved as much as we like with his care & support plans. We communicate regularly with the staff and manager via email or phone to arrange appointments and activities." Information supplied by relatives supported staff to know people's likes and dislikes, and these were recorded in their care records. Records also included life histories, people's hobbies and interests. Activities were tailored to meet the needs of each person according to their wishes.

A relative told us, "We also have regular reviews to discuss our relation's progress and to alter any aspects of their care plans we think would benefit them, they are also involved in this process if they choose."

From talking to people, a relative, and staff, it was clear people were involved in planning their own care, however, this involvement was not clear in their care records. The team leader explained care was tailored around each person, and wherever possible people were asked about their preferences. The manager agreed records would show people's involvement in the future.

A staff member told us the care records gave them as much information as they needed, because they knew people well. The manager told us care records were checked regularly to ensure any changes to people's health were documented and reflected in the records. We saw examples of this, people's weight was recorded monthly where this was necessary; records showed the care each person received daily. Staff told us they had had an opportunity to read daily records at the start of each visit to a person's home. The care records notes from the previous member of staff as a 'handover' which updated them with any changes since they were last in the person's home.

The person we spoke with told us they would feel comfortable to raise any issues or concerns with staff, if they had any. The person we spoke with told us they had never needed to make a complaint. A relative said, "We have had no call to raise any complaints so far, but we have the information in our "welcome to services pack" if we ever wish to do so." There was information about how to make a complaint in people's home. The provider had procedures in place on how to investigate and respond to complaints. However, we saw a complaint that had not been logged in their complaints file. It had however been investigated and responded to. We brought this to the attention of the manager during our inspection visit, who explained this had been an oversight. No other complaints had been received at the service.

## Is the service well-led?

### Our findings

There was no registered manager in post at the time of our inspection visit. The current manager had applied to become the registered manager to us, immediately following the previous manager vacating their post. In addition to the manager there was a team leader at the service, who regularly worked alongside staff to monitor the care people received, and provide leadership support to staff. A relative told us, "We have no concerns over how the service is led." They added, "I cannot praise the service and staff enough for all their support, understanding and hard work."

We found the provider had not ensured that notifications of significant events, including safeguarding concerns had been sent to the CQC as required by the regulations. For example, in one person's care records we found they had been involved in an incident with another person during a visit to their local community; the person had displayed behaviours which put the other person at risk of harm. This had not been reported to CQC or investigated as a safeguarding concern. The manager told us although the provider had conducted an investigation and responded to people's concerns regarding the incident.

Staff told us they felt the service was well led, and managers were approachable if they required their support. Comments from staff included; "Yes all managers and team leaders are approachable and I feel all services are well led. "Yes, the managers are very approachable, they are always there for staff when staff aren't sure about something or there may be a problem and need advice, in my own opinion I would definitely say the service is well led."

Staff told us their manager held regular team meetings with staff, to keep up to date with people's care and support needs, and to brief staff on any changes. Staff were asked for their opinions about how care could be improved at these meetings. One staff member told us, "I do have regular meetings with managers and other colleagues and I do find the meetings useful, although, as support workers, we are always well informed of any changes or updates well in advance." Another staff member told us, "Delegated jobs to staff ensure smooth running of the service."

The provider involved people's relatives and staff in their quality assurance procedures, by asking them for their feedback. We found a recent quality assurance survey showed relatives were satisfied with the quality of care their relation received. However, there was no evidence that people who received the service had been consulted about their views. We found where relatives had raised feedback with the provider, any concerns had been followed up.

The provider had established a system of quality assurance checks to monitor the quality of the service people received. The provider ensured checks were undertaken on a monthly basis of information that was in the person's home, such as medicine records and daily records of care provision. These were checked to analyse tasks had been completed as they should. The manager also had in place a system of regular 'spot checks' on staff performance.

The provider also checked other issues were managed correctly such record keeping, infection control

monitoring and medicines management. The provider regularly visited the offices to meet with the management team.

The provider had highlighted the need for an improvement in risk assessments as part of their quality assurance procedures. They told us they had arranged additional training for the management team to improve the recording of risks and the development of risk mitigation plans. However, the monitoring systems and the provider's quality assurance checks had not highlighted the need for mental capacity assessments and decision making paperwork to be updated. Audits had not identified that some care records were kept in people's homes and were not brought back to the office for storage and auditing procedures. We have asked the manager to ensure that a full record of people's care is kept at their registered office location in the future. Records also required improvement to show people's involvement in their care planning.

The provider had an improvement plan in place to improve some aspects of their manager and team leader training, and to develop other staff members' roles by introducing a 'keyworker system'. Keyworkers had been allocated to each person who used the service, to ensure they received the support they needed. The keyworker system was being developed further to focus staff on improving person centred care to ensure support and health plans were up to date. The provider also planned to introduce some electronic records for people by the end of 2017. The provider told us they were also hoping to install computer equipment, printers and broadband at people's home, to benefit them.