

SoLO Life Opportunities

SoLO Life Opportunities

Inspection report

38 Walnut Close
Chelmsley Wood
Birmingham
West Midlands
B37 7PU

Tel: 01217793865
Website: www.solihullsolo.org

Date of inspection visit:
15 October 2018

Date of publication:
31 October 2018

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

At our last inspection in November 2015, the service was rated 'Good'. At this inspection, the service continued to be good.

SoLO Life opportunities is a charity which supports adults and children with a learning disability to access social and leisure activities. The personal assistance service provides personal care to both adults and children. There were 65 people using the service at the time of this inspection and 14 people were in receipt of the regulated activity personal care.

The inspection site visit took place on 15 October 2018 and was announced.

A requirement of the service's registration is that they have 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 a 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 was in post.

People's relatives felt their family members were safe. Personal assistants completed safeguarding training and procedures were in place to protect people from harm. Personal assistants knew how to manage known risks and risk management plans provided them with the information they needed to provide care and support to people in the safest possible way.

Personal assistants received training to administer people's medicines safely however, they did not administer people's medicines on a regular basis. Detailed medicine protocols were in place to ensure people received their medicines when they needed them.

Staff continued to be recruited safely. Enough personal assistants were employed to meet people's needs. People's care and support was provided by consistent workers at the times people expected for the correct length of time.

People were assisted to eat and drink if this support was required. Personal assistants understood their responsibilities in relation to infection control and knew what action to take in the event of an emergency. A system to record any accidents and incidents that occurred was in place.

Personal assistants received an induction when they had started work at the service. They provided positive feedback about their training, they had the skills and knowledge they needed to meet people's needs.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Relatives were complimentary about the care provided and personal assistants spoke warmly about people. People were supported to be independent, they were treated with dignity and their right to privacy was respected.

Before anyone received their care and support from SoLO an assessment of their needs was undertaken. Care records we reviewed were up to date and showed the inclusion of people and their families.

Relatives felt communication between them and the service was good and information was shared with personal assistants to help them to provide the care people needed.

The management team and personal assistants understood the importance of promoting equality and human rights and the importance of keeping people's personal information confidential.

People received information about the service in a way they could understand and a system was in place to manage complaints about the service provided.

Relatives felt the service was well led and they spoke positively about the provider's management team. Personal assistants had a clear understanding of their roles and felt supported by their managers.

The provider continued to involve people in the planning and running of the service and welcomed feedback from people and their families on the service they received.

Systems to monitor, assess and improve the quality and safety of the service were effective.

The provider continued to be active in their local community and worked in partnership with schools, colleges and local community groups.

The registered manager understood the responsibilities and the requirements of their registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's relatives felt their family members were safe. Risk assessments helped personal assistants to provide safe care. Personal assistants were recruited safely and enough of them were employed to meet people's needs. Personal assistants were aware of safeguarding procedures and knew what action to take if they suspected abuse. A system was in place to monitor and review accidents and incidents that happened. Personal assistants understood their responsibilities in relation to infection control. Personal assistants had received training to administer people's medicines safely.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

SoLO Life Opportunities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The office visit took place on 15 October 2018 and was announced. We told the registered manager 48 hours before our visit we would be coming so they could make sure they would be available and arrange for us to speak with their staff. The inspection team consisted of one inspector.

We inspected the service because it was previously rated 'Good' and it was time for us to return to check whether the rating continued to be 'Good'.

Before our inspection we reviewed the information, we held about the service. We looked at the information received from our 'Share Your Experience' web forms and 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 also spoke with local authority commissioners but they did not have any information to share with us. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We were sent a list of people who used the service before our inspection. However, people and children were not able to tell us in detail about their care and support because of their complex needs. Therefore, we spoke to four people's relatives via the telephone before our inspection visit to gather their views on the service people received. We also spoke to two personal assistants. We used this information to form part of our judgements.

The provider was not requested to complete a Provider Information Return prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account and

gave the provider the opportunity to discuss information that would have been included in the PIR during our visit.

During our inspection visit we spoke with the registered manager, the personal assistant project manager, the training coordinator, an administrator and the charities chief executive.

We reviewed the care records of two adults and one child to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

At our last inspection we rated the safety of the service as 'Requires Improvement' because the risks associated peoples care and support were not always documented. Also, a medication protocol was not in place for one person which meant their medicine could be given incorrectly. We were told that action would be taken to address these issues. During this inspection we checked and found action had been taken and improvements had been made. The rating has changed to Good.

Risk management plans provided personal assistants with the up to date information they needed to provide care and support to people in the safest possible way. For example, one person was at risk of choking on food and their plan instructed staff to cut their food into small pieces to reduce this risk.

Another person displayed behaviours that could cause harm to themselves or others when they became anxious. The person's risk management plan contained information for their personal assistants to follow to manage the persons behaviours safely and consistently. Our discussions with personal assistants assured us they knew how to manage known risks.

Personal assistants had received training to administer people's medicines safely and their competencies were assessed by a manager to ensure they remained safe to complete this task .

Personal assistants did not administer people's medicines on a regular basis because people were supported by their relatives to do this. However, one person was prescribed medicine to be given on an 'as required'. We saw a detailed medicine protocol was in place to ensure the person received this medicine when they needed it. The protocol detailed what the medicine had been prescribed for, the signs to look for which indicated when the person needed their medicine, and what action needed to be taken if the medicine administered had not been effective. For example, gain emergency medical treatment by calling for an ambulance.

People's relatives told us their family members were safe when they were supported by their personal assistants. One relative said, "I trust them 100%. They know him really well and I'm confident he is safe in their care. I wouldn't let anyone else look after him."

Procedures were in place to protect people from harm and personal assistants had attended safeguarding training. The training included information on different types of abuse such as, physical abuse. Personal assistants knew how to raise concerns and the signs to look for to indicate people were potentially being abused such as, changes in their behaviour or unexplained bruising to their skin. Personal assistants felt confident that their managers would take action if they did raise concerns and one said, "I know I can call the police or CQC (Care Quality Commission) if managers didn't take any action."

Personal assistants continued to be recruited safely. Checks including references and a Disclosure and Barring Service (DBS) had been completed before personal assistants started working at the service. The DBS helps employers to make safer recruitment decisions by providing information about a person's

criminal record and whether they are barred from working with people who use services.

Enough personal assistants were employed to meet people's needs. People's relatives confirmed care was always provided at the times people expected and for the correct length of time. An effective system was in place to ensure people had received the care and support they had been assessed as needing, to keep them as safe as possible.

Personal assistants knew what action to take in the event of an emergency when they were working within people's homes or when they were supporting people in the community. For example, what they needed to do if a person became unwell.

A system to record any accidents and incidents that occurred was in place. A manager reviewed completed accident and incident reports to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

Our discussions with personal assistants assured us they understood their responsibilities in relation to infection control which protected people from the risk of infection. One said, "We use disposable gloves when we provide personal care to reduce the risk of spreading germs."

Is the service effective?

Our findings

At this inspection, we found people continued to receive effective care and support. The rating continues to be Good.

Relatives felt personal assistants had the skills and knowledge they needed to meet their family member's needs. One relative told us, "They are well trained in autism. It means they understand why his routines are so important to him."

Personal assistants received an induction in line with the Care Certificate when they had started working at the service. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected for health and social care workers.

A programme of regular training updates supported personal assistants to keep their skills and knowledge up to date and they provided positive feedback about their training. One said, "We do a mix of face to face and eLearning. Its good training." Another explained they completed 'personal assistant' training every six months which helped them to understand their responsibilities and the providers expectations of them. Checks to ensure personal assistants put their training into practice and to check they were competent to carry out their roles were completed.

Personal assistants received on-going individual support through regular 'catch up' meetings to help guide them with their work. This made them feel supported to continually develop and improve their working practices.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way possible.

We checked and found the provider was working within the requirements of the MCA and the registered manager understood their responsibilities under the act. Adults who used the service had capacity to make simple decisions and they all had somebody who could support them to make more complex decisions in their best interest, such as a relative. This meant the rights of people who were unable to make important decisions were protected.

Personal assistants understood the principles of the MCA and knew they could only provide care and support to people who had given their consent. The MCA applies to everyone aged 16 and over. All children who received a service had parents involved in their care and records showed they had consented to care on their child's behalf.

People were assisted to eat and drink if this support was required. Personal assistants knew what people

enjoyed eating and drinking and understood their dietary requirements. For example, they knew one person enjoyed eating 'crunchy foods' and another liked to eat cakes. Records showed the service continued to work in partnership with other health and social care professionals such as social workers to support people to maintain their well-being and health.

Is the service caring?

Our findings

At our last inspection, 'caring' was rated as 'Good'. At this inspection people continued to receive the same level of caring support and the rating continues to be Good.

Relatives were complimentary about the care and support their family members received. One relative said, "The care is really good. I cannot fault anything." Another told us, "(Person) sees their PA as a friend, they have built up a really lovely relationship. Their face lights up whenever I mention their name."

Personal assistants told us they enjoyed their jobs and they spoke warmly about people and the relationships that had developed with them. For example, one said, "I have supported the same person for seven years so I don't see it as a job. I am really fond of them and their family."

People received care and support from a small number of consistent personal assistants. A relative said, "Having the same PA is brilliant, they know (person) inside and out. We couldn't ask for better care."

Personal assistants demonstrated they knew people well and they understood how people preferred to communicate. For example, one person used an electronic device to make their choices and another person made different sounds to indicate when they were feeling happy or sad. This was extremely important as some people did not use speech.

The management team and staff understood the importance of promoting equality and human rights. The personal assistant project manager said, "We treat everyone as individuals here and recognise people's diverse needs which includes their cultures and religions."

Relatives confirmed people were treated with respect. The provider demonstrated they were committed to ensuring people were cared for in a dignified way. The registered manager was a 'dignity champion' and records showed they had shared their knowledge with personal assistants to continually develop their understanding of how to promote people's dignity and to improve their working practices.

Personal assistants described to us how they promoted people's independence in a variety of ways. For example, they provided one person with a straw when they had a drink which meant the person was not reliant on them to consume their drink.

Managers and personal assistants understood the importance of keeping people's personal information confidential. Copies of people's care records were kept securely and were only accessible to staff who had the authority to see them.

Is the service responsive?

Our findings

At our last inspection the service was rated as 'Good' in their responsiveness towards people. At this inspection people continued to receive responsive care. The rating continues to be Good.

The aim of the service was to 'embrace disability and empower lives.' The chief executive told us this was achieved by, "Recognising what was important to people and creating a bespoke service tailored to people's individual needs."

Relatives gave us examples of how the service had been responsive. One explained the service had 'bent over backwards' and told us, "They (SoLO) have really bought him out of his shell they have encouraged him to try lots of different things which has been great as they like to be active."

The registered manager told us they were proud of the positive difference the service made to people's lives. Relatives told us the service used different approaches to ensure people's desired outcomes were achieved. For example, one person with support from their personal assistant was now able to hold a spoon and a fork to eat their meals. A new process was being implemented at the time of our visit which we were told would be used to track outcomes so the service could be 'the best it could be'.

Before anyone received their care and support from SoLO an assessment of their needs was undertaken by a member of the management team. This was to make sure their needs and expectations could be met. From the initial assessments, support plans and 'one page profiles' were devised to ensure personal assistants had information about how people wanted to be supported.

Care records we reviewed were up to date and showed the inclusion of people and their families. Records contained sufficient information about people's likes, dislikes and routines which supported personal assistants to provide personalised care.

Relatives felt communication between them and the service was good. One commented, "They email me, phone me. I know what is going on." Personal assistants told us they shared and discussed information with their managers such as, changes in people's health or wellbeing which helped them to provide the care people needed.

People received information about the service in a way they could understand. For example, in picture format. This was in line with the 'Accessible Information Standard' which is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

A system was in place to manage complaints about the service. Relatives felt assured that any complaints they had would be taken seriously and acted upon. One relative commented, "There is a complaints policy, I would use it if I needed to but we have nothing to complain about." Records showed us no complaints had been received about the service since our last inspection.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well-led. The rating continues to be Good.

Relatives spoke positively about the providers management team and they felt the service was well led. One relative said, "It seems well run to me, managers know what they are doing. They are friendly and professional."

Discussions with personal assistants demonstrated they had a clear understanding of their roles and responsibilities and what was expected of them. They told us they enjoyed working at SoLO and described their managers as 'supportive' and, 'helpful'. They confirmed their managers were available whenever they needed them.

The service had a registered manager. They were supported by the personal assistant project manager, an administrator and the organisations chief executive. Regular management meetings took place to review the quality of the service which gave the registered manager the opportunity gain assurance the service was being run in line with the values of the service.

The registered manager used different methods to ensure they kept their knowledge of legislation and best practice up to date. For example, they had spent time reading to increase their understanding of the regulations associated with the Health and Social Care Act 2008.

The provider continued to be active in their local community and worked in partnership with schools, colleges and local community groups. As the service was part of a charity regular fundraising events were held such as, sponsored walks. The provider also used social media and had a dedicated 'page' which was a way of effectively communicating with people, their relatives, staff and the local community.

Systems to monitor, assess and improve the quality and safety of the service were effective. For example, audits took place to ensure people had received the care and support they needed. The personal assistant project manager told us if audits had identified actions required, these were put into an action plan which was monitored by managers to drive forward improvement.

The management team welcomed feedback from people and their families on the service they received. Annual quality questionnaires had been sent out in September 2018. At the time of our visit feedback from the questionnaires was being analysed. A manager told us they would use the feedback to make improvements if they were required.

The provider continued to involve people in the planning and running of the service. People and their families had been given the opportunity to contribute to the providers five-year strategic plan which had been launched in August 2018. It outlined the providers future plans and their vision for the service.

The management team recognised and celebrated the contribution personal assistants made which

benefited people. A monthly staff recognition scheme called 'hero of the month' was in place. People, their relatives and staff could nominate personal assistants if they wanted to do so.

The registered manager understood the responsibilities and the requirements of their registration. For example, we had received notifications from the service as required so we were able to monitor and changes or issues within the service. It is a legal requirement for the provider to display their latest CQC ratings so that people are able to see these. We found their rating was displayed on their website.