

SoLO Life Opportunities

# Social Life Opportunities (SoLo)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Social Life Opportunities (SoLo) - HSCA is a domiciliary care agency which is registered to provide personal care and support to people in their own homes including people living in supported living settings. Supported living settings support people to live in their own home as independently as possible. At the time of our inspection the service supported five adults and three children with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using the service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right support

Known risks associated with people's care were not always well-managed. Some people's risk assessments did not provide staff with the information they needed to keep people safe. The model of care and settings maximised people's choice and independence. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were recruited safely and there were sufficient staff to provide people's planned care and support.

### Right care

People received personalised care and support from staff they knew and who understood their needs. Relatives had no concern about their family members safety and staff understood their responsibilities to keep people safe. Staff followed safe infection prevention practice in people's homes.

### Right culture

Systems to monitor the quality and safety of the service and to drive improvement were not in place. The provider's policies and procedures were not always effective or were not followed. An additional manager was being recruited to strengthen the management team structure to help drive improvements. Staff felt valued and supported by a registered manager who promoted an open and inclusive culture. The management team and staff worked in partnership with other professionals to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was Good (published 02 November 2018).

## Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. The provider was in breach of regulations in relation to risk management and governance at the service. Please see the safe and well-led sections of this full report.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified breaches in relation to managing individual risk and the way the service was managed.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Social Life Opportunities (SoLo)

## **Detailed findings**

### Background to this 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 Health and Social Care Act 2008.

#### Inspection team

Two inspectors carried out the inspection site visit. A third inspector made telephone calls to relatives of people who used the service.

#### Service and service type

This service provides care and support to adults and children living in their own homes and three 'supported living' settings, so they can live 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 06 October 2022 and ended on 14 October 2022.

We visited the office on 13 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four relatives about their experience of the care provided to their family members. We spoke with six members of staff including the nominated individual, the registered manager, the children's service manager, the assistant service manager, a support worker and an administrator. 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 two people's medication records. 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

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk management required improvement. One person was prescribed a medicine to manage a specific health condition. Risks associated with the use of this medicine had not been assessed. A support plan, which referenced this medicine was in place. However, the plan contained conflicting information about when this medicine should be administered. This put the person at risk which was unsafe.
- Some risk assessments lacked the detail staff needed to keep people safe. One person's 'using public transport' risk assessment instructed staff not to use public transport unless 'absolutely necessary'. No further information was available to inform staff of the actions they needed to take to keep the person safe if public transport had to be used.
- Information was not available to evidence risk assessments had been reviewed. That meant the management team had not ensured the information staff needed to keep people safe was up to date. The registered manager told us, "As far as I am aware there is no procedure which sets the timescale." They added, "The ACCESS risk assessment form does not have a review date." The registered manager told us they would take action to address this. ACCESS is the electronic records management system the service is in the process of implementing.

We found no evidence that people had been harmed however systems were not sufficient to demonstrate risk was identified, assessed, mitigated and reviewed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acknowledged our inspection findings and gave assurance risks would be reviewed, risk management plans would be completed and more information would be added to records to improve safety.
- Despite omissions in risk management records staff confidently described the actions they needed to take to keep people safe.

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.

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. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Relatives told us their family members received their medicines as prescribed where the need for support had been identified. One relative said, "They (staff) run this task like clockwork, I have no concerns." However, records were not available to evidence checks had not been carried out to provide assurance people's medicines were administered as prescribed and safely managed. The registered manager told us they would address this.
- Some people were prescribed medicines to be administered 'as required'. Protocols for those medicines were in place for staff to follow to ensure people received their medicines when they needed them in line with national medicines guidance.
- Staff completed medicine training and their competency to administer medicines safely was regularly checked.

Learning lessons when things go wrong

- Some opportunities to learn lessons had been missed. Daily records completed by staff documented an incident involving a person known to express themselves through behaviours that could harm themselves and others. However, staff had not completed an accident/incident report form. This meant information had not been shared or reviewed by the management team so, if needed, action could be taken to prevent a reoccurrence. One staff member attributed this shortfall to a lack of clarity about which reporting system to use whilst transitioning to electronic records. They told us, "One system would be helpful. At the moment it's disjointed."
- Accidents and incidents that had been reported were reviewed to identify any patterns and trends. Learning gained was shared with staff.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The management team and staff worked well with other agencies to keep people safe.
- Relatives had no concerns about their family member's safety. Comments included, "I've got no concerns about [names] safety. I'm happy with his carer," and "Yes, I feel [name] is safe. He appears to be happy."
- Staff had training in safeguarding children and adults and understood their responsibilities in relation to this. One staff member told us, "They [people] should be in a safe. I would report anything and would contact safeguarding or CQC if I needed to."
- The registered manager had shared information with the local authority to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment

- People received their care and support from staff they knew, at and for the length of time agreed. One relative told us, "There were issues with staff numbers during Covid but this has improved...they had a recruitment drive and [name] is receiving regular staff now." Another relative described how 'occasionally' they had had to 'step in' to provide their family members care. They said, "I know they work very hard to make sure this doesn't happen."



- The manager recognised the challenges of recruiting and retaining staff within social care. To try to address this they had streamlined their recruitment processes and introduced financial incentives to retain staff. The registered manager described their latest recruitment drive as 'good'.
- Staff were recruited safely in line with the providers policy and procedure.

#### Preventing and controlling infection

- Staff used PPE effectively and safely. One relative told us staff always wore face masks. They added, "They ask us to do the same when we visit which is fine."
- Staff understood their responsibilities for keeping people safe from the risk of infection. They had been provided with infection control training; this included the correct use and safe disposal of PPE.
- Staff had access to stocks of PPE. One staff member told us, "We never run out. If you can't get to the office, they [management] bring them out."

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not have sufficient oversight of the service which meant some previously evidenced standards and areas of regulatory compliance had not been maintained, including risk management.
- The lack of provider oversight had also resulted in the failure to identify the management and staff team did not consistently follow the provider's policies and procedures. For example, the registered manager was not familiar with additional medicines policies referenced in the provider's main Medication procedure. The registered manager told us, "To be honest I don't know about them." They added, "They are on my list to be reviewed."
- Systems and process to audit, assess and monitor the quality and safety of the service were not in place. This meant the issues we found had not been identified.
- A structured system was not in place to gather feedback from people and relatives about the service provided. One relative told us they felt communication was an area that needed to improve. The relative had not been invited to share their view. That meant opportunities to drive forward improvement had been missed.
- The provider had not ensured the transition from paper to electronic records was effectively managed. As a result, information for example about accidents and incidents had not been shared. That meant opportunities to improve safety and learn lessons missed.
- The services improvement plan was not up to date. Actions the management team had identified as high priority remained outstanding. The nominated individual told us, "Our intention is right. We just need to get there."

Governance and service oversight was not robust. Quality monitoring systems and processes were not established. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual and registered manager demonstrated commitment to learning lessons to benefit people and acknowledged some aspects of the service needed to be improved. One way they planned to achieve this was to strengthen the management team by recruiting a second registered manager. The registered manager told us, "It's been a case of prioritising the priorities. The urgency to recruit staff took up so much time. It's really not an excuse, it's a fact."
- Staff had completed equality and diversity training. One staff member told us, "They [people] have the

right to be free to be themselves and we respect this."

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

- The registered manager understood their responsibility to be open and honest when things had gone wrong.
- Staff spoke positively about the registered manager. One staff member described the registered manager as 'supportive and inclusive'. They told us, "We have team meetings. Supervisions (individual meetings) haven't always happened due to covering care but we are getting back on track. [Registered manager] has an open-door policy and is always there when needed."

Working in partnership with others;

- The registered manager and staff worked in partnership with other professional involved in people's care. The nominated individual added, "Individualised support for people is at the heart of what we do so working together is important."
- Throughout our inspection visit the nominated individual and registered manager were open and honest. They welcomed our inspection, which the nominated individual described as 'a learning curve', and gave assurance our inspection feedback would be used to update their improvement plan to drive improvement.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (b) HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured care and treatment was consistently provided in a safe way.</p> <p>The provider had not ensured risks associated with people's care was identified and assessed and well-managed.</p> <p>The provider had not ensured timely action was taken and risk reduction measures introduced to minimise known risk.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (e) HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured they had effective systems in place to assess, check, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured they had effective systems in place to identify and assess</p>

risks to the health and safety and/or welfare of people who use the service.

The provider had not ensured a structured system was in place to gather feedback from people and relatives to drive service improvements.

The provider had not ensured their governance systems remained effective