

Solutions in Service Ltd

# Solutions in Service Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Solutions in Service, Abbots Grange is a supported living service which is registered to provide personal care for up to ten people who live within the local community. The service consists of two independent living flats and eight rooms with shared accommodation facilities. At the time of our inspection eight people were living at Abbots Grange.

The service had a registered manager in post. 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.

The service has not previously been inspected by Care Quality Commission.

People told us that they felt very safe living at the service. Staff had a good knowledge and understanding about the different types of abuse that could occur and the different signs that may indicate that abuse is taking place. Staff were aware of how to report any concerns they may have, and were familiar with the registered provider's whistleblowing policy. Whistleblowing is a process through which staff are able to report their concerns internally or externally without fear of reprisal.

Risks to people's safety had been assessed and staff had a very good awareness of how to support people to reduce any risk of harm. However, we noted that records contained limited information as to how to manage risks identified. The registered provider confirmed that they would be implementing a new risk assessment document which would outline in detail the risks and associated control measures to be taken by staff.

Accidents and incidents that occurred were regularly reviewed to ensure that the service learnt from their experiences. The registered manager ensured that any actions required to prevent reoccurrence were shared with staff.

Safe and robust recruitment procedures were completed by the registered provider. A range of checks to ensure staff were suitable to work with people who may be seen as vulnerable were completed. The registered provider ensured that the value base of each applicant was reviewed as part of the recruitment process. This ensured that staff who were employed at the service worked within the required standards expected by the registered provider.

People were supported with their medicines as outlined in their personal medication contracts. Staff had completed the appropriate training required and this was done safely.

Staff were well supported through regular supervisions and team meetings. The registered provider ensured that a thorough induction process was undertaken and staff had regular access to appropriate training to

support them to be effective in their roles. The registered provider encouraged staff to access higher level qualifications in health and social care as part of their ongoing development.

The registered manager and staff had a good understanding of their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Mental Health Act 1983 (MHA). It was clearly evidenced that people made their own decisions about the support they wished to receive. Staff understood they could only support people with their consent and were respectful of the choices that people made. Staff understood the importance of ensuring that any decisions made on behalf of people when they may experience fluctuating or lack capacity must be made in their best interests.

Staff had a good knowledge of people's individual health needs and offered advice and support where required. People were supported to access a range of health professionals and services. The registered provider worked in conjunction with the landlord to ensure that the environment within the service met the needs of the people being supported.

People living at the service spoke positively about the caring attitudes of staff. We observed that staff were kind, caring, responsive and attentive to people's needs. People's privacy, dignity and independence were promoted at all times. The registered provider ensured that people's human rights were respected and that people were treated as valued members of the community.

Records that we looked at were comprehensive and kept up to date. Care plans contained detailed information on each person and how their support was to be delivered. Information was regularly reviewed with people living at the service. This meant that people received personalised care in line with their wishes and preferences.

A robust complaints procedure was in place and people told us that if they needed to make a complaint they knew who to speak to. The registered provider ensured that people had access to advocacy services. This ensured that people were able to access independent advice or support if required.

Staff described the management team as approachable, practical and as having good leadership skills. The service was well led and staff and managers promoted the importance of a positive value base and ethos within their work. Staff felt well supported by the registered provider and people were positive overall about living at the service.

The registered provider had effective systems in place to monitor the quality of the service provided. Regular audits were completed in all areas of the service provision and any areas of development were actioned as appropriate. The registered provider valued people's feedback to enhance and develop the service. A review of the service user survey was being completed to ensure that the process was user friendly and relevant information was captured to help improve service delivery.

## 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 felt safe using the service. Staff were knowledgeable about how to keep people safe from harm.

Risks to people and others were identified and effectively managed by staff to ensure people's safety.

Medication practices were safe. People were supported and enabled to be responsible for managing their own medicines.

### Is the service effective?

Good ●

The service was effective

Staff received appropriate training and supervision to enable them to effectively meet people's assessed health and support needs.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent and mental capacity.

Staff supported people to access health care services promptly when required. People were supported to maintain their health and well-being.

### Is the service caring?

Good ●

The service was caring

Staff promoted people's dignity by treating them as individuals and respecting their choices. Staff took time to listen to people and make sure they understood their wishes.

Staff promoted people's confidence and independence to empower them to live their lives as they wanted.

### Is the service responsive?

Good ●

The service was responsive

People received personalised support that was tailored to meet their individual needs.

There were varied activities to support people's social and well-being needs. People who used the service were supported to maintain or develop links with the local community and their friends.

People knew how to report any worries or concerns they had and were confident that these would be taken seriously.

**Is the service well-led?**

**Good** ●

The service was well led

The registered manager knew the service well and staff felt valued and supported by them.

Staff had a clear understanding of the provider's values and practised them in the delivery of people's support.

The registered provider assured the quality of the service was maintained through the quality monitoring systems in place.

Systems were in place to seek the views of people who lived at the service and their feedback was used to make improvements.

# Solutions in Service 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 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 inspection took place on the 5 May 2016 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be at the premises. The inspection was carried out by an inspector from the adult social care team.

Prior to the inspection, we looked at all of the information we held about the service in the way of complaints, compliments and statutory notifications. A notification is information about important events which the registered provider is required to send to us by law.

During the inspection we spoke with four people who lived at the service and two professionals who regularly visit the service. We also spent time observing the interaction between people and staff as well as the activities that were taking place throughout the day.

We had the opportunity to speak to five members of staff and this included the management team. We reviewed records relating the overall management of the service, four records relating to staff recruitment and support and training records. Records regarding complaints and compliments were also reviewed.

The opinion and feedback from health care professionals, service commissioners and the local safeguarding team was also sought and no concerns were raised about the service.

# Is the service safe?

## Our findings

People told us they felt safe with the support that they received. Their comments included, "I feel safe living here. The staff are always about if I need to talk about anything and they give me advice if I need it. They want to make sure I am safe" and "I've had good and bad times but this is the most secure and safe I have felt. It's down to here and the people who help me".

The service had a clear and accurate policy for safeguarding adults from harm and abuse. This provided staff with information about preventing abuse, recognising the signs of abuse and how to report it. Staff had received training in safeguarding adults and were confident in describing what actions they would take if they had concerns. Their comments included, "I wouldn't hesitate to speak to the manager if I noticed a change in someone or if they told me anything of concern" and "We all know how and who to report concerns too and the importance of having a clear audit trail of our actions". Staff told us they would feel confident in reporting abuse to management or outside agencies, if this was needed. Staff were also aware of the whistleblowing procedure and knew how to blow the whistle on poor practice to agencies outside the organisation. This meant that people were protected from the risks of harm and abuse.

The risks involved with supporting individuals had been assessed to keep them safe. Risk assessments included detailed information about what risks could be presented to both themselves and others. Staff we spoke with had a good knowledge of the risks associated with each person and could clearly describe the support required to minimise these risks. However, we noted that records contained limited information to guide staff on what actions to take to minimise the chance of harm occurring. We spoke with the registered manager about this and we were shown a new risk assessment document that the registered provider would be introducing. The new record would enable the risk to be identified and clearly outline the control measures and actions required from staff. This way people would be supported safely because risk assessments would describe the actions staff were required to take when supporting people.

Staff were aware of the requirement to inform the manager of any accidents or incidents that occurred with people. Records which described what had happened before, during and after incidents were completed in detail. The registered manager completed a review and analysis of each record so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. We saw that recommendations to prevent a reoccurrence were recorded and shared with staff for continued learning.

People using the service had an outlined plan of support which spanned the duration of a week. This was provided in line with their personal requirements and agreed support hours. We found a good level of staffing during our visit and people felt reassured that there was a staff member available when needed. Rotas confirmed that there were sufficient numbers of staff to meet people's needs.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with vulnerable people. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if

prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Interview records were maintained and showed the process was thorough. We noted that the registered provider requested that applicants complete the care standards questions as part of their application process. The care standards help to ensure that people working in health and social care provide care and support of a high quality. This process enabled the provider to assess the value base of each applicant. Comments such as "If I were a service user I would like to be supported in a non-judgemental way by empathetic staff" were noted. Successful applicants were provided with the terms and conditions of employment, and a copy of the staff handbook.

People were supported to be independent where possible with their medicines at the time that they needed them. Each person had a signed medication contract in place which clearly identified the support they required from staff. This varied from people who were able to manage the whole process independently to those who required regular assistance. Support staff signed medicines administration records (MARS) for any item when they assisted people. Staff had been trained to administer medicines to people safely and were confident about what action to take if people refused to take their medicines, or if there were any errors. Records showed that people received the correct level of support and the medicines they needed at the correct time.



## Is the service effective?

### Our findings

People we spoke with gave positive feedback about the skills, knowledge and experience of the staff team. They told us, "They know when I need some help and can tell if I'm not myself. I need them to be able to notice this in me, so I don't become unwell" and "I can ask them anything and they will offer me advice. That can be help with my money or my health. They are very good". We observed a number of positive interactions in which staff demonstrated a range of skills and expertise in meeting people's needs.

We reviewed the registered provider's induction and training programme. Staff completed a bespoke induction programme which included attending training sessions and also shadowing more experienced members of the team. This approach to induction equipped staff with the skills and knowledge required to carry out their roles effectively. Staff told us "I'm like a sponge. I really enjoy the training and the managers are very good and are keen to help me develop" and "Staff are encouraged to undertake further qualifications such as NVQ level 3 and above. The managers want us to progress in our roles. You don't get that in other places". The National Vocational Qualification is a recognised qualification which ensures that staff have accessed a good level of knowledge and training in care. Training records showed that staff had completed training in health and safety, moving and handling, fire awareness and first aid. In addition to this staff were supported to develop their skills and knowledge in relation to different mental health diagnosis and other health conditions such as multiple sclerosis. This ensured that staff had the necessary skills and knowledge to carry out their role effectively.

The registered provider had a supervision and appraisal policy. Supervisions gave staff the opportunity to discuss their responsibilities and to develop in their role. Records confirmed that staff had regular supervisions with the management team. One staff member told us "It's my opportunity to sit and discuss my work and also what support I might need. There is a very open approach to supervisions, which makes you feel comfortable to talk". We saw records of supervisions completed evidencing this approach to discussions.

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 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 or Mental Health Act 1983 (MHA).

The registered provider had policies and procedures in place relating to the MCA and MHA. The registered manager and staff we spoke with showed a very good understanding of the importance of gaining consent and supporting people to make their own decisions. Individual care plans highlighted information about people's capacity to make decisions and also times when this may be affected due to their mental health or general health diagnosis. Staff were clear on what actions would need to be taken during these periods and described the best interests approach to decision making that would be completed. Best interest meetings are used to make a particular decision on a person's behalf where they have been assessed as lacking

mental capacity. People also had access to Independent Mental Capacity/ Health Advocates (IMCA/IMHA) to support them in making decisions or understanding issues concerning their everyday life.

A good example we saw during our visit showed how staff had identified deterioration in a person's memory which had impacted on the management of their day to day finances. The service had liaised with the person, relevant others and professionals and applied to the court of protection to request a deputyship for the management of the person's finances. This showed that people's ability to make safe decisions was considered and acted upon to minimise risk.

People were supported as required to attend medical or health and well-being appointments. Records showed where people had attended or chosen not to attend annual health checks and reviews with other health professionals. Staff told us that most people were independent in this area but they were always available for advice and support if needed. Care plans clearly outlined what support people wanted.

Staff were proactive in their approach to accessing alternative therapies to support people's health needs. They told us "We will keep an eye out for any changes in people's health and we will give advice where necessary. We try to make sure they have all the information they need to make an informed choice on what they do". We saw how good partnership working had been undertaken with health professionals and therapies such as hyperbaric oxygen therapy (HBO) had been accessed for people. HBO is a treatment which involves breathing pure oxygen in a pressurised room to treat or relieve side effects of medical conditions such as multiple sclerosis. Health professionals told us, "They staff are very good at liaising with us and we are regularly kept up to date with any changes in people's health and support needs".

The registered provider had worked alongside people using the service, the landlord and relevant others to make sure that the environment was suitable to meet people's needs on a long term basis. A walk in shower room and non-slip flooring had been put in place which helped to maintain the independence and dignity of people who lived at the service.

# Is the service caring?

## Our findings

People told us that the staff were kind, caring and respectful at all times. Comments shared with us included, "The staff work here because they want too. They have the milk of human kindness running through their veins" and "The staff are fantastic, look at where I live and the support I get. They have saved my life".

Staff were person centred in their approach and had a good understanding of each person's past history, their individual needs, strengths and their wishes for the future. Recovery plans were completed with each person who identified goals that they wanted to achieve whilst living in the service. Examples of these were 'I want to go to a concert' and 'I want to renew my passport and buy a fridge for my room'. Staff explained the importance of having something to aim for in life and how this helped people. One person told us "I can manage my money all by myself again now. That was one of the things that was really important to me and I did it". People were supported to maintain their independence and staff focused on empowering people in all aspects of their lives.

People valued their relationships with the staff team and spoke highly of all staff members. "They are so supportive and respectful, they treat me as a human being, never judge me and I can talk to them about anything". Staff communicated effectively with each person using the service and interactions we saw were positive, engaging and relaxed. People told us that staff were easy to get on with and they couldn't fault them at all. One person told us "They make you feel at ease and we do have a laugh at times. That's really important as life can become too serious otherwise". People felt that staff support was given in a non-patronising way. It was clear from observations that staff listened to people and were respectful of their wishes.

People were treated as people first and staff respected their equality and human rights. Staff supported people in an equitable way and did not see people's medical diagnosis as being a barrier to having their needs and wishes met. We noted that the ethos within the team was that people who lived at the service had the same rights as everyone else in the community and these should be promoted at all times.

People's privacy and dignity was maintained at all times. Each individual had a signed privacy agreement in their personal support plan records. Agreements incorporated elements of the Human Rights Act 1998 and the Equality Act 2010 and highlighted the rights of each person to be respected and free from discrimination whilst using the service. Requests such as 'All staff must knock and wait for me to answer before entering my room' and 'Staff must remind me to lock my room to ensure my privacy is maintained' were expressed by people using the service. Each person had access to their own key so they could lock their door and ensure that their personal space was kept private. Staff told us "We work hard to develop therapeutic relationships with people and a large part of this is making sure that people feel respected. We must follow and respect their requests". Observations showed that staff were discreet when discussing people's needs during our visit, moving to quiet areas such as the office as required.

Each person had an allocated key worker to support them with their everyday needs. One person told us "I

have a great relationship with my key worker. We needed to get on because I wouldn't have opened up otherwise. They thought about who might be the best person and they got it right for sure". People felt that time had been taken by the registered manager to consider who might be the right personality and person to support people successfully. This showed that the registered provider understood the importance of relationships and people's well-being, being promoted.

## Is the service responsive?

### Our findings

People told us "I review my care plans whenever I want. I have a copy of them in my room so I can look at what I have written or agreed too" and "The staff talk to me quite often about my care plan and I let them know if I want anything changing. I then sign it to say I agree".

We reviewed three people's care plans during our visit and saw that their needs were assessed and plans put in place to guide staff on how best to meet those needs. Staff said the aim of the service was to help people develop life skills, live independently and to remain well. Care plans contained information that was specific to the individual and included information about the person's medication, physical health, financial, leisure and occupation needs. Comments such as 'I enjoy running, swimming and going to the gym' and 'I need support to remember to attend my appointments' were recorded in care plans.

Relapse care plans were completed by people and provided staff with detailed information on how to recognise signs of deterioration in their condition and how this may be presented. Information about how to best support people if they were showing these signs and symptoms were outlined for staff awareness. Staff told us "We get to know people well, their cycles and patterns of behaviour and we always reflect on anything that we experience so we are all up to date with any changes". Each person had a rehabilitation plan in place that utilised the key elements of the Mental Health Recovery Star tool as a basis for development. The Recovery Star is a tool that measures change and supports recovery by providing a map of a person's journey to recovery and a way of plotting progress and planning actions. People sat with their keyworker on a regular basis to review their care plans. Areas such as self-care, living skills, social networks and relationships were regularly discussed through a recorded review process. This meant that the care provided by staff was up to date and relevant to people's needs. One person told us "I do voluntary work at a local supermarket, go for pedicures and get out and about. All of these things I have been encouraged to achieve. I am free and I have my life back again". Where a person's mental health deteriorated, professionals from the mental health team said that the service responded quickly in a crisis. The deputy manager told us "We will involve the best professionals when needed and we pride ourselves in being responsive in difficult situations".

Some people had access to temporary work opportunities and others had access to adult education courses at a local college. We saw people getting going out and about to carry out their personal errands. People regularly accessed the local community by themselves or as a group, visiting the local supermarket, pub or going out on day trips. The registered provider had recently acquired a vehicle which enable people across a number of their services to come together and go out as a group. It was clear from our observations that friendships had developed through shared interests, hobbies and the opportunity to come together as a group. People were encouraged to do their own laundry, cooking and keep their own personal bedrooms tidy and clean. One person told us "I'm like the mother here so I help everyone where I can. I love that feeling. It makes me feel like I have a purpose" and "I have a good mate who lives in another house. It's great when we go out together, we have similar interests and we have a laugh". On the day of our visit the service had planned a BBQ and invited people from other service to visit. Throughout the afternoon the atmosphere was positive with lots of laughter and conversation between people and staff.

There was a service user hand book and service user guide which was made available to all people who used the service. Copies of these documents were in place in care plan files and people were familiar with the content. They told us "It tells me exactly what I can expect from staff. They have to respect my privacy and confidentiality and treat me as an equal". Information was written in a clear and concise manner to help people to understand the service they should receive.

People knew how to raise a concern or a complaint and told us that they felt confident that the management team would take it seriously. A copy of the complaints process was made available in each person's care plan file. One person told us "I didn't feel that my room was safe and it was bothering me. So I spoke with the managers and they arranged for an extra lock to be fitted" and "If I wasn't happy I would tell them. I would insist something was done and if the staff didn't take me seriously I would speak to someone in the mental health team. I've never had to though as I don't have any complaints". We reviewed the registered provider's complaints procedure and saw that the process outlined only guided people to raise complaints directly to the registered provider or to the local authority or mental health team. The registered manager confirmed that he would update information to ensure that contact details for the local ombudsman would also be made accessible to people.

## Is the service well-led?

### Our findings

The service had a registered manager in post. People told us that they felt the registered manager was 'easy going and approachable' and this helped them to feel comfortable at the service. Staff told us "The directors are the backbone to the service. Their values and ethos are second to none" and "I love working here. It's a very progressive and supportive organisation. The managers speak the same language as us and are practical and responsive. Great qualities in leadership". The registered manager told us "We have a very low turnover of staff. We believe this is down to the way the business is run. We involve people and value our staff".

Records showed that staff meetings were held on a regular basis and there was good staff attendance. Staff commented that they felt well supported by management and their work ethics and approach were 'the best'. In addition to staff meetings the registered provider had recently introduced a monthly managers meeting where overall performance plans and best practice examples for shared learning were discussed. The deputy manager told us "Teamwork is joined up across the organisation. We meet to look at consistent practice and also what works and doesn't work. We are continually striving to improve". The deputy manager stated they were working towards a level 5 national vocational qualification (NVQ) and felt that their skills and interests were being used effectively by the registered provider. The directors told us that they were currently focusing on restructuring the business in line with their growth to ensure they continued to provide a high quality service. They told us that their aim was to implement service based registered managers to focus on quality and to create opportunities and pathways for personal development in the organisation.

Regular meetings were held with the people who used the service so that they could share ideas, concerns and express their views. Action plans were drawn up following the meetings and an audit trail kept of any actions that needed to be completed. People told us "We decide when the meetings take place as we all have different routines. We talk about house rules, housekeeping, relationships with each other and any suggestions that we have" and "They are alright to go to. It's good to know we have a say". The registered provider was in the process of reviewing their service user survey as they felt the current approach to gathering views was not always effective. "We want to make sure we make it user friendly and that it gathers the right information to inform change. We also don't want to overburden people with the frequency of feedback". The last survey results showed that people were happy with the overall service.

Regular quality audits were completed at the service. These covered areas such as care plans, health and safety, accidents and incidents, environmental issues and fire systems. The management of medication was also subject to regular audits. Any concerns relating to the effective management of the service were quickly identified and appropriate actions taken to resolve them. The registered manager also assessed their service using the CQC five domains of safe, effective, caring, responsive and well led and the associated Key lines of Enquiry (KLOES). This demonstrated a good understanding of the fundamental standards and the requirements of the Health and Social Care Act 2008.

Prior to the inspection, we reviewed the statutory notifications that the registered provider had submitted to

the CQC. Notifications enable CQC to monitor any events that affect the health, safety and welfare of people who used the service. We found that we had not been notified about two recent police incidents that occurred at the service. Through discussions and a review of records we found that appropriate and robust actions had been taken by the registered manager. We explained that the local authority do not automatically update CQC on any information of concern and discussed the appropriate actions required by the registered manager. The registered manager took immediate action to rectify this and the appropriate notifications have been submitted to CQC since our visit.

The registered provider ensured that people's information was treated confidentially and records were stored securely in line with the Data Protection Act 1998. People's individual care records were stored in lockable filing cabinets in the office. Staff files and other records were securely locked in cabinets within the office to ensure that they were only accessible to those authorised to view them.