

Solutions in Service Ltd

# Solutions in Service Ltd

## Inspection report

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Date of inspection visit:  
29 February 2016

Date of publication:  
21 March 2016

## 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

This was an unannounced inspection, carried out on 29 February 2016.

Solutions in Service is a supported living service which is registered to provide personal care for people who live in their own homes within the local community. Support in everyday activities can be provided, which helps people to live as independently as possible.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

People told us that they felt safe using the service. The registered provider had a robust process for reporting any concerns they had and for ensuring people were protected from abuse. Staff had been provided with safeguarding adults training and they clearly described what was meant by abuse and the different types of abuse. Staff told us they would not hesitate to raise any concerns and they felt confident that they would be dealt with appropriately.

People were supported to be in control of their medication. Medication agreements sought consent and detailed how people wanted to be supported with their medicines on a daily basis. Staff had received appropriate medication training and their competency was assessed prior to observing or supporting people with their medication.

Robust recruitment processes were followed and there were sufficient qualified, skilled and experienced staff on duty to meet people's needs.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and the Mental Health Act (1983). The registered manager and staff had a good knowledge of legislation and their role and responsibility linked to this.

Staff were enabling and promoted inclusion for people in all aspects of their role. People were supported to live their lives how they chose and accessed the local community as they wished. Staff supported people to attend social events and to manage day to day tasks such as attending health appointments and voluntary work.

People's needs were robustly assessed and planned for and staff had good information about how to meet people's needs. Care plans were written with people and promoted positive enabling support. Staff worked well with external health and social care professionals to make sure people received the support they

needed. People were referred onto the appropriate service when concerns about their health or wellbeing were noted. Staff were responsive in meeting changes to people's health needs.

Staff were caring and they always treated people with kindness and respect. Staff promoted people's privacy and dignity and continuously encouraged people to maintain their independence. Care plans included information about people's rights including their right to be free from discrimination and to be treated as an equal.

Staff received support through supervision and team meetings which enabled them to discuss any matters, such as their work, training needs and areas of development. There was a well-developed programme of planned training which was relevant to the work staff carried out and the needs of the people who used the service.

The service was well managed by a person described as 'excellent' in their role. The registered provider was described as 'always looking to progress and make a difference' and people, staff and relatives supported this view point. The manager and staff promoted a culture of learning and development. Systems were in place to check on quality and the quality assurance audit which was based on CQCs five domains and key lines of enquiry (KLOES) was completed by the registered provider in line with their own timescales. We were notified as required about incidents and events which had occurred at 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?

Good ●

The service was safe

People were kept safe and risks to them were minimised.

Staff understood their responsibilities in relation to protecting people from harm or abuse.

The registered provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe.

### Is the service effective?

Good ●

The service was effective

People were always consulted with and consent was sought prior to support being delivered.

People's rights were protected in relation to making decisions about their care and treatment.

People received support from staff who were well supported and had completed appropriate training to undertake their role.

### Is the service caring?

Good ●

The service was caring

Staff were passionate about their roles and were caring and supportive towards people they supported.

People were involved in how staff should maintain their privacy and dignity. Privacy and dignity agreements signed by people were in place for staff to follow.

People were encouraged and supported to establish and maintain community connections and relationships.

### Is the service responsive?

Good ●

The service was responsive

Care plans were personalised and promoted a positive approach to supporting people. People were actively involved in writing and updating their care plans.

Staff were knowledgeable about people and recognised when people became unwell. Rehabilitation plans supported people well during times of crisis.

Engagement in activities and local community networks were positively encouraged. People were positive about their experiences and achievements.

**Is the service well-led?**

**Good** ●

The service was well led

Staff and managers worked well together. The service promoted a positive and enabling culture for people supported and staff.

The registered provider embraced learning and reflection opportunities. Best practise information was shared with the staff team to ensure there was continued development for people.

The registered provider actively sought people's views through the use of surveys. Information was reviewed to identify how improvements to the service could be made

# 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 29 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service for people who live in the community, we wanted to make sure that someone was available to help with the inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the registered provider including previous notifications and any complaints or safeguarding concerns. A notification is information about important events which the registered provider is required to send to us by law.

We looked at information provided by the local authority and safeguarding teams. The information raised no concerns about the service.

As part of the inspection we met with six people who used the service and three people's relatives. We interviewed three staff, the deputy manager, registered manager and directors of the organisation. We also looked at three people's care plans, medication records, three staff files, training information and some policies and procedures in relation to the running of the service.

# Is the service safe?

## Our findings

People told us that they felt safe and were happy with the service that they received. One person said "The staff who support me make me feel safe. It is important that when I come home I know that someone is there if I need them for anything". Another person told us "The staff are always making sure that I keep myself safe. We have regular talks and information given to us about things that may affect us". Relatives told us "It puts my mind at rest knowing how safe [my relative] is and how staff are quick to respond to any changes in their behaviour. I couldn't ask for a better service".

Staff knew what abuse meant, they described the different types of abuse and how they would report any concerns they had about people's safety. We asked staff how they would respond if they were told about, witnessed or suspected abuse. Staff comments included, "I would make sure the person was safe and report it immediately to my line manager" and "I would make sure that I reported it as soon as possible. If my manager wasn't around I would contact one of the directors and let them know". All staff had a good awareness of the registered providers and the local authority safeguarding procedures and they described how they would work in partnership with other agencies to address any concerns raised.

Staff described the registered providers whistle blowing policy and the process to follow if they were unhappy or had concerns about poor practice within the service. Staff informed us that they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with thoroughly and in confidence.

The registered provider had safe procedures in place for the recruitment of staff. We viewed recruitment documents for three staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form, references obtained from the applicants previous employer and a Disclosure and Barring Service (DBS) check prior to starting to work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staffing rotas showed that each day and night there was a consistent team of support staff led by senior support workers and the deputy manager. This ensured the familiarity and consistency of staff for people they supported and showed that the registered manager considered how to ensure that people felt safe when they received their support. In addition to this the registered manager visited people regularly and was available for people to contact. Each person purchased a specific number of hours of support and the registered provider had considered staffing levels to ensure that they had staff available to fulfil the terms of the contract. Information relating to what specific support people received was recorded on a daily basis.

Staff received in house training in the management of medication in line with the registered providers policy and procedures. Care plans showed that staff were required to prompt or remind people to take their medication. People who used the service told us that their medication was very important because it kept them well. Their comments included "I like to see to my own medication but sometimes I just need a nudge

to remind me when to take it. It's important that I don't forget". Each person's care plan had a signed medication contract in place. This document sought permission from the person for staff to prompt them to take their medication in line with their prescription or to discuss persistent refusal with the Mental Health team on the person's behalf. Staff described how they encouraged people to take their medication and what actions they would take if the person refused. People's medical history and any known allergies were recorded in their care plans. The service was responsible for ensuring that new medication administration records (MARs) were requested each month and put in place for people who wanted them. Medication was stored securely within locked cabinets in people's own rooms.

Risks to people's health and safety were clearly identified in their care plans. There were risk assessments and contingency plans in place in relation to areas such as self-neglect, vulnerability within the community and intentional and unintentional risk to others. Staff had good knowledge of people's identified risks and they described how they would manage them. Regular reviews were undertaken by the registered manager and the deputy manager with people to discuss and highlight any changes to their care and support needs. One person told us "I choose to go out with staff sometimes depending on how I feel. This makes me feel safe, but it's always my choice".

Where accidents or incidents had occurred these were recorded by staff and reviewed by the registered manager and registered provider. This process ensured that themes and trends were identified and appropriate actions taken to minimise risk in the future.

The registered provider confirmed that the landlord completed regular checks to ensure that the premises were safe, these included checks on the fire, electricity and gas systems. There was evidence that fire drills and evacuations were carried out and appropriate emergency measures were in place to ensure safety of people in the event of a fire. The deputy manager informed us that they would be introducing personal emergency evacuation plans (PEEP) for each person. PEEPs inform staff and emergency services of the safest way to evacuate in the event of a fire. Staff at the service had completed fire safety training. People had their own bedsit space and were able to lock their rooms to maintain security for their possessions.



## Is the service effective?

### Our findings

People received support from staff who had the skills and knowledge to meet their needs. People told us "Staff make sure I take the lead in decisions about my life. They are always respectful of what I want and don't get overly involved in my life" and "I am encouraged to be independent in my life by the staff. They want to make sure I am well, but they are never over bearing". Relatives were positive about the staff team and told us "[My relatives] health has improved a lot. They needed to lose weight and the staff have encouraged them to do this and get the right support and advice".

Staff told us that they received a thorough induction which included both training and shadowing their peers and deputy manager. Records confirmed that staff received regular supervision with the management team. Supervisions and team meetings included support and discussion on the challenges of the day-to-day work, good practise and professional development. Staff told us "Our supervisions are productive. We are encouraged to look at how we can develop in our roles and progression is supported by the managers. We are a progressive organisation". The registered manager told us that communication was very important in helping to make sure people received a good service. Training records showed that staff were provided with the knowledge and skills needed to give people good care. Training completed by staff included mental health awareness, safeguarding, first aid and conflict resolution. Staff confirmed that the registered provider supported their professional development by accessing National Vocational Qualification (NVQ) training. This is a nationally recognised qualification and this meant that people who used the service were supported by staff that had good knowledge and training in care.

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 or Mental Health Act 1983 (MHA).

Policies and procedures which were in place offered guidance to staff in relation to obtaining people's consent to the care they received. Staff asked people for their consent before carrying out any activities and promoted personal choice at all times. Care plans were signed by people to show they were consulted and led the decision making process about their care. The registered manager and staff had a good awareness of what actions would need to be taken if someone became unwell and experienced a period of fluctuating capacity which may affect their ability to make decisions for themselves. An example of this was when staff sought advice regarding the personal finance management of a person when they were unwell. An assessment by professionals was sought and a guardianship order was introduced through a best interest's decision making process. Records clearly documented permission from people as to whom they wished and/or did not want to be informed or involved in their care during these times. A relative said "It was difficult at first as we wanted to know everything about [my relative]. Staff were very polite but clear about their right to confidentiality. I value them for that approach". Staff told us "Sometimes people make decisions that we think aren't wise. We are here to offer advice, but it is not our job to stop people" and "If

someone becomes unwell, we will involve the right professionals for assessment and decision making in line with best practise guidance".

Records demonstrated that people were supported to access health care services, such as GP visits and nurse visits were appropriate. Staff were aware of people's health needs and had processes in place to monitor conditions such as those associated with diet and medication management. Care plans provided clear guidance to staff with regards to what support people required or wanted with their agreement. For example, we saw how staff provided advice regarding people's nutritional needs and how people's weight could to be managed to minimise the impact on other health conditions.

## Is the service caring?

### Our findings

People told us that staff treated them with respect and dignity at all times. Comments included "Staff respect my personal space as this is important to me, but I know they are always there for me if I need them" and "The staff always knock on my door and wait till I say they can come in. That's my personal space and they are respectful of that". Relatives told us, "The staff are very caring and they worked hard to build a good relationship with [my relative]" and "There is always someone around and they make sure [my relative] can get to visit us when they want too". It was clear from feedback that caring relationships had been developed.

Interactions between the staff and people who used the service were positive and relaxed. Staff were kind, caring and people were treated with dignity and respect. We observed how staff had a good knowledge of how to interact with people and altered their approach to meet the different needs of people who used the service. Staff had learnt that some people did not like their personal space invaded. We noted that staff were respectful and followed the persons lead when interacting. There was lots of chat and conversation about people's well-being and how they planned to spend their day, Staff told us "Everyone here has their own personality, different likes and dislikes and their own preference as to how they live their life. We make sure we understand this so that people have a good experience each day". Staff respected a person's right to make, unwise choices at times and they told us, "We treat people as we would expect to be treated. We are all adults here and it's important to remember that. We are here for advice and guidance, not to interfere". People told us "They never stop us from doing anything. They will talk to us about what might happen if we do something that's not great for us. At the end of the day I make my own decisions good or bad".

People told us they had a designated care coordinator in place. This was a named member of staff that worked alongside them to make sure their needs were being met. People were encouraged and supported to develop relationships and friendships within the local community. Staff told us that this had built people's confidence and had led to opportunities such as voluntary work in a local charity shop and regular visits to a local day service. People were proud of their achievements. One person told us that they had started to develop a network of friends at the local day centre and had recently started going without any staff support. Relatives told us "We cannot believe how well our [relative] has done, they are going from strength to strength and that is down to the staff being so wonderful".

Each care plan had a privacy and dignity agreement in place. This agreement was discussed with each person on an individual basis and highlighted elements of the Human Rights Act 1998 and the Equality Act 2010. This was to ensure that people understood their right to be respected and to be free from discrimination whilst receiving a service from the registered provider. People had outlined what they expected from staff with examples such as "Speak to me with respect" and "Please respect my personal space. Knock on my door and wait for me to ask you to come in". We were told "It's my right to be treated with respect. It's important that I let them know what I want. The agreement is a good way of letting staff know what I expect". Each person had their own room and own key so they could keep their door locked if they wanted privacy. People had signed their plans and told us that these were reviewed on a regular basis with their care-coordinator. Staff sought the consent of each person before they entered their personal space.

Care plans used language that was positive, non-judgemental and promoted the persons independence. Comments such as "We aim to work in a non-judgemental approach" and "We aim to support you to become self-dependant" were recorded. It was clear that people were treated with respect and equality. Relatives told us "The staff are so positive in their approach and clearly focused on positive outcomes for [their relative]. They go above and beyond their roles and treat people with such dignity".

Staff were enthusiastic and told us how much they enjoyed their jobs. "It was the best decision ever to come and work for this company. It's not like work, it's rewarding, we are well supported and we make a positive difference to people's lives". Staff described the positive developments of people's lives since they had been supported by the registered provider. They told us "People speak to us and have confidence in our support. We have seen people go from strength to strength and they now have the confidence to start planning the next steps in their lives. That is the most rewarding aspect of our jobs". People told us that staff had a good understanding of their preferences for care and their personal histories. They told us "they know what I like and don't like and they know when to leave me alone or if I don't feel great". Staff told us that "It is important to understand people's history as past experiences may have had such a major impact upon some people's mental health". Staff understood the need to maintain confidentiality and sought the consent of individuals before sharing information. Care plans and rehabilitation plans were stored within the persons own personal space and accessible at all times. People were encouraged to take ownership and develop their personal information and any decisions made ensured that the person was at the centre of discussions.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips to see family and arranging family holidays. People told us "I go and see my mum quite often, she makes a good roast dinner" and "I regularly see my family. I'm going on holiday this year with them. They are glad that I am safe and well living here".

## Is the service responsive?

### Our findings

People told us that staff were knowledgeable about how to meet their needs. "I have a document in my care plan that tells staff what to look for when I am becoming mentally unwell. I am encouraged to speak about how I feel so they can help me". Relatives told us "[My relative] has improved so much since moving there. The staff take time to understand what they need to keep them well".

The registered provider completed an in depth assessment of the person prior to offering support. The assessment took account of the person's needs and consideration to the compatibility of shared living with other people. Records showed that the registered manager, deputy manager and relevant health and social care professionals had discussed the persons move to their own home. The deputy manager told us "We have been commended by the health teams for our approach to supporting people with transition. I ensure that all staff visit and meet people before they receive a service from us. That way people don't feel so worried about not knowing anyone". Professionals who worked alongside the registered provider told us that the staff were professional, knowledgeable and they were confident to refer people to the registered provider as the service provided was safe and effective.

People were involved on a regular basis in the development and review of their care plans. This meant that the support provided by staff was up to date and relevant to people's needs. Information was written in language that was familiar and used by people to encourage and engage them in the review process. Staff told us "It's no use writing lots of jargon as people switch off. This has to be meaningful for the person not just us". 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 told us "I sit with my care coordinator and review my goals. I have wishes written down and they help me to work towards achieving them" and "It doesn't matter what I would like to do, they help me to figure out how to achieve something". People told us it was good to sit and talk with staff about what they had achieved and also about their concerns.

Care plans were specific to the individual and included information about the person's mental and physical health needs, medication, preferences, relationships and contingency plans in case of an emergency. Information was also provided about how a person or others may be at risk when there is deterioration in a person's well-being. The registered manager had identified through the registered provider's quality assurance process that information about how to support people if they were showing triggers and symptoms that indicated that their mental health was deteriorating, required more detail. Records showed that this was an area of development which was currently under review. People told us that they had access to their care plans and had signed them to confirm they agreed to the content.

The registered provider had recently employed an activities coordinator. People were actively encouraged to engage with services in the local community and through planned group activities or events outside of their home. People told us "We have recently been indoor sky diving in Manchester. That was amazing" and "We have a new activities person and they have sent us a leaflet asking for ideas and suggestions for things

to do in the future". A newsletter had been developed and shared with people and included the opportunity to give feedback to the registered provider. Suggestions for activities such as camping trips, theatre trips had been highlighted for further discussion. Staff told us "People have started to go to the gym as part of their fitness and well-being goals. Nothing is too big or difficult for us to look to arrange". People were also encouraged to develop and maintain their personal life skills. People told us that staff were available to help them learn about cooking, keeping their rooms tidy and food shopping. "This is the first time I have been responsible for this, they don't nag me, but they will give me a nudge if they think I might need to do something like clean up". One staff member felt that this was a particular area of support that the provider excelled in, telling us "An empty house is a positive sign for us. It means people are engaged and getting on with their lives".

The registered provider had a complaints and compliments policy and procedure in place. Care plan files included a copy of the complaints, compliments and concerns process and this outlined what people could expect to happen if they were unhappy about anything. Information about local advocacy services and the relevant contact details were also made available. Advocates are people who are independent of the service and who support people to make and communicate their wishes. This ensured that people had access to an independent advisory service if they did not want to speak to staff. People told us they knew how to make a complaint and felt confident that their concerns would be addressed in confidence. There had been no formal complaints raised about the service. The registered provider had received compliments from relatives, staff and people who used the service. Comments included "You have a wonderful team, who I am honoured to call my friends" and "A massive thank you; you are all so genuine and really care about people".

## Is the service well-led?

### Our findings

The service was well managed by a person registered with CQC. The registered manager, deputy manager and staff had a good understanding about their roles and responsibilities and displayed a positive commitment to providing good quality support for people. People told us, "The managers are great; they are down to earth and easy to get on with". Relatives told us that the managers were always available if they needed to speak to them.

Everyone worked as one whole team and staff were respected for the contributions that they made. We saw good relationships amongst the people supported, managers and staff. Staff told us "The manager is excellent at his job" and "I feel well supported by the management team. You can talk to them about anything. I'm very happy here".

During our visit it was clear that the directors, registered and deputy manager and staff worked within a culture that promoted openness, honesty, transparency and progression. Information we requested was readily shared by all staff and ideas relating to areas of improvement and development were discussed with us. The registered manager had independently reviewed and shared CQC reports from other domiciliary care services with the staff team as part of their ongoing development. Areas of concern and breaches in regulations were highlighted and discussed with the staff team for their awareness and prevention. This showed that the registered provider was proactive in their learning and development, ensuring that staff reflected on what a good quality service looks like for people.

The service maintained an effective system for monitoring the quality of the service. The registered provider had developed an audit that focused on CQC five domains of safe, effective, caring, responsive and well led and the associated Key lines of Enquiry (KLOES). This demonstrated to us that he had an understanding of the fundamental standards and how to meet the requirements of the Health and Social Care Act 2008. Records showed that regular audits of the service's systems and processes had taken place to ensure people's health, safety and welfare. This included the review of health and safety, medication and care plans. The registered manager told us that they were looking to continually improve the audit process and the registered provider had recently recruited an independent person to complete the audits. This enabled a non-biased viewpoint to be considered when reviewing the quality of the service.

Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service. The registered manager had not needed to inform the CQC of any specific events or incidents that had occurred at the service, but was clear on the process to follow and able to describe what required reporting to CQC. Providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well.

Residents meeting were promoted and were held in line with peoples preferred timescales of every two to three months. Minutes recorded discussions relating to health and safety, social events and compliments. People told us "We meet every few months and have a chat about things. We can talk about anything,

sometimes we talk about how we are getting along with staff". The registered provider carried out regular surveys for both people who used the service and for staff. The overall feedback received was positive. We saw information had been thoroughly reviewed and action plans had been developed to address any areas of concerns raised by people. The manager told us "It's really important that we get this process right as feedback helps us to develop and improve what we do and also celebrate good work".

Regular staff and business meetings had taken place within varied roles and minutes were made available. Some of the areas that had been discussed included care plans and practices, staff training, confidentiality and storage of information. Staff told us that the registered manager and provider regularly sought their views for development. This enabled the team to review, discuss and provide feedback on both positive performance and areas of development within the service and that an inclusive workplace environment was promoted at all times. An example of this was the introduction of the activities coordinator to support people and provide opportunities to engage and interact with others.

The registered provider had a comprehensive set of policies and procedures for the service. The registered manager informed us that policies were reviewed and adapted to reflect the service and this was an ongoing practise. Records confirmed this. Policies were made available to staff in order to assist them to follow legislation and best practice and ensured that staff had access to up to date information and guidance. A policy folder was available in the staff office for ease of access and specific policies were discussed via the team meeting and signed by staff.