

Solo Support Services Ltd

Solo Support Services

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

This announced inspection was carried out on 10 March 2016. Solo Support Services Ltd (Nottingham) is a domiciliary care agency providing third party support services to people in receipt of a who have been allocated a personal budget to manage their own health support needs. The agency work in a person-centred way to empower people in meeting their individualised health or social care outcomes. On the day of the inspection there were 39 people using the service.

The service had a registered manager in place at the time of our inspection. 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.

People were supported by personal assistants who understood the risks people could face and knew how to make them feel safe. People were given the support they needed to be as independent as they could be safely.

People recruited the number of personal assistants they wanted to support them. People designed a flexible service that suited their individual circumstances. People were given the support they required to take any medicines they needed.

People were supported by personal assistants who were trained and given guidance on how to meet their needs. People's human right to make decisions for themselves was respected and encouraged.

People who required support with their nutrition and hydration were provided with this. People received support from personal assistants who understood their healthcare needs.

People maintained control of their care package and had chosen personal assistants who displayed the caring values they required. Personal assistants were informed of how the person they supported wished them to conduct themselves in their home.

People decided what care and support they wanted and how this would be provided. People were encouraged to express any issues of concerns they had so these could be looked into.

People chose the service they received and could make any changes they wished to. Each person had a care resource manager assigned to support them how they wished. There were systems in place to monitor the quality of the service and make client focused improvements when needed.

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 because personal assistants knew where people may be at risk of harm and acted in a way that reduced this.

Each person recruited the number of personal assistants they needed to support them.

People received support to ensure they took their medicines as prescribed if needed.

Is the service effective?

Good ●

The service was effective.

People exercised their right to make decisions for themselves.

Each person was supported by personal assistant(s) who were suitably trained and supported to meet their varying needs.

Each person was supported to maintain their health and to eat a healthy and balanced diet.

Is the service caring?

Good ●

The service was caring.

Each person was supported by personal assistants who respected them as individuals.

People decided what care and support they needed and how this would be provided.

Each person made their team of personal assistants aware of how they should conduct themselves when in their home.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support which they were able to continue to influence whilst they used the service.

People were encouraged to report any worries or concerns and were confident these would be taken seriously.

Is the service well-led?

Good ●

The service was well led.

People were provided with the help and support they needed to maintain control over what service they received and how this was provided.

People used a service led by a respected manager who managed a caring staff team.

People could be assured the quality of the service would be maintained due to this being monitored to identify where improvements may be needed.

Solo Support Services

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.

This inspection took place on 10 March 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with six people who used the service and had an email exchange with another. We spoke with two relatives who were involved in managing their relations' care packages. We also spoke with four personal assistants, three client relations managers (CRMs) and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, two staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People felt safe using the service and felt they were protected. One person who used the service told us, "We are safe when they are with us. That is helped by choice, we have people here we feel safe with. We wouldn't have them here if we didn't." Another person said, "They are quick at getting back to me to make sure everything is good with me, that makes me feel safe."

The way the service was organised meant people were supported by personal assistants they knew who provided them with the support and reassurance they needed to feel safe. Personal assistants described their role in keeping people safe and that this was dependent upon the person they supported. They explained that the person who managed their care package ensured they were aware of how the person needed to be kept safe. For example if the person they supported was child they needed to be aware of the safeguarding procedures that applied to them. They also said the client relations manager (CRM) allocated to the person they supported ensured they had the knowledge and training they needed to keep people safe.

CRMs explained because people who used the service across a number of local authorities they needed to know the different arrangements for raising any safeguarding concerns in each of these areas, and incorporate this into people's care manuals. We saw there were separate safeguarding policies for adults and children and there was a procedure to ensure the correct details of how to report a safeguarding concern for each person were included in their care manual.

A CRM who held the lead role for safeguarding in the service said, "We (CRMs) have close working relationships with all of our clients and give them opportunities to raise any concerns." They said there had not been any safeguarding concerns they had needed to report to any local authority.

People were provided with their care and support safely. A person who used the service told us, "Solo go through the things we need. They have provided all the policies to ensure everything is safely done. All the equipment is checked and the carers have had all the training they need to use it. I trust them." Another person told us, "They always check my equipment and that the environment is safe."

Personal assistants described how they were taught to provide safe care and support for the person they supported. This ranged from how to use various pieces of mobility equipment in people's homes to where and how they summoned urgent assistance if needed.

We saw people's care manuals included assessments of the different risks people may face. These provided guidance on how the person needed to be cared for and supported to protect them from these. There was also an environmental risk assessment to ensure personal assistants could provide the care and support the person needed safely in their home.

Each person who used the service had the number of personal assistants they required to provide them with the support they needed. Personal assistants were recruited to work with a specific person who used the

service and did not work for any others. Where it was possible people who used the service were actively involved in recruiting the personal assistant(s) who would be supporting them, with assistance from their CRM. If this was not possible, for example if the person who used the service was too young to do so, the person who managed the care package on their behalf would be involved in the recruitment. A person who used the service told us, "I was involved in recruiting my staff, I knew them They are all trustworthy."

People who used the service had a contingency arrangement in place to cover any staffing shortage should they need this, as the service did not provide emergency cover. This varied from cover being provided from other personal assistants who supported that person, using another domiciliary care agency or another friend or family member providing the assistance. A person who used the service told us when they were recruiting a new personal assistant they had backup from another care agency until the new personal assistant was ready to start work.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff recruitment files showed the required recruitment checks had been carried out.

Part of the initial assessment of people's needs included identifying if there was any support needed to help the person manage and take their medicines. A person who used the service told us, "They give me my medication throughout the day which they sign for as soon as it is given. I do the ordering. They do it safely with good practices. Anything that needs double checking is double checked." Another person said, "They might give me a painkiller but otherwise I don't have any help from them with medicines."

Personal assistants who supported people with taking their medicines told us they had been trained in providing the person with the support they needed. A CRM who led on medicines told us they arranged for personal assistants to have the training they needed to support the person they cared for with administering their medicines. The CRM said there had not been any errors made with people's medicines.

Is the service effective?

Our findings

People were cared for and supported by personal assistants who had the skills and knowledge to meet their needs. A person who used the service told us, "They get training through Solo. Sometimes they hold the training here. They come here for it. It is easier for them and convenient for both of us. It is me they are doing it for." Another person said, "They have had all the training that is required. They are due to start their next annual updates."

A CRM told us the provider had recently employed a training manager whose role was to provide or arrange training for personal assistants. They told us the majority of training people received was bespoke to the person they supported and often included the person who used the service in the training. They gave an example of someone who required moving and handling equipment. The team of personal assistants were trained in how to use the equipment for that person.

CRMs told us new personal assistants had their induction with the person they were going to support so they learnt about their needs and how these should be met. CRMs said there were different arrangements for providing personal assistants with supervision depending on how each person's care package was set up. This could vary from the person receiving the service or the person who managed the care package providing the personal assistant with supervision, or in some cases this was provided by one of the CRMs. However CRMs were responsible for ensuring personal assistants had the training they needed.

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 who led their own care packages made the decisions regarding their care and support. A person who used the service told us, "I have full capacity they respect that I am in charge." Another person said, "I am extremely well-functioning, I just need help with my healthcare." Other people who did not lead on their care packages were still involved in making decisions and agreeing to their care and support. A person said, "I am always involved in decisions and I put my point of view across."

Personal assistants told us people who used the service made the decisions about their care and support and they told them what they needed them to do. CRMs told us adults who used the service were all able to make decisions or themselves. The registered manager provided us with details of changes they were making to how they would assess people's capacity if the need arose. These were due to be considered at a business meeting the following week and, subject to ratification, would be implemented shortly afterwards.

People who required support to ensure they had enough to eat and drink to maintain their health and wellbeing were provided with this. A person who used the service told us, "They prepare some meals. They feed me as well. I have a choice at any mealtime. They are always giving me drinks and cups of tea." Another

person said, "They make sure I eat when I am out and that I have plenty to drink."

CRMs said some people did not require assistance with their nutrition and hydration so this was not included in their care package, whereas there were some other people who did. Personal assistants who provided support with people's nutrition and hydration described the different types of support they provided depending upon the person's needs. In all cases they told us they ensured people had the amount of nutritional support they needed.

People's healthcare needs were known and supported. A person who used the service told us, "They understand me, they are here all day. They see when changes in me occur and act accordingly. There are procedures here what they have to do (if needed.)" Another person said, "They understand fully how I need to be helped when there are problems. They are good at noticing signs."

CRMs told us personal assistants were trained to know about the healthcare needs of people they supported. This included what support they needed to provide and when. A CRM said they prepared personal assistants for any changes to people's needs following changes in their medical conditions.

Is the service caring?

Our findings

People were provided with the care and support they needed by personal assistants they had chosen. A person who used the service told us, "Because we have choice in who comes we ensure they are caring." Another person said their personal assistants were, "Definitely all caring people." One personal assistant told us, "We have grown a real bond."

Personal assistants describe their role of helping and enabling people to do the things they wanted or needed to do. A person who used the service told us, "I get good support from [CRM name] they know me well because they have taken the trouble to get to know me." A CRM told us how one person was supported by their personal assistant to contact a relative each evening to say goodnight.

CRMs explained that the flexibility people who used the service had with controlling their personal health or individual budget meant some people could employ people they knew who already had a relationship with them. One CRM explained that some personal assistants who supported people were relatives or close family friends. CRMs said other personal assistants enjoyed establishing a relationship with the person they supported and doing all they could to help meet their needs.

CRMs told us that they were able to include any specific preferences or diverse needs people had when they recruited personal assistants. They said these could be included in an advert when recruiting personal assistants. CRMs spoke of how they had supported people who used the service to compile a support team that could meet their cultural, language and religious needs.

People who used the service, or their representative, had control of their personal health or individual budget so they could decide what care and support they wanted and how this should be provided. This meant people could decide upon what care and support was most beneficial for them and use the budget creatively so this was provided. CRMs would assist people in using the budget in the way they wished. A person who used the service told us, "Through Solo's work they (personal assistants) understand our position."

People who used the service, or their representative, were fully involved in reviewing their care and support. A person who used the service told us, "I am fully involved. They do a review whenever I need any help. I will request one if I need to." Another person said, "I have regular contact by email and phone with them (CRM)." CRMs said people were fully involved in reviewing all their care documentation.

People who used the service were treated with respect and shown courtesy by their support team. A person who used the service told us, "They treat me with respect, they treat me the same as they would a non-disabled person." Another person said, "It is ideal, we have control about what is going on in our own home. We interview and choose who we want to share our home with, we have choice."

Part of people's care manual included a document to inform personal assistants of how they should

conduct themselves in people's homes. These were prepared by the person who used the service to inform their personal assistants of their wishes and preferences. This included details of things like where personal assistants should keep their meals, use of mobile phones and if there were any restrictions on how personal assistants should have their nails to prevent any risk of damage or infection.

Is the service responsive?

Our findings

People who used the service, or their representative, decided what care and support they wanted and how this should be provided. A person who used the service told us, "I have a care plan and I am aware of what is in it. I was involved in (preparing) this." Another person said, "Solo have given me a care plan for their role. I was involved in preparing it, they had a meeting which involved myself."

Personal assistants told us there were care manuals in people's homes which described how people wanted their needs to be met. However several personal assistants said the person who used the service usually told them what they wanted them to do. One personal assistant said, "They will tell me what they want me to do."

People's care was kept under review and updated when there was a change of circumstances. A person who used the service told us, "I speak to [CRM name] on a regular basis if things need changing or updating, or there are any issues." CRMs told us they kept in regular contact with people and made any changes needed to their care manuals.

People felt happy with the service they received which met their needs. A person who used the service told us, "Solo do their utmost to assist me. They have been spectacular with me." Another person said, "They take good care of me." A person wrote to us in an email, "When I contact Solo Support, there is always someone at the other end of the phone, and they respond to my emails quickly. This makes problem solving much easier, which I appreciate."

People who managed care packages for their relatives were given the support they needed to do so. A relative who managed a person's care package said, "It is a fantastic service. They take the employment, HR issues and training on, but we have control of what happens." Another relative who managed their relation's care package told us, "As the lead for the package I manage [relation]'s care. Solo have been very supportive to me, they have been like a breath of fresh air. They are there if I have any issues and support me with these."

The registered manager told us they were in the process of changing the way people's care needs were recorded in their care manual and showed us one in the new style. This was written in a person centred way which described clearly how the person wanted personal assistants to meet their needs.

People who used the service were informed on how to raise any concerns or make a complaint if something was not to their liking. A person who used the service told us, "There is one (a complaints procedure) in the handbook. I would be confident if I needed to use it." Another person said, "I have a folder with a complaints manual in. I don't think I have read it but it is there."

Personal assistants told us they would pass any complaint a person had onto the CRM allocate to them, but none said they had needed to do so. CRMs said they hadn't received any complaints and felt that any issues would be raised as part of the care planning process. They added that everyone who used the service and anyone who managed a person's care package had the contact numbers to raise a complaint directly with

the registered manager if they needed to.

Is the service well-led?

Our findings

People received an individual service which supported them to manage their personal health or individual budget in the way they wanted. This enabled the person to create a service they felt would best meet their needs. A person who used the service told us, "What happens here is what we want to happen. Where the service affects us we choose." Another person said, "For me it is a better way to be cared for." A person wrote to us in an email, "I can say their service exemplary." People also told us they received advice in areas they needed to help them manage their budget. One person said, "They give us support with the legal and financial issues we need."

CRMs told us they felt the service was well managed and that they operated well as a management team. They said they all respected each other and were able to discuss issues openly and constructively. One CRM told us, "We all care about the clients, we are a person led service. We get a lot of good feedback about what we do."

The registered manager told us how they worked positively with the company directors who were supportive of what they did. The registered manager said they were always looking for ways to improve the service. One of the company directors actively provided a challenge to plans and developments to test out what this would mean for people who used the service.

The model the service operated meant that each person who used the service and their support team of personal assistants related directly to one of the CRMs. We were told by people who used the service, personal assistants and the CRMs that this was a successful model which provided an individualised management support. The registered manager visited people who used the service after their initial package was drawn up and was available afterwards if needed, however we found the support offered by CRMs had met people's needs and they had not needed to involve the registered manager.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

The registered manager told us the systems they had in place to manage the service were effective. They told us they held regular meetings where they discussed issues so they knew what needed to be done to keep the service running well. CRMs told us they these meetings created good discussions and made decisions about what needed to be done and who would be responsible to do it.

The registered manager told us about the auditing systems that were in place. There were various office staff who had designated areas of responsibility and oversaw this area of service. In addition each CRM were allocated lead roles and were responsible for monitoring these. Audits that were carried out include safeguarding, information governance, supervision, staff retention, and finances.

