

Solo Support Services Ltd

# Solo Support Services 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

### About the service

Solo Support Services Ltd is a domiciliary care agency. The care agency provides personal care and support to people living within the community. At the time of the inspection, there were 68 people receiving support with personal care. The service mostly supported people with complex health needs. Due to their high health needs, these people generally had a Continuing Health Care Budget in order to pay for this support. The majority of people using the service, required one or more care staff at any time.

### People's experience of using the service

People told us they felt safe, where allegations of abuse had occurred the service had responded appropriately to ensure people were safe. Care plans and risk assessments guided staff to support people's complex health needs safely. Medicines were managed safely and complex medicine regimes had clear guidance in place for staff. The service followed good infection control procedures.

The majority of people at the service had staff support at all times. These staff teams were recruited to meet people's individual needs, including the recruitment of family members if needed. Safe recruitment procedures were followed to ensure suitable staff were employed. Once employed, a thorough induction and training programme ensured staff were well skilled to support people's individual and complex needs.

The service was effective in the way it supported people. People were supported in line with evidence based guidance to ensure their needs were met effectively. People were supported to have a balanced and healthy diet. Professional guidance was sought if people were at risk of weight loss or choking.

Staff worked collaboratively within the staff team, and with outside health and social care professionals. This ensured people received effective multi-agency support.

Decision specific mental capacity assessments were not always in place. This meant people may not be supported to have maximum choice and control of their lives, or that staff would support them in the least restrictive way possible. We recommended that the policies and systems in the service were reviewed to ensure mental capacity documentation was in place as required.

People and relatives told us staff were caring. Staff spoke compassionately about people. Reviews included people, to ensure that people's preferences were followed. The service followed the Equality Act (2010), by ensuring people's diverse needs were recognised and supported.

Care was personalised to people's preferences. The service used health budgets to support people to recruit staff of their choosing, the budget was then used to plan a suitable care package that met their needs. People's communication needs were recognised in line with the Accessible Information Standard (2016). People were supported to access social activities of their choosing. Where people came to the end of their

life, care plans guided safe end of life care that met the person's preferences.

The service was well led. Staff spoke positively of the management approach and leadership. Feedback from people and relatives using the service was all positive, and this was supported by questionnaire results that the service had sent out. The service had a unique approach to supporting people, by supporting people to manage their personal health budgets. This provided people with a flexible service which met their health and social needs. The service had not always notified the CQC about events that had happened at the service, but records showed the service has managed these events safely.

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

#### Rating at last inspection

The last rating for this service was Good (published 7 April 2016). Since this rating was awarded the registered provider of the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

# Solo Support Services Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team included one inspector, and one assistant inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before an inspection takes place, we gather information known about the service. We had received notifications from the service and these were reviewed. Notifications are information about specific events that happen at the service, and the responsible person is required to send these by law.

We asked the provider to submit a Provider Information Return (PIR) and they did this. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we requested feedback from the NHS clinical commissioning group and professionals

who have worked with the service. The feedback received was positive.

We used all of this information to plan our inspection.

During the inspection

During the office visit on 18 September 2019, we considered the care records of nine people who used the service. We also looked at three staff recruitment files and other records relating to the management of the service. This included audits, policies and incident records. We spoke to nine care staff and the registered manager about the service.

Between the 20 September and 10 October, the assistant inspector phoned people who used the service. The inspector spoke to three people, and three relatives. These people gave their views about the service they received

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People reported that they felt safe using the service.
- Staff had good knowledge on how to recognise potential signs of abuse. Staff knew how to refer these concerns within, and outside of Solo Support Services Ltd. They were confident that concerns would be acted on appropriately.
- There were clear policies to guide staff on how to respond to safeguarding concerns. Where concerns had been raised, records showed us that referrals had been made to the Local Authority to investigate.

Assessing risk, safety monitoring and management

- There were robust risk assessments and care plans in place. These guided staff to support people safely.
- For example, one person was at risk of skin breakdown. Staff had clear guidance on how to monitor the person's skin and what actions should be taken to prevent skin damage. Staff had been trained on the person's unique risks.
- Where changes occurred, staff were promptly updated and guidance in place was changed to reflect the person's new needs.

Staffing and recruitment

- Staff were safely recruited. For example, receiving references from previous employers to ensure they were of good character.
- Staff were recruited to join a staff team which supported just one person at the service. This meant people would be supported by a specific staff team. When speaking to these staff, it was apparent they knew the person they supported very well.
- People chose who they recruited and were involved in interviews if possible. Family members had been recruited, and underwent the same safe recruitment process (for example, DBS checks).
- Due to the small staff team, people always knew the staff that would support them. A lot of people using the service received 24-hour staff support, people reported there were enough staff in the team to support them.

Using medicines safely

- There was clear guidance in care plans on how to support people's individual medicine needs. This included complex medical interventions like PEG feeds.
- Records were kept of when staff supported medicine. These showed that medicine was given as prescribed.

### Preventing and controlling infection

- There were clear policies and procedures in place to ensure that staff followed infection control procedures
- People told us staff were clean, wore gloves and followed expected cleanliness standards.
- There was an infection control lead staff member. They ensured policies remained up to date and completed spot checks to ensure policies were followed.

### Learning lessons when things go wrong

- There was a clear governance process, to ensure that incidents were reviewed, and actions taken to prevent re-occurrence.
- For example, a staff member had accidentally pricked themselves with a used needle. The provider ensured policies were clear, and staff were given refresher training on how to respond if an incident like this occurred again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed, including mental, physical and social needs. This gave staff clear guidance on how to support them. For example, a person's communication style was clearly written in their care plan. If the person said, "red door", the care plan explained which type of shop the person wanted to visit.
- As well as clear guidance, staff only worked with one person. This meant they had learnt the person's individual needs. Staff were able to clearly explain people's needs, and therefore provide care in line with expected standards
- Staff had good knowledge of the law and guidance which guided their work.

Staff support: induction, training, skills and experience

- Staff told us they were given a clear induction, which guided them on how to support the person.
- The service had 'client relations managers.' These managers oversaw the staff team responsible for supporting a person, providing guidance to staff and ensuring records were up to date. We spoke to 'client relations managers', who were skilled and effective at their role. One client relations manager said, "My induction took 6 months, it was the best induction I ever had."
- Staff received mandatory training and training specific to the person they were supporting. For example, staff received training specific to a person's epilepsy and seizures. People told us staff had good knowledge of those they supported.

Supporting people to eat and drink enough to maintain a balanced diet

- Care records guided staff on how to support people's dietary needs, including preferences of what they would like to eat or drink
- People requiring specialised dietary advice, had been referred to specialist professionals. The professional guidance was then followed. One person was at risk of choking so had a thickener in their drink to reduce the risk. The person had a goal to reduce the amount of thickener in their drink, and professional guidance was followed to achieve this goal.
- People were supported to weigh themselves, and their weight was monitored where needed. Weight changes resulted in prompt referrals to health professionals as needed.
- Records were kept on how much fruit and vegetables people ate. Monthly reviews assessed how many days they had achieved the desired 'Five-a-day' goal. Records showed people regularly ate a healthy diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A relative said. "[Person] was lost in the system after leaving hospital. SOLO worked to get [person] the occupational therapy help they needed." Records showed people had been referred to different health and social care professionals. Professional guidance was then recorded and followed to ensure people received effective support.
- Health professionals were approached to support staff training and ensure that staff guidance was correct and effective.
- One person experienced regular seizures and detailed records were kept on the type, duration and impact of seizure. This was then fed-back to a specialist consultant to ensure that medical needs and medicine could be reviewed effectively. Consultant advice was also included within staff guidance.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Decision specific capacity assessments were not always in place as required. For example, one person's care plan explained that they can become resistive to care. There was no decision specific capacity assessment in place, to assess if the person could make a decision to decline care.
- People's care plans guided staff to work within the principles of the MCA, by guiding least restrictive options first and explaining to staff how best to communicate with people to gain consent. Staff had knowledge of the MCA and how to support people who may lack capacity
- Therefore, while staff had guidance in place if the person lacked capacity, there were not always formal capacity assessments in place to clarify if people had mental capacity or not. We have therefore recommended that the service reviews capacity assessments.
- Some people using the service were deprived of their liberty by a Court of Protection authorisation. This was clearly documented to advise staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us that they were well treated and respected. One relative said, "[Staff member] always talks to [person], even though she can't always respond to her." Another relative said "The staff ensure [Person] is the centre of everything."
- Staff reported a caring ethos within the service, they spoke in caring ways about the people they supported.
- The service regularly reviewed records, to ensure the principles of the Equality Act (2010) was reflected in policies and care plans. We observed that records clearly described and promoted people's diversity. One person explained that their care was planned around their religious needs, with planned breaks during religious holidays.

Supporting people to express their views and be involved in making decisions about their care

- People told us the service worked around their preferences.
- People were involved with reviewing their care regularly. The service documented reviews and records showed that these reviews were thorough. For example, one person enjoyed going out into the community. They identified where they would like to go, and the following review documented the seven different places they had been and whether they had enjoyed it. This allowed the following months activities to be better planned.

Respecting and promoting people's privacy, dignity and independence

- Respecting people's dignity was at the forefront of the service. We observed a visual 'dignity tree' had been created in the office, this guided staff to work with people in a dignified way.
- We observed that this ethos had positively reflected on the care provided. For example, a person was visited for a routine review of their care. However, they presented as tired so staff suggested the visit was re-arranged for when they were more alert.
- People had been involved in a poetry writing competition, to describe their thoughts on dignity. Those people who could not write were encouraged to create collages. The dignity lead at the service reported that people had reflected on this activity and felt it had been empowering.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People or relatives were involved with interviewing and choosing suitable staff. A person said, "I only take on people I want. They are very flexible with who I want." Staff were employed to work with individual people. This meant that people could choose a staff member they wanted, and the small staff team would be more able to form a personalised relationship with the person.
- Records guided staff to complete personalised care, by clearly explaining people's preferences and communication styles.
- People told us that staff worked hard to be responsive to their needs and promote their independence. This improved their wellbeing. A relative said, "[Person] now manages their own money, because of staff help." A staff member said, "[Person] was always led to bed by their old care agency. They now regularly go to the gym."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records, and documentation at the service included accessible information so people could understand and communicate.
- For example, if people required a picture format to understand. This was created with pictures they understood.
- People who communicated using set phrases, had these phrases explained in their care plan so staff would understand how to communicate with them. For example, one person used the phrase 'Big Belly' to describe a stomach ache, staff knew this phrase and that it could be used to explore the person's symptoms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had clear documentation on people's interests and there was evidence that people were encouraged to complete activities of their choosing. For example, we observed photos of a person enjoying horse riding. Monthly reviews assessed whether people's social needs had been met.
- A relative explained that staff were responsive to people's choosing. A relative said, "Staff have encouraged all sorts of interesting activities. But [person] just wants to do little things. So they now walk

round the block and they enjoy it."

- People's religious needs were clearly documented. People explained that their religious needs were respected, and staff had a good understanding of their religion and the importance of it to them.

Improving care quality in response to complaints or concerns

- The majority of people we spoke to advised that they had not made a complaint. One person said, "I wouldn't say I have made a complaint, but I have had a few little niggles. They are sorted very quickly."
- The service had a robust complaints policy in place and followed this if responding to complaints.

End of life care and support

- People using the service were well supported if they reached the end of their life. People's preferences for how they would like to be cared for were documented, including spiritual, physical and emotional needs.
- Staff supported people's end of life preferences. For example, a person had an unexpected health deterioration on holiday. Staff knew their preference to be at home during the end of their life, so arranged specialised transport to return them home promptly.
- Staff expressed empathy when talking about people, and people told us they felt cared for. We were therefore assured that people would be treated with respect at the end of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke about a high-quality care service, which met their needs in a high-quality way.
- All staff spoke positively about the caring culture within the organisation. Staff spoke in person-centred and caring ways about people. A staff member said, "I have never heard anyone say anything negative about the way SOLO work. The person-centred work is why I came here."
- Records showed us that the service had a good impact on people. By meeting their health needs in a safe way and promoting their independence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service is legally required to notify us of events that occur at the service. The registered manager had notified us of the majority of events at the service, however while they had responded appropriately to allegations of abuse. They had not always notified us of what had happened. We have made a recommendation to the registered manager they review their notification processes. The registered manager has since notified us in retrospect.
- Where events had occurred, the provider had clearly investigated them and ensured that people were kept safe. Records showed staff had been open and honest with people and relatives, to ensure that improvements occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Care staff were clear about their role, and who to approach within the organisation for support if needed. Staff worked in teams with an individual person and these staff teams knew the person well. This ensured that care was effective.
- Staff teams were then overseen by 'client relation managers.' These managers oversaw the support that people received and knew the staff teams well. This allowed in depth oversight of the care provided. One of these managers advised, "I was overseeing 18 different people, and I was managing fine. But the service has recruited another manager to support me - just in case I found it too much in future." Staff reported a manageable and safe workload.
- Staff expressed that they were happy about processes within the care agency. A staff member said, "If [registered manager] was to leave tomorrow. I could step into their shoes and not need to change a thing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was clearly engaged with meeting the Equality Act (2010). The service had created a lead role for this, and this staff member was also a trustee on the National Dignity Council.
- Staff were encouraged to consider equality throughout their role and write examples of where they had supported people's equality and diversity. One example included an interpreter being arranged to support a person's review with their family. These written examples were then discussed in staff meetings to ensure equality and dignity was at the forefront at the service.
- Staff had good knowledge on diversity and equality and how they worked to support people's individual needs.
- People had been involved with quality reviews. The feedback from the reviews was very positive, for example 98.8% of people reported that they felt the service was safe. This positive feedback was reflected in all our conversations with people and relatives that used the service.

Continuous learning and improving care

- The registered manager explained that they attend NHS and Local Authority meetings, to ensure they were up to date on regulatory requirements. The registered manager explained that they always aimed to improve their quality of care.
- The service had a different model of working to traditional care agencies. They mostly supported people to use their Continuing Health Care NHS budgets to meet their individual health and social care needs. This included recruiting preferred care staff and planning a care plan around their personal budget. The business development lead had been invited to speak at conferences to explain their method to other agencies and commissioners.

Working in partnership with others

- One of the company directors was involved in the national health budgets NHS pilot scheme. This pilot scheme later developed guidance for NHS health budgets, which is now used nationwide to ensure people receive appropriate support.
- Prior to inspection, we contacted the NHS clinical commissioning group and the feedback was positive regarding SOLO's support. One commissioner stated, "Solo have worked collaboratively, positively and flexibly with ourselves and clients and been very clear what is needed to deliver their service safely and effectively. Using their service can offer solutions that enable us to meet clients' needs in a very personalised way."
- People using the service had complex health conditions. Records showed us that health and social care professionals were regularly involved with people's care planning. Professional advice was documented and followed.