Assisted Living Solutions Limited

Assisted Living Solutions-Croft Mead Business Centre

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

Overall summary

This inspection took place on 16 October 2015. The inspection was announced. We gave the provider two days' notice of our inspection. This was to make sure we could meet with the manager of the service on the day of our inspection visit.

Assisted Living Solutions (ALS) is a small service registered to provide personal care and support to people living in their own homes. Support is provided to people with learning disabilities, and people with health conditions. The service provides support to people living in a number of geographical areas including Birmingham,

Summary of findings

Shropshire, Gloucester, Cumbria and Stoke. Some people received support through several visits per day, and some people were receiving support 24 hours a day. Twenty five people used the service at the time of our inspection.

A requirement of the provider's registration is that they have 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. At the time of our inspection there was a registered manager who was also the provider of the service. We refer to the registered manager as the manager in the body of this report.

People told us they felt safe with staff, and staff treated them well. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. There were enough staff at Assisted Living Solutions to support people safely. The provider's recruitment procedures checked staff were of a suitable character to care for people in their own homes.

People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected.

Medicines were administered safely, and people received their medicines as prescribed. People were supported to attend appointments with health care professionals when they needed to, and received healthcare that supported them to maintain their wellbeing.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People who lacked capacity to make all of their own decisions did not always have a current mental capacity assessment in place. However, staff knew people well and could explain when people could make their own decisions, and when people needed support to do so.

Activities, interests and hobbies were arranged according to people's personal preferences, and according to their individual care packages. All of the people and their relatives, had arranged their own care packages, and had agreed with Assisted Living Solutions how they wanted to be supported. People were able to make everyday decisions themselves, which helped them to maintain their independence.

Staff, people and their relatives felt the manager was approachable. Positive communication was encouraged, and identified concerns were acted upon by the manager. People knew how to make a complaint if they needed to. The provider investigated and monitored complaints and informal concerns, and made changes to the service where required improvements were identified.

Staff were supported by the manager through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff. Staff felt their training and induction supported them to meet the needs of people they cared for.

There were systems to monitor the quality of the service. This was through feedback from people who used the service, their relative's, and checks on the quality of care. Improvements were being made to the checks carried out by the provider on the management of medicines, and care records. New systems were being introduced to improve staff access to care records, and to update care records immediately following changes to people's health and care needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe with staff and there were enough staff to care for people safely. People received support from staff who understood risks relating to people's care and acted to minimise the risks to people's health and wellbeing. Staff knew how to safeguard people from harm. Medicines were managed safely, and people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People were supported by staff who received training to help them undertake their work effectively. Staff respected people's choices, and decisions were made in people's best interests. People were supported to access healthcare services to maintain their health and wellbeing.

Good

Is the service caring?
The service was caring.

People were supported by staff who they considered kind and caring. Staff ensured people were treated with respect and dignity. People were able to make everyday choices, and were encouraged to maintain their independence. People had privacy when they wanted it.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved in decisions about their care and how they wanted to be supported. People were given support to pursue interests and hobbies according to their individual preferences. The provider analysed feedback and complaints, and acted to continuously improve the service.

Good

Is the service well-led?
The service was well-led.

Management supported staff to provide care which focused on the needs of the individual. Staff felt supported to do their work, and people who used the service felt able to speak to the management team at any time. There were procedures to monitor and improve the quality of the service. Improvements were being made to how the service checked the management of medicines and care records.

Good

Assisted Living Solutions-Croft Mead Business Centre

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 was 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 visit took place on 16 October 2015 and was announced. The provider was given two days' notice of our inspection which was carried out by one inspector. The notice period ensured we were able to meet with the manager during our inspection.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with three people, an advocate, and four relatives of people who used the service. We also spoke with a health professional who supported people at the service.

We visited the service and looked at the records of four people and three staff records. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the manager, the nominated individual, a quality assurance manager, two nurses, two team managers, a recruitment specialist, and four members of care staff.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with staff. One person said, "Yes, very safe." Another person said, "I feel safe with ALS staff." The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended safeguarding training regularly which included information on how they could raise issues with the provider. A dedicated telephone line and email address was provided for staff to raise concerns anonymously with the provider, to protect staff if they reported any safeguarding concerns. Staff told us the safeguarding training assisted them in identifying different types of abuse and they would not hesitate to inform the provider or manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm. All the staff knew and understood their responsibilities to keep people safe.

People were protected from abuse because the provider checked staff suitability to work with people in their own home. Checks included obtaining several references before staff were employed, and criminal record checks. Staff confirmed they were unable to start work until all recruitment checks had been undertaken.

There were enough staff to meet people's care and support needs. People and staff told us staff always arrived on time for their scheduled visit, and stayed for the right amount of time. However staff told us it was not always easy to cover all the calls due to staff vacancies. For example one member of staff told us, "We could do with more staff, but calls are always covered, and we are recruiting. It's just we need staff with the right competencies to support people." The manager acknowledged they were experiencing difficulties in recruiting people with the right skills and knowledge but ensured calls were never missed. The manager explained how they were planning for staff absences and vacancies in the future. They were recruiting more nursing staff, and in addition were recruiting staff for a specialist team. They said, "We plan to have a rapid response team who are highly trained, and can step in to support people with any care needs to make our staffing team more flexible."

We asked the manager how staff numbers were determined. The manager stated, "Staffing is worked out depending on the person's individual support package. We also build in extra staffing on the team to cover for staff absences." The manager explained there were also contingency plans in place for senior team members, nurses and managers to assist if there were staff absences. The service also used occasional agency staff to fill some staff vacancies where this was needed.

The manager carried out assessments, to identify where there were potential risks to people's health and wellbeing. Risk management plans informed staff how to manage and minimise the identified risks and were reviewed regularly. For example, one person was at risk of becoming anxious in certain situations, which meant they could display behaviours that put themselves or others at risk. Risk assessments detailed how staff should avoid the person becoming anxious, such as avoiding long queues when out of their home. Risk assessments and management plans also included how staff could use distraction techniques to assist the person if they became anxious. Staff we spoke with were aware of risk management techniques, and could describe how they minimised risks.

Some people had risk assessments in place that encouraged 'positive risk taking'. For example, one person went out of their home with staff, and risk assessments instructed staff how to minimise risks to the person's medical condition when out. Before using ALS the person had been unable to go out, because their medical condition required close monitoring. Staff encouraged the person to do as much as possible, with their support.

The provider had contingency plans for managing risks to the delivery of the service. For example, emergencies such as fire, or staff absences were planned for. The plans had been discussed with staff members, and staff knew what to do in an emergency. These minimised the risk of people's support being delivered inconsistently.

Medicines were administered safely. People and staff told us medicines were administered as prescribed. Staff received training in the effective administration of medicines for the specific person they supported. The provider checked staff's competency to give medicines safely following training. Information was provided to staff on how medicines should be given, and whether there were any possible side effects a person might experience from taking them. People who took a range of medicines had a specific medicine protocol in place, which gave staff advice on when medicines prescribed on an 'as required' basis should be given. We spoke with a member of staff regarding the medicine protocols people had in place. They

Good

Is the service safe?

said, “The protocols are there so that we know when medicines should be given. However, we can also make clinical decisions on advice from health professionals if we need to.”

Auditing procedures checked that people received their prescribed medicines on a weekly basis. One nurse told us, “We do a weekly check of the medicine records, and stock counts of medicines to make sure they are being given as prescribed.”

The provider acted to investigate accidents and incidents when they occurred, to learn from these, and reduce the risk of them happening in the future. Staff reported accidents and incidents to the manager which included any immediate actions taken. Where required staff contacted senior staff immediately for advice and support, including out of office hours. Accidents and incidents were investigated by the manager, who took any further actions needed to reduce risks. Accidents, incidents and any investigations were recorded on a centralised electronic monitoring system so that the provider could also analyse the information for any trends and patterns. Staff confirmed individual incidents were discussed at meetings, to identify how staff could reduce recurrence.

Good

Is the service effective?

Our findings

Most of the people we spoke with told us staff had the skills they needed to support them effectively. Comments included, "Staff have the skills they need." "ALS staff are trained specifically for my needs." "Staff have been well trained."

Staff told us they had received an induction and training that met people's needs when they started working at ALS. The induction was designed by Skills for Care, and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. Staff told us in addition to completing the induction programme; they were regularly assessed to check they had the right skills and demonstrated the right approach required to support people. One newly recruited staff member told us, "During my induction I shadowed other team members, training is done in the person's home, as well as classroom based training as it's specific to each individual. The training is observed, so you know you have the right skills you need for each person."

The manager had implemented a programme of staff training to ensure staff kept their skills up to date. Each staff member had a tailored training programme that covered the skills they needed to support each person, and was tailored to their role. For example, nurses were able to keep their skills up to date by using an on-site training room with practice equipment. Staff said the manager encouraged them to keep their training up to date. The manager kept a record of staff attendance at training, and reminded staff when their training updates were due. Staff told us the provider also invested in their personal development, as they were supported to achieve nationally recognised qualifications. One member of staff said, "All my training is in date, and I can take diplomas that are supported by Assisted Living Solutions."

Staff received support through meetings and yearly appraisals. Staff told us regular meetings with their manager provided an opportunity to discuss personal development and training requirements. The provider recognised good staff performance and recommended staff for awards where staff were performing well. For example, information in the PIR showed a team from ALS were recently awarded the homecare team of the year award. The manager stated, "I am extremely proud of their achievement."

Management undertook regular observations of staff performance to ensure high standards of care were met. Where there were concerns regarding staff performance, managers held regular meetings with staff to address performance issues. One nurse told us, "We check staff competencies after they are trained and continue to observe them, to make sure they have the right skills."

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff we spoke with understood the legal requirements of the Mental Capacity Act 2005 (MCA). For example, they understood people were assumed to have capacity to make decisions unless it was established they did not; and that decisions should be made in people's best interests when they were unable to make decisions themselves. They asked people for their consent and respected people's decisions to refuse care where they had capacity to do so. One staff member explained how they would act in someone's best interests if they refused personal care, they said, "If someone refused care or support, I would try and encourage them, and possibly try again later. If someone still refused and I was worried they could not make their own decisions, I would alert the office."

Mental capacity assessments were not always completed where people lacked the capacity to make decisions for themselves. In one person's records we saw they did not have capacity to make some of their own decisions. A specific mental capacity assessment had not been undertaken about which decisions they could make for themselves, and which decisions needed to be made on their behalf. The manager confirmed paperwork was currently being updated and each person would have a mental capacity assessment where there were concerns around people's capacity. Staff told us they had the information they needed about the person's ability to make decisions through other information in their care plan, and their knowledge about each person.

The provider understood their responsibilities to ensure that people were not unlawfully deprived of their liberties. Where people's liberties are restricted the provider has a responsibility to assess whether a Deprivation of Liberties

Good

Is the service effective?

Safeguard (DoLS), agreed by the local authority, is put in place. Whilst no-one had a (DoLS) in place at the time of our inspection, we saw the provider knew the principles under which DoLS applications to the appropriate authorities should be made, and had made a recent application to the local authority for one person.

Staff had an opportunity to read care records at the start of each visit. Staff explained the records supported them to provide effective care for people because the information kept them up to date with any changes to people's health. The care records included information from the previous member of staff as a 'handover' which updated staff with any changes since they were last in the person's home. Regular meetings took place, that all staff attended to review changes to people's care. One nurse told us, "I always do a review of the care records when I come into someone's home, I'm checking the information for anything that may have changed since I was last there, but also whether records are being kept up to date."

Staff and people told us they worked well with other health and social care professionals to support people. Staff supported people to see health care professionals such as nutritional specialists, psychologists, and doctors where this was part of the person's support plan. Information from consultations with healthcare professionals was shared with staff to keep them up to date. Care records instructed staff to seek advice from health professionals when people's health changed. This showed the provider worked in partnership with other professionals for the benefit of the people they supported. One health professional told us, "They are responsive to people's needs; I'm always kept up to date with changes in people's health."

Records showed some people were supported by staff to prepare their food, and also to assist them with specialist diets. For example, one person was supported to take nutrition through a feeding mechanism. Staff also provided support to people with diabetes, or people who were on a 'soft diet' by supporting them to prepare food that met their health needs. Where needed, food and nutrition charts were compiled to monitor people's intake of food and fluids, to ensure people had enough nutrition to maintain their health.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with kindness, and staff had a caring attitude. For example, comments included, “The staff are kind and caring.” “Yes, they are caring and nice. I like the nurses a lot.” One health professional told us, “[Name] has a committed care team that are excellent. Staff are knowledgeable and caring.”

People told us they were cared for by a team of regular care staff, who knew them well. People were often supported by staff that had been specifically recruited to meet their individual needs, including their gender preferences. One relative told us, “The staff are really good, they meet [Name’s] individual needs, and they are the best team we have ever had.”

Staff told us ASL was a nice place to work and the organisation cared for its staff. One staff member said, “I love my job. It’s a really good company to work for, with great values.” Another member of staff said, “It’s a nice place to work, staff really support each other. The nurses are very supportive with advice and skills; this helps us provide good care to people who use the service.”

People told us staff supported them to maintain their independence. For example, one person had limited mobility. We saw staff helped them to keep their independence by using a range of mobility aids, rather than being transferred by staff. The person was encouraged to do as much for themselves as possible, to maintain their independence. In another person’s care records we saw they needed support to make some decisions. ALS had applied for the person to have assistance from a local advocate, someone who could act on their behalf and help them make decisions in their best interests. This assisted the person in maintaining their independence by being involved in decisions about their care.

People were able to access information in a number of formats, including documents in ‘easy read’ formats in pictures and large text sizes. For example, the service user guide and feedback forms. This helped people to maintain their independence as information was accessible to everyone who used the service.

People told us staff treated them with respect, privacy and dignity. People said care staff asked them how they wanted to be supported, and respected their decisions. A staff member told us, “I ensure people’s privacy by always covering people up during personal care routines. I also shut windows and doors, draw curtains, and use people’s own bathrooms so that their privacy is respected.”

We saw people’s personal details and records were held securely at the Assisted Living Solutions offices. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.

Good

Is the service responsive?

Our findings

People we spoke with told us they and their relatives were involved in planning and agreeing their own care. One person said, "Yes I am involved. I can say if I don't like things and they sort things out for me." One relative told us, "I am involved daily in my relative's care, we are always in touch with the staff at ALS."

People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. For example, people had been asked whether they wanted to receive care from male or female care workers, and staffing was organised to ensure their preferences were met. One member of staff told us, "[Name] always has female care workers, as this is their preference." In another person's care records we saw they preferred to shower rather than have a bath, and they received this support according to their preference.

People and their relatives told us, the managers or nurses regularly checked with them that the care provided was what they wanted, and this was changed if required. Staff we spoke with had a good understanding of people's needs and choices. One staff member told us, "I've been working with the same person for a number of years, and I really know their preferences well."

Most of the care records we reviewed were up to date, however, in two care records we saw record keeping could be improved. For example, we saw one person had a skin condition that needed to be monitored by staff daily. The records stated a full check of the person's body needed to be made each day. We saw the recording of skin checks for the person was not consistent. However, staff told us the person's skin was checked daily. We brought this to the attention of the manager who immediately updated care records to record the daily skin checks. In another person's care records we saw information on their current list of medicines was not up to date in different parts of their care records. The manager explained ALS had already identified the need to update how care records were maintained as part of an improvement programme. ALS were developing a computerised system which all staff would be given access to. One nurse said, "New technologies for updating care records will help us record changes straight away instead of changes being made in the office which sometimes delays things." They added, "In the future we will be able to update records immediately on site."

People told us they were supported to take part in activities and interests that met their personal preferences when this was part of their support plan. For example, some people had agreed to have a member of staff sit with them to hold conversations and take part in activities in their own home as part of their care package. One member of staff described to us the activities they were involved in, as part of one person's care package. They said, "[Name] likes to play games, colours, and likes to go shopping. We can always tell whether they are enjoying things because of their facial expressions."

The provider had a written complaints policy, which was contained in the service user guide which each person had in their home. The complaints policy was written in an 'easy read' format so that everyone had access to the information. People who used the service and their relatives told us they knew how to make a complaint if they needed to. The manager kept a log of complaints that had been received. Complaints were allocated to named managers to support the investigation, which sometimes included meeting complainants to resolve issues. One relative told us, "I have made a complaint. Although this was investigated I don't feel they responded to our satisfaction." We saw that where complaints had been logged, investigations had been conducted into people's concerns. The provider analysed complaint information for trends and patterns, and made improvements to the service following complaints. The 'lessons learned' from complaints were shared with staff in meetings, so that staff also learned from complaints.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us they could speak to a manager when they needed to because the manager and members of the management team were approachable. There was a clear management structure to support staff. The manager was part of a management team which included other senior managers, supervisors and nurses. Staff told us they received regular support and advice from the management team via the telephone and face to face meetings. Care staff were able to access information from a manager or nurse at all times as the service operated an out of office hours' advice telephone line, which supported them in delivering consistent care to people. A member of staff told us, "Support is always on hand."

There was a registered manager in place at ALS. The manager told us they were supported by the provider who visited them to assist with quality monitoring and attend regular meetings. The manager also attended regular manager's meetings with other senior manager's in the group to share their experiences, update their knowledge, and reflect on their practice. The PIR confirmed the provider was developing a peer support group for registered managers to support understanding and share ideas.

The manager was supported by the provider to keep their skills up to date and develop their knowledge. For example, at the time of our inspection a leadership programme for all managers was provided to enhance management and leadership skills for senior managers. The manager explained that by keeping their skills up to date, they were able to improve the quality of the service they provided, and pass on their learning to other team members and staff.

We saw the provider had a number of staff vacancies they were actively recruiting to. We spoke with a recruitment specialist employed by the service. They explained they recruited staff who had the right skills and values to work with people in their own homes. Staff skills were matched to the support needs of people who used the service. They explained people who used the service were involved in recruiting staff for their own care wherever possible. One new member of staff told us, "This organisation is totally different to other organisations I've worked for. They have a real person centred approach to delivering care. Recruitment here is more about the values staff have, and whether the staff member is the right fit for the individual they will be supporting."

The provider informed staff about changes in the organisation, and the improvements made, through staff conferences and staff newsletters. Staff had regular monthly scheduled meetings with the manager and other team members to discuss how things could be improved. Staff meetings covered discussions on a range of topics around a set agenda. For example, staff briefings on organisational changes, training, health and safety, safeguarding, complaints, and people's care and support needs. Meetings also included discussions regarding accidents and incidents and how these could be prevented in the future. The meetings were recorded and where improvements or changes had been suggested, these improvements had been written into an action plan which was followed up by the manager at subsequent meetings.

A recent staff survey showed that staff agreed the provider gave them opportunities for their opinions to be heard. This demonstrated the provider responded to feedback from staff. The manager said, "The organisation has good communication with staff, there is an openness and transparency."

People, their relatives, and staff were asked to give feedback about the quality of the service through frequent quality assurance surveys. People confirmed they were also asked whether their expectations were being met, through regular contact with managers. We saw people took part in telephone reviews and face to face review meetings to gain their feedback. Feedback was analysed for any trends or patterns in the information received, so the manager could continuously improve the service.

The provider had sent notifications to us about important events and incidents that occurred. The provider also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, the manager completed an investigation to learn from incidents. The investigations showed the manager made improvements, to minimise the chance of them happening again.

The provider completed checks to ensure staff provided a good quality service. The provider made unannounced

Good

Is the service well-led?

visits to people's homes to check the quality of care people received. The provider also completed audits in areas such as medicines management, and care records. One nurse told us, "Nurses do audits and spot checks of medicines for individual care packages. They also review and report on individual care packages." Another nurse said, "We do checks on care records. However, these sometimes get behind due to covering other duties." We found that some auditing procedures were being improved in response to these concerns. For example, the service was improving medicines audits to perform checks on all medication administration procedures. The provider was also implementing a new auditing tool for conducting full audits of care records.

Where issues had been identified in audits and other quality assurance procedures, action plans were put in place to make improvements. For example, the provider had highlighted the need to update care records more quickly, and new tools were being developed. Action plans were monitored by the provider to ensure actions had been completed and the service continually improved.