

Assisted Living Solutions Limited

Assisted Living Solutions

Inspection report

Kingston House
432-452 High Street
West Bromwich
B70 9LD

Tel: 03333443095
Website: www.rehabilityuk.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Assisted living solutions is a supported living service providing personal care and/or Treatment of disease, disorder or injury to 15 people with learning disabilities and physical disabilities and adults aged 65 years and over.

People's experience of using this service:

There had been a change in management and staff and relatives were not always confident they could raise concerns and they would be dealt with appropriately.

Quality assurance processes had identified □ areas of development and action plans had been devised, however there were concerns found on inspection that had not been identified through the audit process.

The provider was not always responsive to people's changing needs therefore people's choices and control was not always maintained.

The provider had assessed people's capacity in line with The Mental Capacity Act 2005.

Risks to people's safety and wellbeing was assessed and documented. Staff had a good understanding of people's needs.

People were able to tell us how staff had supported them to develop skills and independence.

Rating at last inspection: Rated good (report published 10 November 2016).

Why we inspected: This was a planned inspection based on the ratings at the last inspection. The inspection took place on 17 April 2019.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Assisted Living Solutions

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.□

Service and service type:

This service provides care and support to people living in their own and shared accommodation, known as a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support

The service had a manager. They were not yet registered with the Care Quality Commission but had applied to be.

The management structure comprised of a manager, supported by a deputy manager supported by team managers.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We sent the provider a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. This included notifications received from the provider about deaths, accidents/incidents and

safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider. No concerns were raised about the service at this point.

During the inspection two people shared their views about the support they received. Not everyone was able to do this, so we also spoke with two relatives. Nine staff members were spoken with along with the manager who was available throughout the inspection.

Care and review records for four people who used the service, were looked at. Management records for how people were administered medicines, as well as a range of records relating to the running of the service were also looked at. These included incident and accident monitoring as well as complaints. We viewed three staff files and training records.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Concerns were raised by a relative about their loved one, who was in bed for an average of 12 hours at a time.
- The person was not funded for enough staff to support them to sit up to drink and this had not been identified by the registered provider. We raised this as a safeguarding concern, the provider then supplied additional staff, whilst waiting for the local authority to reassess.
- Each person's care record included risk assessments which considered the risks associated with their care and treatment, medicines and any other factors.
- Staff understood where people required support to reduce risks such as choking. Care plans contained explanations of the control measures for staff to follow to keep people safe. A staff member said, "[Person] has a speech and language assessment. [Person] can't have things that are high risk choking foods such as rice. Staff are well established and there are no concerns".
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Using medicines safely

- There was conflicting information about 'as and when required' (PRN) medicine protocols. Some staff told us they were available to them onsite, but some staff said they were not. We saw one person did not have any available. Staff knew not to give PRN medicines if there was no protocol and they could contact a GP or pharmacy if someone required a PRN medicine.
- Perishable medicines that had been opened were not dated, staff told us they returned the medicines to the pharmacy every four weeks but could not evidence when they had opened the containers.
- Dispensing instructions were missing or had been covered over by staff on some medicines, this meant staff could not cross reference the medicine instructions with the administration sheet.
- One person was able to tell us what all their tablets were, they told us staff helped them to take their tablets and they are always on time.

Learning lessons when things go wrong

- The registered provider had completed an audit which identified that lessons learnt were not always identified following incidents. The provider had marked this as a high priority.

Systems and processes to safeguard people from the risk of abuse

- Staff told us, and records showed they completed safeguarding training. Some staff needed to complete a refresher, but this had been identified in an internal audit. Staff could tell us the different types of abuse.
- A staff member told us, "We would report neglect, abuse and medication errors. I would report to my

manager then follow up to ensure it does not happen again".

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.
- Staff told us there was always enough people on duty however, a relative raised a concern that a person's shared support hours had recently changed, and their needs were not being appropriately met. We raised this with the provider and they increased the staffing hours with immediate effect until a review could take place.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment was available to them.

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.

Good: ☐ 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; 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.

- The provider had undertaken mental capacity assessments and in-turn best interest decisions where needed.

- People's care plans clearly identified how they made choices. People who could verbally communicate told us they made day to day decision. However, one staff member told us choice was not always given in line with the care plans.

- Staff had a good understanding of what was in people's care plans and could tell us how they gained consent. Staff told us, "Every time we do anything with [Person], we always tell them what we are doing, and they will be relaxed if they are happy for this to happen".

- A staff member said, "We don't make decisions for people, if we are doing anything for the people we ask them, so they are part of the decision-making process". A person told us, "I choose where I want to go, I will tell them [staff] if I don't want to do something".

Staff support: induction, training, skills and experience

- Some staff training was out of date however the provider had identified this through their internal audits and had scheduled training sessions for the year.

- We saw that staff had received training that was tailored to individual needs, one staff member said, "I feel we have had enough training and feel confident to meet [Person's] health needs".

- Staff told us they had induction and office-based training before working shifts. A staff member said, "I felt it was enough for me to know what I was doing".

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

- We could not always see clear evidence and outcomes of people's health appointments because of the providers archiving systems. However, staff were able to show in people's diaries when appointments were booked for things such as dentist and opticians.

- Staff told us, and we saw, involvement from external professionals such as speech and language physiotherapy, consultant psychiatrists and dieticians.

- People were supported to improve their health. For example, staff supported a person with their physiotherapy exercises to assist them to maintain mobility and a person told us how staff had supported

them to lose weight.

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

- Where people had undergone assessments from speech and language health professionals in relation to their food and fluids, we saw staff were following the guidelines.
- A person told us they choose what they ate and told us they were going out for lunch and tea that day. They said, "Staff help me meal plan on a Saturday then I know what shopping I need for the week, I can always change my mind on the day if I fancy something different".

Adapting service, design, decoration to meet people's needs

- Staff and relatives told us people had equipment in their homes to aid with their needs. A relative told us their loved one recently moved into a shared house, the house had adapted equipment, they said, "[Person] has a track hoist in the home for personal care, [Person] can transfer to an armchair, it's great".
- Some people lived in shared houses, where this happened we saw that people's bedroom were decorated with personal items. A person told us, "Staff help me to choose curtains and decorate my room".

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care. Respecting and promoting people's privacy, dignity and independence

- People who could verbally communicate, told us staff supported them to be independent. However, this was not evident for everyone.
- A staff member told us, "Staff sometimes make people drinks when they can do it themselves and get a taxi rather than get a bus, it's the easier life".
- A person told us how staff had helped them to regain their independence after having a fall, they said, "I fell and was nervous about going out on my own, staff are helping me to build confidence".
- People's privacy and dignity was respected, we saw staff knocking on doors and asking people before entering their rooms. People's care records were kept securely.

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

- People and their relatives said the staff were kind. A relative said, "All staff are lovely".
- We observed positive interactions between people and staff, a staff member told us, "We always make suggestions about nice things we can do, it's not always just about shopping and personal care" and, "We make sure [Person] is the centre of everything".
- A relative told us how staff were supporting a loved one to go on more activities and said, "The new person [staff name] is brilliant" and "[Person] is very sociable, chatty and funny, they [staff] spend time chatting to him".

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

- Staff could tell us how they involved people in reviews of their care plans and risk assessments. A staff member, said "People who are able, will sit with us and go through it [care plan], [Person] manages their own finances and will sit in meetings and review the plan with us".
- A Person told us, "I will choose where I want to go, I will tell them if I don't want to go somewhere".

Is the service responsive?

Our findings

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

RI: ☐ People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There was some evidence that people made choices and were listened too but not everybody had the same accessibility to choice.
- Due to a reduction in shared support hours a person had to go to bed at 7.30pm and get up at 8am. The person was not able to move independently. The provider had not been responsive in identifying that the persons choice and control had been taken away. The persons relative said, "I just want [Person] to go to bed at a reasonable time and have a full happy life".
- A staff member told us, "Choice is not always good for things like, food, activities and travel". A relative said, "They [provider] told me they work around the people and not around the staff, but it doesn't feel like it".
- Some staff were able to give us good examples of how they ensured care was tailored to people's needs, preferences and give people choice and control.
- We spoke with a person who said, "Staff help me to clean and they are supporting me to learn how to use the washing machine, I want to learn to iron next and they will support me to do this".
- A staff member told us, "[Person] asked to be independent with their medicines, we looked at different ways to support them ... we set little goals like watching staff administer medicines, next was to sign the MAR. We taught [Person] the names of medicines and what they are for and the timings".

Improving care quality in response to complaints or concerns

- The registered provider told us in their PIR, they had a formal complaints procedure and we saw that complaints had been logged and actioned in line with their policies. However, we spoke to a relative who told us they had raised concerns with the team manager, and these had not been actioned. We fed this back to the Manager. The relative contacted us after the inspection and told us immediate action had taken place.
- There were conflicting views from staff in relation to support from the management team. One staff member said, "We only call them [manager and deputy manager] if we have tried everyone else, but they don't make you feel comfortable" another said, "We do have access to the manager, I know who I can talk to, but I don't know if I'd get the outcome that I want". However, another staff member told us they had raised concerns about a person activities and the manager acted on this, they said "I felt this was positive and gave me confidence something would be done".
- One person told us, "If I wasn't happy about something I could tell the staff" and a relative said "[Person] would tell me if they were not happy. At other places they haven't been happy but here they are eager for us to go home [when we visit]".
- Staff had a good knowledge of the people they supported and could tell us what signs they would look for in identifying someone was not happy, a member of staff said, "[Person] can't use verbal communication, they are able to give facial expressions, so you would know if [Person] was unhappy".

End of life care and support

- The Manager told us one person had an end of life care plan and a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) due to complex health needs. However, this was in their home, so we were not able to see this. Staff told us, "[Person] has a DNACPR accessible on site and an end of life care plan".
- The provider had identified in their internal audit process that they had not discussed end of life with people and the manager told us this is something they would action.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered provider could demonstrate that they had undertaken some quality audits and put together action plans to address shortfalls. The registered provider could also demonstrate that more frequent audits were planned to ensure close monitoring of the actions. However, we found concerns on inspection that had not been identified by the provider audits.
- We found numerous concerns with medicines that had not been identified through the weekly audit process. These included a miscount of medicine and liquid medicines and creams having no open date amongst others. This practice puts people at risk of potential harm and had not been identified through quality assurance processes.
- Some people required that their fluid intake to be accurately monitored. Staff were recording on a chart; however, this did not total the amount of fluid the person had consumed at the end of each day. We saw one person had consumed more fluid than was recommended, we spoke to the manager who contacted the GP. The manager said, "The GP was not unduly concerned". The manager advised the GP would be reviewing the person fluid intake after Easter.
- Care records did not accurately reflect when people had attended health appointments or the outcomes. Staff did not have access to people's medical appointments because they were archived at the end of the month. The registered provider's audit systems and processes were not effective in identifying this.
- The manager was not able to access staff competency assessments as the deputy manager was the only person who had access to this. There were mixed views from staff as to whether competencies did take place. The Manager was able to access staff competencies following the inspection.
- Staff told us there had been a lot of changes in the management team, a staff member told us, "Because we have had such a turnover of managers we have lost consistency". A team manager told us, "There have been lots of different managers, so I need to build those relationships", and "I just want to get it right".

A failure to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided to people was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw the rating was displayed in the office but not on their website. The provider amended this at time of inspection.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There were multiple sites that the manager oversaw including some shared houses. The deputy manager had a good understanding of people's needs. However, the manager, who applied for registration in December 2018, had not yet visited or met all the people that were being supported. The manager was not always able to demonstrate a good understanding of people's needs, likes and preferences.
- Relative did not feel they were listened too or involved in their relatives care planning. One relative told us, "It's a frustration not being spoken too and communicated too".
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Continuous learning and improving care

- Opportunities were missed to use feedback for improvement. The manager told us they had weekly updates from the team managers about people, staff and domestic issues. However, one relative told us they contacted the team manager to discuss some concerns but felt that they had been "fobbed off". We discussed this with the manager who was not aware of the relatives concerns.
- The provider had not yet sought feedback from people, staff, relatives or professionals but could show us the document they would be using and how they would analyse the feedback.

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

- People's diverse needs, such as their cultural or religious needs were reflected in their care planning. A staff member told us, "One person asked about church, so we found all the local churches in the area for [Person], we want to support people to meet spiritual needs".

Working in partnership with others

- We saw that people had input from external professionals and staff were able to show us health appointments that were booked for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were insufficient governance systems in place to monitor and improve the quality of the service.