

Social Care Solutions Limited

# Social Care Solutions Ltd (Bedford & Northampton)

## Inspection report

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Social Care Solutions Ltd (Bedford & Northampton) is a supported living service providing personal care for adults with learning disabilities, autistic spectrum disorders, dementia, physical disabilities and sensory impairments.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection the service was supporting 47 people, of these, 28 people were receiving personal care.

### People's experience of using this service and what we found

#### Right Support:

People were supported in goal planning. However, this required further development to ensure records consistently captured the steps required to achieve an agreed goal and the progress made by people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood the importance of providing respectful care which was person centred and tailored to individual's needs.

Staff had received training and applied their skills and understanding to provide safe care. Additional specialist training was provided to staff to enhance their knowledge and raise awareness of people's medical conditions.

#### Right Care:

People had risk assessments and care plans in place. However, some of these required updating to ensure the information was accurate and reflective of people's current needs.

Staffing levels were improving, and recruitment continued to take place. Where required agency staff complimented the staff team to maintain safe staffing levels. The provider block booked agency staff to support continuity of care.

### Right Culture:

The quality assurance system had been reviewed and new processes implemented. This required time to embed to ensure it was robust in identifying and addressing shortfalls of the service.

We received mixed feedback from relatives about the registered managers. Many of the relatives we spoke with were not aware of the registered managers names but recognised the scheme managers whom they communicated with where required.

Staff told us a newly recruited registered manager was approachable. Comments we received from staff included, "[Registered manager] is amazing. They make time for people and staff always." And, "The new registered manager is definitely approachable. I now feel confident and able to raise concerns and know I will be listened to."

Staff were passionate and enthusiastic in their role. Comments we received from staff included, "Knowing I have made a difference to a person makes me feel accomplished." And, "It is rewarding to support somebody achieve things in their everyday life. Seeing a person smile makes my day."

The provider recognised when people's needs changed and made timely referrals to external professionals to ensure appropriate care and support was in place.

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 and update

The last rating for this service was requires improvement (published 12 August 2021) and there were breaches in regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted in part due to concerns received about the management and leadership of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring, responsive and well led sections of this full report.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Social Care Solutions Ltd (Bedford & Northampton) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

# Social Care Solutions Ltd (Bedford & Northampton)

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by three inspectors, a member of the CQC medicines team and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 12 'supported living' settings, so that they can live 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 November 2022 and ended on 29 November 2022. We visited the location's office on 14 November 2022 and three of the services on 22, 23 and 25 November 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We observed and spoke with 6 people and 12 relatives. We spoke with 23 staff including the registered managers, the office manager and care staff.

We reviewed a range of records. This included 12 people's care records and nine people's medication records. We looked at 5 staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection this key question has remained the same. This meant 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

- People's records contained information to direct staff to manage risks. However, not all risk assessments had been reviewed regularly. For example, for one person a risk assessment for a health condition contained the date of January 2019 of review. There had been no negative impact as a result of this shortfall. Staff we spoke with were familiar with people's needs and told us a handover was conducted each day which provided an update of any changes to people's needs, as well as scheduled appointments and activities for the day. Our findings were discussed with the registered manager who informed us reviews had been completed recently and required printing and placing in people's care folders so that all staff could access these. The registered manager took immediate action to address this.
- For one person, who had recently returned to the service following a surgical procedure, there was limited information in the risk assessment to guide and direct staff in the provision of care. This was discussed with the registered manager who took immediate actions to address this, and liaised with a specialist nurse to provide training to the staff team.

### Staffing and recruitment

- At the last inspection in 2021, we found there were some shortfalls in the recruitment checks for new staff. During this inspection we found that improvements had been made. Staff files we looked at contained evidence of necessary recruitment checks and explanation of any employment gaps identified.
- We received mixed feedback from relatives regarding staffing levels. Some relatives told us they felt concerned about the high use of agency staff, whilst others told us they felt there had been a recent improvement in the staffing levels.
- Staff told us staffing levels were improving although there was still a use of agency staff to ensure people's needs were met. The registered manager told us agency staff were block booked to ensure consistency with staff support and to address staff vacancies. At the time of our inspection there were several new staff who had been successfully recruited to the service and were awaiting an agreed start date and a total of six staff vacancies.

### Using medicines safely

- Some protocols for medicines prescribed to be given on a when required basis lacked personalised information. The provider told us they will take action to address this. Staff, however, were knowledgeable about people's medicines and how they assess their need for these.
- Staff members did not always follow the provider's policy when handwriting entries in the Medicines Administration Records (MARs). Handwritten entries were not dated and signed by two members of staff to confirm they were accurate and up to date. This created a risk that medicines records were not accurate.

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, and when assessing risks of people taking medicines themselves.
- People received support from staff to make their own decisions about medicines wherever possible.
- People could take their medicines in private when appropriate and safe.
- Staff made sure people received information about medicines in a way they could understand.
- People were supported by trained and competent staff who followed systems and processes to administer and record medicines safely.

#### Preventing and controlling infection

- An infection prevention and control policy was in place which had been reviewed to ensure it remained reflective of current guidance.
- Staff had received infection control and prevention training and were confident in measures to take to manage and prevent infection. This included wearing of face masks, gloves and aprons and maintaining a clean environment.

#### Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us they felt their family members were safe.
- Processes were in place to help protect people from risk of harm and abuse.
- Staff understood their role in recording and reporting concerns of harm and abuse. One staff member told us, "It is important to report and raise concerns. This protects people from the risk of harm and abuse. I could report any concerns to my line manager or externally to the council or Care Quality Commission (CQC)."

#### Learning lessons when things go wrong

- Incidents and accidents were reported by staff and reviewed by the registered manager, who looked for patterns and themes and implemented measures to reduce re-occurrence.
- Staff told us the new registered manager had introduced a 'lessons learnt' folder. Outcomes of incident reviews were discussed during team meetings and formed part of reflective learning. These discussions provided opportunity for staff to agree actions to improve quality of care and practice in the service. This was a new process and required further time to become embedded across all supported living schemes under this service registration.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 fully assessed prior to starting with the service. Records contained information advising of people's likes, dislikes and preference's, as well as their health and medical conditions.
- Relatives told us they had been involved in the assessment process. One relative said, "The assessment was very thorough, and we had lots of meetings with everyone."

Staff support: induction, training, skills and experience

- Relatives told us they thought the staff had received training and knew what was expected of them.
- Staff told us they had completed an induction process which prepared them for their role. One staff member told us, "I completed shadowing of experienced staff as part of my induction. During these shadow shifts I was able to meet people who we support and introduce myself to them. The shadow shifts helped me to familiarise myself with people's support needs which was helpful, and meant I felt prepared for my role."
- A process was in place for the induction of agency staff. This included sharing information regarding people's needs and discussing the responsibilities and expectations of the agency staff member whilst providing support.

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

- People were supported to maintain a healthy balanced diet. One relative told us, "[Family member] gets better meals than me. [Staff] help [family member] with cooking their own meals." And, "[Family member] has been on a diet and lost weight which is good. [Family member] doesn't eat as much chocolate anymore, previously they would want it all the time."
- Staff we spoke we were familiar with people's individual nutritional requirements and preferences, and used information recorded in care plans to provide guidance when supporting with meal preparation.

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

- Staff made referrals to external professionals in a timely manner to maintain people's health and wellbeing. Records we reviewed contained evidence of meetings with professionals.

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 MCA 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 (CoP) 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 relating to those authorisations were being met. We found that CoP applications were being made where required.

- Where required Court of Protection (CoP) applications had been made and authorisations were in place.
- Care plans contained information and guidance to support the decision-making process. Information was recorded in people's care plans to guide and direct staff in supporting people to make simple decisions.
- Where people were unable to make a decision due to their ability to understand, records contained information of relatives and /or advocates to consult with. For example, one person's record contained details of whom to contact to discuss all financial decisions.
- Staff had completed MCA training and were familiar with how to support people to make decisions.

# 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 our last inspection we rated this key question good. At this inspection the rating for 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; Respecting and promoting people's privacy, dignity and independence

- Relatives told us the staff were caring and respectful.
- One relative told us, "The [staff] our [family member] has at the moment are brilliant. They are thoughtful and care for [family member] so well. They know how to make [family member] laugh, smile and giggle. They [staff] go above and beyond. For example, [staff] notice when [family member] needs new clothes. I am so impressed with them and cannot praise them enough."
- Another relative said, "[Family member] won't do what they don't want to do. As they get older they want to do less. The [staff] know what [family member] likes and respects this."
- Staff were knowledgeable of people's needs and were observed providing dignified and respectful care. For example, on the day of inspection we observed one person who was not comfortable in crowded places and did not like strangers in their home. We observed staff supporting this person calmly to an area which was quiet, remaining with the person until they became less anxious and were ready to go out.

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

- People were supported in making decisions about their care. One relative told us, "[Staff] ask if [family member] wants a shower and explains to them why they may need it."
- People's records contained information advising of their individual preferences. For example, where people had expressed a preference to the time which they got up each day and required assistance with personal care. The provider used this information when completing staff schedules to ensure the appropriate staffing levels were in place to meet this need.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- There was some evidence of goal setting in care plans, however, this required further work to ensure each step of the goal was documented and updated with progress and achievements. This was discussed with the registered manager who advised us of plans they had in place to address this shortfall.
- Health action plans had not been consistently reviewed and updated. There had been no negative impact as a result of this, and people's health information could be found elsewhere within the care records. We discussed this with the registered manager who informed us of actions they were taking to ensure information was reviewed and updated so that it was accurate and consistent to guide and direct staff.
- Care plans contained information advising of people's medical and health needs as well as hobbies, likes, dislikes and preferences. One staff member told us, "The care plans and documents have been updated recently and are improving so they are better detailed to guide staff. Care plans are live documents and all changes are discussed with staff in handover."
- Relatives told us they were happy with the care and support provided by the service. One relative said, "It's a good way of life, better than sitting in a care home." Another relative told us, "[Family member] has been in much worse places, this is ten times better."
- Staff understood the importance of person-centred care and how to apply this in their role. One staff member told us, "This is care which is unique to the person and tailored to their needs and preferences."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records contained information about their communication needs, abilities and aids or technology used where applicable. One person showed us a care pendant which they wore at all times. The person told us they were able to use this in an emergency to call for assistance.
- Staff we spoke with were familiar with people's communication skills and how to communicate effectively using simple phrases and visual prompts, such as picture cards.

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

- People were encouraged to pursue hobbies and activities of their choice.

- One person told us since starting to receive care from the service, they had been supported to go on trips which included London and holidays to places of their choice.
- One relative told us, "[Family member] is always going out. They recently went on holiday to Norfolk and were very excited about going. [Family member] has also been to the zoo and a sea-life centre"
- Staff worked with people and their relatives to plan outings. One person was being supported by staff to attend a concert of their choice.

#### Improving care quality in response to complaints or concerns

- A process was in place to record, monitor and respond to complaints.
- Relatives we spoke with told us they were familiar with the complaints process, however, felt that responses from the registered manager at times were slow. One relative said, "If I'm really unhappy it'll be the scheme manager and I feel comfortable to speak to them. Just sometimes I know that if I spoke to staff, they'd pass things on or do things quicker."

#### End of life care and support

- At the time of the inspection there was nobody in receipt of end of life care.
- The provider had a policy and procedure in place should this type of care be needed.
- Following the last inspection, information about people's end of life wishes and preferences had been reviewed and clearly recorded in their care and support plans.

# 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 our last inspection we rated this key question required improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection we found the provider had not responded to previous concerns raised at previous inspections. The governance systems in place were not effective to consistently assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Following the last inspection, the quality assurance system had been reviewed and new processes implemented. This required time to embed to ensure the processes were robust and supportive in continuously driving change and improvement.
- The registered manager told us a focus had been taken by the provider to develop and upskill the team leaders in their role to support the registered manager. In addition, the registered managers shared with us plans to implement additional daily checks of records, daily notes and the environment to be completed by scheme managers and team leaders. These checks would identify any shortfalls of practice and standards, so that early intervention and actions could be taken.
- During the inspection process the provider informed us a new office location had been obtained. This would enable a separation of the services held under the two registered managers, thus making each registered manager's portfolio smaller and enable an improved oversight of all services.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received a mixture of comments relating to engagement with the service. Some relatives told us they received an annual survey asking for their feedback about the service, whilst other relatives were unable to recall a survey being shared. The registered managers advised a survey had been sent recently to people and their relatives and the response to this would be analysed and used to support implementation of an action plan to drive improvements.
- The registered managers shared with us an action plan they had implemented following recent

monitoring activity conducted by the local authority. This was aligned to the providers own improvement plan and detailed the progress of actions taken.

- Relatives provided mixed feedback regarding the management of the service. Many did not know who the registered manager was but felt the general scheme managers did a good job.

One relative said, "The management change so often, there is no continuity in the job role. The current registered manager is fine." Another relative told us, "The management is getting better."

- Staff we spoke with felt the new registered manager was approachable and would listen to concerns the staff and people raised. Comments we received from staff included, "I feel the new registered manager is supportive and approachable. If I needed to raise any concerns, I would feel listened to and confident in the new registered manager in addressing these." Another staff member told us, "[Registered manager] takes time to stop and listen to people and staff when they have concerns.." And, "[Registered manager] works closely with people and staff. They [Registered manager] are passionate and supportive of people and staff and very approachable."

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 registered managers understood their responsibility to in reporting notifiable events to CQC
- Complaints were investigated, and apologies made to people and their relatives.

Working in partnership with others

- The provider engaged with external health and social care professionals to ensure appropriate care and support was in place. This included GP's, community teams, Speech And Language Therapists and the learning disability team.