Social Care Solutions Limited

Social Care Solutions Limited (Nottingham & Derby office)

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

Social Care Solutions Limited (Nottingham & Derby office) is a supported living service. This service provides care and support to people living in a 'supported living' setting, 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. Supported living services enable people to live in their own home and receive care and/or support in order to promote their independence. At the time of our inspection 13 people were using this service. The service can support people who have a learning disability, special sensory needs and/or a physical disability. It can also assist people who have mental health needs. The service had its office in Nottingham providing support to people living in Nottinghamshire and Derbyshire.

There was a registered manager in post. 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. In this report when we speak about both the registered provider and the registered manager we refer to them as being, 'the registered persons'.

This was the first inspection of the service since it was registered at its new address.

At this inspection we found that there were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.

Medicines were managed safely and sufficient numbers of suitable care staff had been deployed to complete care calls in the right way. Background checks had been completed before new care staff had been appointed. People were protected by there being arrangements to prevent and control infection and lessons had been learnt when things had gone wrong.

Care staff had been supported to deliver care in line with current best practice guidance. People received the assistance they needed to eat and drink enough to maintain a balanced diet.

People had been supported to live healthier lives by being supported to have suitable access to healthcare services so that they received on-going healthcare support. Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that was responsive to their needs. As part of this people had been offered opportunities to pursue their hobbies and interests. Care staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

People's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people with there end of life wishes.

There was a positive culture in the service that was open, inclusive and focused upon achieving good outcomes for people. People and relatives benefited from there being a recent addition to the management framework that helped care staff to understand their responsibilities so that risks and regulatory requirements were met.

The views of people who used the service, relatives and care staff had been gathered and acted on to shape any improvements that were made.

The provider had adequate systems in place to monitor and review the quality of care people received. People benefited from the service being able to quickly put problems right and to innovate so that people could consistently receive safe care.

Good team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm.

Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

People received their medication as prescribed.

Staff were recruited safely and there were sufficient numbers of staff to meet people's care needs.

Is the service effective?

Good

The service was effective.

Staff received an induction and the relevant training needed to support people effectively. Staff received regular opportunities to review their work.

People's rights were protected under the Mental Capacity Act (MCA) 2005.

Staff worked in line with current legislation to ensure they did not discriminate against people.

The provider supported people maintain a healthy and nutritious diet.

People had access to external healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People felt supported by staff who were kind and caring. People received information about their care in a format they understood and were involved in making decisions about their care.

People felt supported to remain as independent as possible by

staff that understood and demonstrated the importance of treating people with dignity and respect.

The provider supported people access independent advocacy and support services.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who recognised and responded to their changing needs. Care and support plans were person centred. People received a reliable and consistent service.

People were supported to contribute as fully as possible to their assessment and in decisions about the care and support they received.

People were asked for feedback about the service they received. People had access to the complaints procedure that was made available in an appropriate format for people with communication needs.

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Is the service well-led?

Good

People, health professionals and staff were confident in the management and providers of the service. They were supported and encouraged to provide feedback about the service.

The Improved communication between management and some relatives needed to be sustained for a longer period for relatives to feel the service was well led.

There were systems in place to monitor and improve the quality of the service provided.

Social Care Solutions Limited (Nottingham & Derby office)

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 registered persons continued to meet 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service's office on 30 May 2018 and the inspection was announced. We gave the registered persons a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection. We spoke with a service manager, two team leaders who coordinated and organised the completion of care calls and we met with the registered manager. In addition, we looked at the care records for four people who used the service. We also examined records relating to how the service was run including the times and the duration of care calls, staffing, training and quality assurance.

Shortly after our inspection visit to the service's office, we met three people in their homes, spoke by telephone with four people who used the service and with three of their relatives. We wanted to find out what it was like to receive care from the service. We also spoke by telephone with three care staff so that they could tell us about their experience of working in the service.

After our office inspection we asked the registered manager to send us information about the service around staffing, training and quality audits. This information was sent to us as agreed.

Good

Is the service safe?

Our findings

People told us they felt safe when they were supported by staff. One person told us, "Staff help me stay safe." We visited a person who lived in a shared house with one other person. This person communicated with gestures and signs and they gave a 'thumbs up' sign whilst looking in the direction of a staff member with a smile on their face. This told us people were happy with their support staff. Another person told us they, "Liked the staff that helped them….." and went on to say, "There's always someone [staff] with me."

We had been made aware by relatives, the local authority and the provider that there had been occasions when calls had been missed. Agency staff were being used to cover staff shortages and were not always familiar with people's needs and preferences. These concerns had been investigated by the local authority and the provider had recruited more staff to avoid this. This allowed people to be supported by a consistent team of staff that understood their needs. People and relatives confirmed missed calls had not occurred since the increase in staffing but needed to see this sustained to feel reassured.

Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the team leader or the registered manager. Staff were also aware of the procedure for reporting any concerns to the local authority safeguarding team. Further information on safeguarding including the contact details of local safeguarding authorities were visible in the office. This would enable staff to access the information quickly and easily in the event they needed to raise a safeguarding concern. The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns using local safeguarding procedures.

Relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. Records checked confirmed staff had attended adults safeguarding training.

Risk assessments were being updated to make them more person centred around the needs of the person. Staff gave people information about risks and actively supported them in their choices so they had as much control and independence as possible. Risk assessments had been completed for each person's level of risk, including nutrition, support with medicines and maintaining people's independence in the service and when out in the community. We reviewed these records in people's care files and some did not contain signed consent that confirmed people or their representative had been involved in these reviews. The registered manager and team leader told us people had been involved and this was an oversight on their part. The registered manager agreed to get the risk assessments signed.

To protect people with limited capacity to make decisions about their own care or treatment, the service followed correct procedures when people needed support with taking their medicines. The service assessed the risk when people wished to manage their own medicines. One person confirmed that, "I don't need any help with my medicines and staff know that."

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency

evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate their homes in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People also confirmed there were sufficient staff to accompany them to their appointments. We looked at the staff rotas and found that there were consistent staffing levels on each shift to safely meet people's needs.

We checked the recruitment files of four staff members. Safe recruitment and selection processes were followed. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each member of staff. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

We reviewed four medicines administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had been signed appropriately. We noted some MAR sheets had a hand written list of medicines people needed to take. When this is done good practise states the MAR sheet requires two staff signatures to confirm medicines listed are a true and a accurate record. Some records did not have two staff signatures. The team leader agreed to get this done.

Medicine was stored securely and in line with good practice with only staff having access to these. We reviewed monthly medicine audits in people's house files and these had been completed regularly. We were told these had been introduced recently and we would like to see this sustained and errors and learning recorded to improve learning.

Policies and practices in the service ensured people were protected by the prevention and control of infection. For example staff had received induction and training on infection control and prevention. Staff who supported people with food preparation had received food and hygiene training. This helped to ensure people would be protected from the risks of infections.

Good

Is the service effective?

Our findings

People received effective care from staff who understood their needs. Assessments of people's care and support needs were in place. These assessments along with referral information from local authorities were used to review and update individual care plans and risk assessments.

The service made sure that the needs of people were met consistently by staff who have the right knowledge, qualifications, skills and experience. We reviewed records that showed staff had a thorough induction that consisted of five days of face to face training. A staff member said, "My induction was very good and much better than my previous place [employer]."

New staff completed an induction booklet which also enrolled them onto the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff. Staff confirmed this and told us their induction gave them the skills and confidence to develop and carry out their role and responsibilities effectively.

Staff told us that received regular supervision and records checked confirmed this. Training records showed that staff attended a wide range of mandatory training including specialised training where required. Systems were in place to ensure that staff remained up to date with their training.

Some people were able to prepare and cook their own meals. Others needed support with meal preparation. This information was available in people's support plans. Staff explained they support people with their shopping and then prepare or assist people with making healthy meals. Details of people's food and fluid intake were recorded daily. Where required people's weight was monitored monthly.

Staff supported people to manage their day to day finances. People had access to their own money when required. We checked the balance of monies in two cash boxes and noted finance records had been signed and checked correctly by staff. One person confirmed this process and told us, "My money is locked in the cupboard and I can get it [my money] when I need it. Staff look after my money and keep it safe for me."

The service had clear systems and processes for referring people to external services, which were applied consistently to maintain continuity of care and support. Records checked confirmed documentation from health professionals such as dieticians, dentists and opticians were available in people's care files. Health appointments were also recorded in diaries and the communication book in people's homes.

People had health action plans in place which took into account their individual health care support needs. Care files also had hospital passports which outlined their health and communication needs for professionals when they attended hospital.

A person told us, "If I'm not well staff will make me an appointment for me [to see the GP]." Another person told us when they go for health appointments they, "Always go with staff." The service contacted people's

social workers when reviews were taking place. One person confirmed this and told us, "My social worker comes out [to meet me]," when their support was being reviewed.

One person was having their bedroom decorated to their preference. All the other areas of their house were the responsibility of the housing provider to maintain. The team leader and registered manager spent eight hours decorating and personalising this person's room in their absence. When the person returned the team leader told us, "Seeing [their] face light was totally worth all the effort and it's what I come to work for."

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. The requirements and principles of the MCA were being followed.

One example was of a person who would eat certain uncooked items from their fridge and kitchen cupboards. This put the person at risk of harm as they were unable to make safe choices of foods when accessing the kitchen. A mental capacity assessment and a best interest decision had been completed enabling staff to support this person safely when accessing the kitchen. Staff had also received specialised training around this type of behaviour to support the person effectively.

All staff had completed training on the MCA, most staff were able to explain the principles of the MCA. This meant that some people could be having decisions made on their behalf or their liberty restricted by certain staff not fully understanding the reason why an MCA is in place. The registered manager agreed to raise this as a regular agenda item at staff meetings.

Good

Is the service caring?

Our findings

People told us the staff supporting them in their homes were caring. Staff were knowledgeable about the support needs of people they cared for. When we asked a staff member to tell us about a person they supported, they were able to easily describe the person's care needs and things that were of interest to them. However, one relative felt the service had not responded to their family member in a caring way. We were told by the relative that their family member was feeling unwell and the service did not have medicines in place that could be taken as required. We reviewed records and emails between the relative and the service which showed the service had taken the appropriate action needed when requesting as required medicines.

We were told people's care records showed people had been involved in discussions about how they wished to receive their care and support. However, we did not always see people's or their representatives signatures that confirmed this. When we spoke with people about this they confirmed they had been involved in reviews of their care and support.

The service ensured that people received information about their care and support in an accessible format. One person communicated using Makaton [basic hand signs] and a personalised picture book. This showed that information was shared in alternative formats where required. At the front of people's care files photographs of people doing something positive and person centred were available.

The service was aware of advocacy and correspondence was seen in people's care files for people to access local independent advocacy services. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

People's care plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. One member of staff said, "I always knock on the door." Another staff member said, "I make sure people are covered and always close the curtains." Staff told us they respected people's privacy and dignity regardless of their sexual orientation, race or gender. People we spoke with confirmed staff respected their wishes and maintained their dignity when receiving support at home or when out in the community.

Staff told us that they had received guidance about and understood how to correctly manage and maintain confidentiality. We noted the care staff understood the importance of respecting people's private information and they confirmed they only disclosed it to people such as health and social care professionals on a need-to-know basis.

All of the information about how the service was run was stored in the registered office. Care record information was stored on the computer system which was password protected so that only authorised persons could access this. Care files were secured in a lockable cabinet in the office.

Good

Is the service responsive?

Our findings

One person told us when the, "Carer was sick, my hours [one to one] would be banked [saved to be used later]," if no other cover was available. The person told us this did not happen often and was, "happy," with this flexible arrangement, as they never lost any support hours. Another person told us, "[Staff member] is the number 1 funniest bloke." They then went on to tell us, "I couldn't manage without him [staff member]."

We reviewed four care plans and all were person centred and well written. Care plans included personal histories and people's preferences in how they would like to be supported. We also saw details of interests people took part in and had observed that people were given opportunities to be involved in activities to avoid them feeling isolated and promoted their well-being. However, some were missing photographs in sections where these should have been added. Care plans contained information regarding people's diverse needs and had been recently updated with involvement of the person and their relative, where agreed.

Some relatives had raised concerns about their family member's homes and that the service was not supporting people to maintain their home effectively. Due to these concerns being shared with us we visited and telephoned people in their homes and reviewed records to check if this was the case. No concerns were found or shared by people and the homes were all in order and personalised to each person's preferences.

The service was part of a larger organisation which organised regular social events such as disco and balls where people could meet friends and new people. Locally people were supported to access activities in their communities which included visits to the cinema, pubs, shopping in town, visiting farms and using local sensory rooms. One person told us, "They enjoyed going bowling" with staff. A person told us they, "They like going out for nice meals." Another person had their own vehicle they go out in weekly and told us they, "Like going out in my car but there's not always a driver on." The management were aware of this skill shortage and we were told not all staff were drivers. This meant the service could not always be responsive in meeting this person's needs. The registered manager and team leader shared they are attempting to recruit new staff to meet this skills shortage.

People who used the service told us they were in regular contact with the team leader and could not recall a need to complain about the service. A person said, "I am very happy with the staff." People also told us that if staff were running late the office would call and let them [or their relative] know.

Some relatives told us the service was not always responsive in keeping them updated about their family member. We saw evidence of concerns raised by a relative and found the service had responded appropriately. An example was one person returned home from the day centre and no staff were available to support this person in their home. We were told there had been some confusion over staff rotas and agency staff covering shifts. The local authority had been involved to look into these concerns with the provider. As mentioned earlier in the report the provider had now recruited more staff and relatives told us, "Recently things have improved." To avoid further incidents the service was working with the day centre and social services to try and arrange it so staff can collect this person directly from the day centre.

Relatives spoke positively about the impact of the new team leader and her responsiveness in dealing with day-to-day matters. Another person told us they had never needed to make a formal complaint but would, "Speak with the [team leader] or [registered manager] if I wasn't happy about something." They confirmed they had done this once last year [2017] where the manager came to visit them in their home. This person told us they were, "Happy," with how their concern was dealt with.

Staff were clear about how they would manage concerns or complaints. They said they would refer any complaints to the team leader or the registered manager. Staff were aware of the complaints procedure and felt confident in reporting concerns to management. We reviewed complaints and all had been responded to appropriately by the registered manager following the policy and procedure set down by the service.

Care staff understood the importance of promoting equality and diversity. An example of this was supporting people to maintain friendships and relationships with family. Staff assisted people to keep in touch with their relatives and friends by telephone.

People had been involved in discussions about their end of life funeral wishes. These were recorded in people's care files.

Good

Is the service well-led?

Our findings

People told us they were happy with the management. One person said, "[Team leader] comes and see me [at home]." Team leaders would also cover care calls and carry out regular spot checks of staff supporting people. During one visit to a shared house we saw the registered manager and team leader support a person to complete a table top puzzle. We observed interactions that were friendly and trusting which showed us people were at ease in the company of management.

We received mixed comments from relatives about the communication from the office staff. Some relatives shared that during the last year communication had not always been effective with the management. However, since the recent appointment of another team leader relatives told us this had improved. One relative said, "Since the [team leader] has started communication has improved [between relatives and management]."

Care staff were clear about their responsibilities and there was always a senior member of staff who could be contacted by care staff if they needed advice. The management team consisted of the registered manager and a service manager. Two team leaders managed teams of care staff and prepared the rotas for staff ensuring that care calls were delivered as they had been planned. We examined a selection of these rotas and all were in order. Over the last year calls had been missed and these matters were investigated as mentioned earlier in the report. People and relatives confirmed over the last couple of months care calls had not been missed and things had improved. People and relatives spoke highly of the team leaders and there ability to respond to concerns when they arose.

We saw that all conditions of registration with the CQC were being met. Records reviewed confirmed incidents had been dealt with appropriately and reported to the correct authorities when needed. Notifications had been received which the provider was required by law to tell us about. This included allegations of harm and any serious accidents. There were systems in place to ensure policies were in place and up to date and available to staff.

Staff told us they felt well supported by the team leader and registered manager. One staff member said, "I speak to management on a daily basis." They went on to share, "If I need any advice I call the team leader or service manager [registered manager]." When we asked the registered manager for information about their service they were able to give clear answers to questions and produce evidence when needed. There was information we requested after our visits and this was sent to us promptly.

A member of staff said, "I definitely am happy with the support managers give me. I couldn't fault it." There were regular staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. Staff meetings also gave management the opportunity to discuss and share progress about the service. These measures all helped to ensure that staff had the systems they needed to care for people in a reliable and coordinated way.

As part of the quality assurance procedures, we found regular spot checks to people's homes took place to

check people were being provided with relevant and appropriate support. The spot checks seen identified the actions taken to resolve any issues identified. For example, we checked people's medicines records and these had been regularly checked by senior staff to make sure they had been completed correctly. This meant risks had been minimised to support people remain safe and well.

We saw that regular audits were carried out by the management and representatives of the provider. The provider had an effective system to regularly assess and monitor the quality of service that people received. The registered manager, service manager and team leader told us they completed a number of audits which covered care records and staffing competencies. Any issues were highlighted and had been actioned appropriately.

We found questionnaires had been sent to relatives and representatives of people receiving support, and staff in 2017 to obtain their views of the support provided. The results of questionnaires had been reviewed and the registered manager told us if any concerns were reported, these would be dealt with on an individual basis where appropriate. The provider also produced a yearly report which analysed returned questionnaires from all their services.

The provider was committed to working closely with external agencies to ensure people received a high quality service. The registered manager told us they were openly working with other agencies where required. For example, they told us they were willing to share any information requested by the local authority safeguarding team, should it be requested in order to ensure people were protected from the risk of abuse.