

Social Care Solutions Limited

Social Care Solutions Ltd (Peterborough & Cambridge)

Inspection report

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22 September 2017

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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 Ltd (Peterborough & Cambridge) is registered to provide personal care to people living in their own homes and in supported living premises. The service offers a range of services including 24-hour support and care to people who have a learning disability. There were 19 people who were receiving personal care from the service when we visited.

The inspection took place on 21 and 22 September 2017 and we gave the provider 48-hours' notice before we visited.

This was the first inspection since the service was registered on 6 October 2016. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were kept as safe as possible because staff were knowledgeable about reporting any suspicions or incidents of harm. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Staff were supported and trained to do their job.

Risk assessments were in place and actions were taken to reduce these risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. Staff received training and were able to demonstrate a good understanding of MCA.

People were supported to access a range of health care professionals and they were provided with opportunities to increase their levels of independence by being able to access a range of activities. Health risk assessments were in place to ensure that people were supported to maintain their health. The team managers and support staff were in contact with a range of health care professionals to ensure that people's care and support was well coordinated.

People had adequate amounts of food and drink to meet their individual preferences and dietary needs.

People's privacy and dignity were respected and their care and support was provided in a kind, caring and a reassuring way.

People's hobbies and interests had been identified and they were supported to take part in a range of activities that were meaningful to them.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainants. People could raise concerns with the staff at any time and a pictorial version of the complaints procedure was available to assist people's understanding.

The provider had quality assurance processes and procedures in place to monitor and develop the quality and safety of people's support and care. People and their relatives were able to make suggestions in relation to the support and care provided and staff acted on what they were told. There were strong links with the community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's care needs.

Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

Is the service effective?

Good ●

The service was effective.

Staff demonstrated an understanding of the underlying principles of the Mental Capacity Act 2005.

An ongoing training and supervision programme was in place so that staff had the support, knowledge and skills to appropriately support people using the service.

People's social, health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People received kind and respectful care and support that met their individual needs.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and also had access to advocacy services.

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to pursue activities and interests that were important to them.

There was a procedure in place to respond to people's concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

There were strong links with the local community to create an open and inclusive culture within the service.

People and staff were involved in the development of the service, and their views were listened to and acted upon

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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 is 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.

This inspection took place on 21 and 22 September 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also looked at the 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 any improvements they plan to make

During the inspection we spoke with eight people who were using the service and two relatives. We also spoke with the registered manager, a service manager, five care staff and a quality and compliance manager. We reviewed four people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received. We also spoke with four care managers from the local authority who commissioned care from the service.

Is the service safe?

Our findings

Not everyone we met was able to verbally communicate their needs, but through observations we saw that people were assisted to move and transfer and undertake activities safely by staff. A relative said, "The staff are very good and I feel that [family member] is safely cared for. There was a friendly and cheerful rapport in place between people and the staff of the service."

Staff demonstrated that they were aware of their safeguarding responsibilities and had access to the contact and reporting details of the local safeguarding team. Staff confirmed that safeguarding training had been provided and refresher training had been given annually. Evidence of staff's up to date ongoing training was seen in the training records held in the service's office. One member of staff said, "I would not hesitate at all in reporting any incidents or allegations of harm to my manager and to the safeguarding team at social services if ever I needed to."

Care plans were complemented by up to date risk assessments to ensure, as much as possible, that the person remained safe and that care and support could be appropriately delivered both at the service and when in the community. Examples included moving and handling, challenging behaviours and assistance when out in the community. Staff said they were aware of how to ensure people were kept safe in accordance with the person's risk assessments. We saw that risk assessments were cross referenced to care and support plans so that people's care needs were well coordinated.

People told us that staff ensured that they received their prescribed medicines. We saw the medicine administration records (MAR) of people that we visited and they had been accurately recorded. The level of assistance that people needed with their medicine was recorded in their support plan. The registered manager and senior staff regularly audited the MAR sheets to ensure records were being safely and accurately maintained. Medicine administration training sessions were provided and refresher training was given annually. Where people required emergency medicines to be given we saw that staff had received the appropriate training to safely administer these medicines. Staff confirmed this to be the case. We saw that staff had received competency checks undertaken by members of senior staff to ensure they safely administered medicines. Evidence of ongoing training and competency checks were seen in a sample of staff training records that we saw.

Staff only commenced work in the service when all the required recruitment checks had been completed and we saw three staff records which confirmed this to be the case. All recruitment checks were carried out by the provider's via the provider's human resources (HR) department in conjunction with the registered manager and team managers. Checks included; a completed application form, proof of identity, references and a satisfactory criminal records check carried out by the Disclosure and Barring Service (DBS). This is a service that helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. Staff told us that they had supplied the required documents prior to commencing work at the service.

During our inspection we saw that there were sufficient numbers of staff to meet people's needs either in the

community or whilst at home. This included being able to safely assist people with personal care, accompany people where needed to attend appointments, assist people to go out shopping and to attend activities when required. We saw that the registered manager monitored staffing levels and where there were staff vacancies or shortages such as staff sickness or leave bank workers and agency staff were used where necessary.

Accidents and incidents were documented as part of the services on-going quality monitoring process to reduce the risk of any incident reoccurring. The registered manager monitored accidents and incidents to identify any potential recurring trends. Examples included the monitoring of people's healthcare and mobility and referrals were made to appropriate health professionals where appropriate such as the person's GP. We saw that there were individual fire and personal emergency evacuation plans in place for people in supported living premises so that staff could safely assist them in the event of an emergency.

Is the service effective?

Our findings

People were supported to have a good quality of life. One person said, "The staff help me a lot with sorting out my laundry and to go out and visit shops and cafes." Another person said that, "The staff help me to go swimming and to go shopping for clothes." A relative we spoke with said, "They [staff] always let me know if there have been any changes to [family member's] care and I am very satisfied with the care provided."

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. The atmosphere in each of the supported living premises was homely, calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. We saw that there were enough staff on duty to be able to provide both support to people at home and to be able to accompany people in attending their hobbies and interests in the local community. One person told us that, "I go out and visit friends and other places I like and staff help me with this and drive me in my car."

We checked to find out if people were being looked after in a way that protected their rights. We found that the provider was ensuring that people's rights were respected in line with the Mental Capacity Act 2005 (MCA). The 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.

Staff confirmed that they had undertaken training and had an understanding on the Mental Capacity Act 2005 (MCA) and this was confirmed by the staff training record we looked at. At the time of our inspection all of the people who were using the service had the capacity to make informed decisions for themselves. The registered manager was aware of the relevant contact details and reporting procedures regarding this area.

Staff confirmed that they had received an induction and had completed other training since starting their job role. Staff said that they enjoyed and benefited from their variety of training sessions. Examples of training included but were not limited to, MCA, food hygiene, first aid, epilepsy, de-escalation of challenging behaviours and safeguarding people from harm. Staff told us that they were supported to gain further qualifications including the Care Certificate (this is a nationally recognised qualification for staff working in the care field). Staff we met told us that the training had helped to expand on their skills and knowledge of people and their care needs. One member of staff told us that a recent training session in Makaton had been useful in improving their communication skills when working with people. Makaton is a language programme using signs and symbols to help people to communicate.

Staff training was monitored by the team managers and registered manager as part of the regular quality assurance audits. Staff also confirmed that they were informed of dates when they would need to refresh/update their training. Staff confirmed that they received supervision sessions and told us that they felt well supported by the registered manager, senior staff and their staff colleagues. Staff also confirmed that they received an appraisal to monitor their development, performance and work practices.

We saw that care records gave staff detailed information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. We saw that people were assisted to take part in daily living tasks and were encouraged to make choices including meals they preferred and places they wished to visit in the local community. One person we met told us that they were looking forward to going on an activity they had planned with assistance from staff.

People were assisted where possible to be involved in preparing meals and they were able to prepare drinks and snacks with staff assistance where required. People told us that they enjoyed their meals and that they were involved in planning meals and went to local shops with staff to purchase food during the week. The staff told us that people were assisted to access appointments and seek advice from healthcare professionals such as a dietician whenever their dietary needs changed.

We saw that people had regular appointments with health care professionals and these were recorded in their care and support plan. We spoke with healthcare professionals and they were positive about the care and support being provided. They told us that they worked closely with the registered manager and staff team and that they met to review and discuss changes and issues regarding people's care and support. A care manager told us that any advice or agreed protocols were followed by the service's staff and that they were proactive in reporting any concerns or changes in people's health care or support needs.

Is the service caring?

Our findings

People were positive about the care they received and one person said, "I like living here and the staff are very good and helpful." Another person told us, "I have lived here for a long time and I am very happy and the staff are really kind and caring." Not all people could communicate verbally but observations in the supported living schemes that we visited showed that there were friendly, caring and warm supportive relationships in place between staff and people using the service.

People's independence and choice were promoted by staff and they were assisted in being able to make choices about their lives. One member of staff said, "It's really great to help people to be as independent as possible and that we can make a difference to people's lives." One person we met said, "The staff have helped to me go out and we have been shopping together and visited the cinema and they have helped me sort out a course at college."

Staff talked enthusiastically about their work and with a great deal of warmth and kindness about the people they were supporting. One member of staff, "I really love my job and helping people being as independent as possible." Another member of staff said, "It's really good to see people improving their life skills." They gave an example of one person who was now able to use public transport on their own following assistance and encouragement from staff. The staff member said, "It was really good that we could help [person's name] to increase their confidence in being able to use the bus on their own which was a great step forward for them in being more independent."

We saw staff speaking with people in a kind and caring manner whilst assisting them. In the supported living premises we saw that staff knocked on people's bedroom doors and waited for a response before entering to respect and preserve the person's privacy and dignity. People were seen to be comfortable and at ease with the staff who supported them. We saw that staff helped people, when needed, in a kind and prompt way. We saw staff gently assisting and reassuring a person who was waiting to go out for lunch with their family member. The person had limited communication but staff knew and understood the person's gestures and sounds and were able to respond in an attentive way which reassured the person. We also saw staff assisting people with their lunch in a social and unhurried manner and offered choices and checked that people were enjoying their meals and drinks.

We also saw that people were assisted to undertake domestic tasks independently as much as possible such as putting laundry away and to help organise their lunches and the evening meal. We found that assistance was given in a kind and caring way. One person said, "Staff have been really helpful and I enjoy getting out and about and I am happy with the support I am getting."

People had a key worker who helped to assist and monitor the person's care needs on a daily basis and liaised with healthcare professionals and the person's relatives. A keyworker is a member of staff with a specific role in coordinating a person's care and activities and reviewing and updating their care and support plan. Daily records showed that people's support needs were monitored and that any significant events that occurred were recorded. We saw that some documents in support plans we looked at had been

produced in a pictorial format where required. This showed us that the provider gave people information in appropriate formats to aid people's understanding.

The registered manager told us that no one using the service had a formal advocate in place but that local services were available when required. Advocates are people who are independent and support people to make and communicate their views and wishes. People had family members who acted in their best interest. Staff said that they had contact with relatives of people using the service and involved them where possible, in the planning and reviewing of their family members care and support.

Is the service responsive?

Our findings

People we spoke with told us that they had the opportunity to be involved in hobbies and interests. One person told us that, "I like to go out during the week and enjoy going swimming and bowling." Another person said, "The staff are very good here and help me with my cooking and shopping." We saw that people had access to the local shops, going for walks and attending local colleges during the week. One person told us that they were beginning a course in performing arts and a cookery course. A relative said that, "The staff take [name of family member] swimming which is really good."

We saw that some people had access to vehicles so that they were able to regularly go on day trips, as well as attend medical appointments and be able to visit local towns. We saw that one person liked to visit the service's office to assist with some administration tasks with the office staff. The person said, "I like to help in the office and enjoy doing some shredding and making tea and chatting with the office staff." This showed us that people had opportunities to take part in their social interests and to reduce the risk of social isolation.

We saw assessments of people's support needs had been made prior to the service providing care and support. This was to ensure that people's care and support needs could be appropriately met by the service. Assessments included the person's background, care needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts. Care plan records showed that people's health care needs were documented and monitored. We saw that where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. Any appointment with a health care professional had been recorded in the person's daily notes.

We looked at four people's care and support plans. We saw that there were detailed guidelines for staff to follow so that they were able to assist with the people's assessed needs and support requirements. Examples of support in care plans included guidelines regarding; communication guidelines, eating and drinking and dietary needs, assistance with medicines, day and night time routines, preferences regarding how personal care was to be given, safe moving and transferring and healthcare needs. We saw samples of daily notes that care staff had written, which described the care and support that had been provided to people using the service. These confirmed that people's care and support needs had been met.

Care plans were up to date and we saw samples of regular reviews regarding the care and support that was being provided. We also saw that these reviews showed any significant changes or events that had occurred such as people's activities and changes to health care. We saw that people had a weekly activities programme in place which was open to change should the person decide to do another activity. Examples included visiting local colleges, arts and crafts, shopping, day trips and assistance with daily living routines including assistance with daily chores and assistance with cooking. We saw that there were 'communication books' in each of the supported living premises so that staff were informed of any significant changes or updates to people's care and support needs.

Our observations showed that staff asked people about their individual choices and were responsive to that

choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person's answer, using pictorial aids and/or understanding what a person's body language and facial expressions were telling them. We observed that staff responded to people's non-verbal cues and understood what the person required and provided them with support in a cheerful and friendly manner.

People could be assured that their complaints were recorded and investigated. A copy of the service's complaints procedure was made available to people and also in alternative formats if people required this. The team managers told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. We saw the complaints log and saw correspondence in place that demonstrated that complaints had been appropriately investigated and resolved.

People told us that they knew who to speak with if they had any concerns about the care and services being provided. No one we spoke with raised any concerns about the service. One person told us that, "I always talk to the staff if I ever have any worries."

Is the service well-led?

Our findings

People who use the service, their relatives and staff were asked for their views about their care and support provided by the service. This was in various ways such as a face to face meeting and also at care plan reviews. People told us that they had regular contact with members of the services' management team. Some people we met were unable to tell us their opinion of the support provided but observations showed that there was an open and enabling atmosphere in place to help people express themselves so they could be assisted effectively. Some people we spoke with expressed their satisfaction with the service and did not raise any concerns about the care and support that was provided to them. One person said, "I can always speak to the staff and they listen and help me with any worries I have." We saw that meetings were held with people in the supported living premises and topics such as organising meal plans, activities and any maintenance/repairs issues were discussed. A relative said, "I regularly visit my [family member] and they [staff] always have a chat with me about things that are going on and anything that is happening."

All the staff we spoke with were aware of their role in reporting any concerns or incidents of poor care practice in accordance with the service's whistleblowing policy. They told us they would be confident in reporting to their manager and external agencies about any concerns they had witnessed regarding any poor care practices. Staff told us that they were encouraged to be actively involved in the running and the development of the service to further enhance the lives of people they supported. Staff also told us that there were regular staff meetings which provided opportunities to discuss care issues, new initiatives and ideas for development. We saw samples of recent staff meetings that demonstrated that care and development issues were discussed.

There were opportunities for people to raise concerns in 'tenant meetings' and we saw recent minutes of a meeting in one of the supported living schemes. People we met confirmed that that they were able to raise any issues at their meetings regarding events and daily living at their home. Surveys were conducted with people using the service and their relatives to monitor their views of the support that was being provided. The results of surveys were analysed and we saw samples of 2017 surveys which showed that people were satisfied with the service.

The registered manager and senior staff undertook audits regarding people's financial records and medicine administration, recruitment and staff training and supervision. Any areas for action were highlighted and an agreed action plan was put in place to deal with concerns or shortfalls. We saw a copy of recent audits that had been carried out. We also met the organisation's quality and compliance manager during our inspection and they told us that they were regularly in contact with the registered manager to audit the service and drive forward improvements where needed. An example included people using the service being involved in compiling questions that were to be used during prospective staff interviews. This showed us that the provider had systems in place to monitor the quality of service being provided and to make ongoing improvements to the service.

The registered manager had an understanding of their role and responsibilities. The registered manager was aware of their responsibilities in notifying the CQC of incidents that occurred while a service was being

provided. Records we looked at showed that notifications were being submitted to the CQC as required

The registered manager, senior staff and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. These included comments from care managers at the local authority who was in contact with the service. Comments were positive and they felt that any concerns and issues were proactively dealt with and that communication and any queries with the service were responded to promptly and professionally.