Social Care Solutions Limited

Social Care Solutions Limited (Northampton office)

Inspection report

Bizspace G16
Moulton Business Centre
Northampton
Northamptonshire
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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

This inspection took place on the 28 February, 2 & 3 March 2017 and was announced. The service is registered to provide personal care to adults with learning disabilities living in their own homes or shared accommodation when they are unable to manage their own care. At the time of the inspection there were 26 people using the service.

There was a registered manager in post at the time of our inspection. 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.

People told us that they felt safe in their own home and we observed people to be happy and relaxed around the staff that supported them. All staff had completed the provider's mandatory training and had additional training to meet people's specific needs.. Staffing levels ensured that people received the support they required at the times they needed. We observed that there was sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Support plans contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The management team was approachable and had systems in place to monitor the quality of the service provided.

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.

People felt safe and comfortable with the care they received in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People received care from staff that received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and the staff supporting them.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened to and their views respected.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good

The service was responsive.

People were assessed before they started to use the service to ensure the service was able to meet people's needs.

Regular reviews were held to ensure the service provided continued to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service and strived to lead a service which supported people to live their lives as they chose.

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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 over three days on 28 February, 2 & 3 March 2017 and was announced and undertaken by one inspector. The provider was given 3 hours' notice of the inspection as we needed to be sure that when we inspected the manager was in the agency office. We do this because in some community based domiciliary care agencies the manager is often out of the office supporting staff or, in some smaller agencies, providing care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people using the service that have information about the quality of the service.

During this inspection we visited the agency office. We met and spoke with five care staff, the area manager, the registered manager, deputy manager and a care co-ordinator. We reviewed the care records of six

people who used the service.

We took into account people's experience of receiving care by listening to what they had to say. We spoke with people who used the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and the arrangements for managing complaints.

Good

Is the service safe?

Our findings

People felt safe with the care staff that supported them. One person said "I am safe [staff member] always makes sure I am and I know how to keep myself safe." The service had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the types of abuse that could occur and the signs they would look for. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this.

Peoples' individual support plans contained risk assessments to reduce and manage the risks to people's safety; for example people living with epilepsy had risk assessments around the management of their condition including instructions for staff about what to look out for and what to do if a person had a seizure. Other people had risk assessments to assist staff with managing any behaviour that may challenge. Risk assessments were also in place to manage other risks within the environment including the risks associated with cooking and using electrical appliances. One care staff said "Risk assessments are updated and all the staff read them and refer to them, it is key to preventing accidents or incidents from happening." People's support plans were regularly reviewed to ensure that risk assessments and care plans were updated or as changes occurred.

When accidents had occurred the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff had received health and safety and First Aid training. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

There were sufficient staff available to provide people's care and support. Some people received one to one support for parts of the day; other people were supported by one member of staff in shared housing. One person said "I like the staff, they know me well and they are always here if I need them." Staff told us there was enough staff to support people with their planned activities. One member of staff said "The staffing ratio is good; people really do get the support they need." We observed that there were enough staff to attend to people's needs and to be relaxed with them during our visits to people's homes.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in the service. The staff recruitment procedures explored gaps in employment histories, obtaining written references and screening through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that their checks were carried out before they commenced their employment.

People's medicines were safely managed. Staff had received training in the safe administration, storage and disposal of medicines. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice and staff were required to undertake regular competency assessments. There was a procedure and risk assessment in place to assist people who wished to self-

medicate; one person said "I manage my own medication now one week at a time; it is important that I keep as independent as possible."

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills they required to carry out their roles and responsibilities.

New staff received a comprehensive induction which included classroom based learning and shadowing experienced members of the staff team. Staff did not work with people on their own until they had completed all of the provider's mandatory training and they felt confident to undertake the role. The induction included key topics such as Autism, managing behaviour that may challenge and epilepsy. The induction was focussed on the whole team approach to support people to achieve their best outcomes. One member of staff told us "I had a really good induction; I had time to read people's care files and get to know them before I worked on my own. Everyone was really supportive." Newly recruited staff were undertaking the Care Certificate which is based on 15 standards that aims to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Training was delivered using face to face and e-learning modules; the provider's mandatory training was refreshed yearly. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of on-line and classroom based training. One care staff said "Training here is very good; on the managing challenging behaviour I learnt how to redirect people rather than actually challenge the behaviour that people are displaying. I feel more confident in role because I have had the training."

The provider arranged for staff to receive training from the specialist nurses and the Community Team for People with Learning Disabilities (CTPLD) to develop their knowledge in subjects such as epilepsy and supporting people with bereavement. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF).

People's needs were met by staff that received regular supervision and annual appraisal. We saw that supervision meetings were available to all staff who were employed, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular supervision and I think it is important because it gives you time to discuss any concerns or get feedback about how you are doing and we always look at training needs and how I can develop in my role."

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.

We saw that the service was working within the principles of the MCA. The management team and staff were

aware of their responsibilities under the MCA Code of Practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We observed staff checking people's consent to undertake care and support tasks.

People were supported to eat a balanced diet that promoted healthy eating. Meals and meal-times were arranged around people's own daily activities. People were encouraged to have involvement in preparing and cooking their own meals and meal times were relaxed and inclusive. One person said "We all take it in turns to cook the main meal with help from the staff." People were supported with menu planning using pictorial aids where appropriate and shopping for groceries. Care plans were focussed on enabling people and promoting their independence whereby the whole process of planning, shopping, paying for goods was all an integral part of people's growth and development.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person needed with regards to eating or drinking and their likes and dislikes. When people were identified as at risk of not drinking or eating enough, fluid and food monitoring charts were in place and closely monitored to ensure the person was eating and drinking enough.

Staff were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and, if required, referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes and food allergies.

People's assessed needs were safely met by experienced staff who ensured that people were referred to specialists to ensure that people received specialist treatment and advice when they needed it. Timely action had been taken if there were concerns about people's well-being, raising these directly where appropriate and with people's consent, to external professionals such as their GP, psychiatrist, occupational therapist or community nurse.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One person said "Everyone who lives in the house is always involved with all decisions; we are all very busy and lead different lives but we always make 'house' choices together. The staff are always kind and I get on with all of them."

During visits to people's homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon and conversations were not rushed. Staff spent time with people making plans for the day and talking about plans for other days.

People were cared for by staff that knew them well. People's care plans provided information about people's lives which staff used to help support people to plan their care to suit their individual needs.

People and their families were fully involved in making decisions about people's care and helped to put together a support package that was personalised to them. One person said "It is my care plan and it is all about me and what help I need and what I can do for myself; I help to keep it up to date." Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. One person said "I have a keyworker and we talk about my plans and what sort of things I want to buy, what new things I want to try next like college or a course in something."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People's privacy and dignity were respected by the care staff. The provider sought consent from people before we visited their homes and on the day of the inspection staff explained to people using the service the purpose of our visit and ensured they consented to us being there.

Some people who used the service were supported by independent advocates, we saw that advocates were invited to people's reviews of their assessed needs and were involved in supporting people to make decisions about their future.

People were encouraged and supported to maintain relationships with their families and friends. One person told us "My sister comes and visits me regularly and now I have my own flat (self-contained flat accessed through the main house) she sleeps on my couch to save her staying at a hotel, it is great."

Good

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for individual plans of care to be developed with the person and their family and these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records demonstrated that staff provided the support according to the care plan and people's wishes.

People had communication passports which detailed things that were important to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used and what was important to them. This information enabled care staff and any other health professionals to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this meant to the individual and how best to support them.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The care plans detailed the support people needed to maintain their personal care and what area's of personal care they were independent with. The registered manager told us when any changes had been identified this was recorded in the care plan; this was confirmed in the care plans we saw. People had reviews of their assessed needs on an annual basis or as people's needs changed and this was documented in people's personal care files. The reviews were person centred and were focussed on people's involvement in choices relating to their care and support.

People were encouraged and supported to follow their interests and people had a variety of social opportunities that they were involved with including; clubs, tap dancing, cinema and theatre trips, day trips, disco's and meals out. People were supported with volunteering opportunities and work placements, one person said "I volunteer at a local charity shop three days a week."

People who had difficulty in understanding a situation or a process were supported by 'social stories' which is a factual pictorial step by step guide explaining in detail exactly what happens in a sequence of events. This process helps to reduce anxiety for people and the story is explained as many times as required before the event of process. The registered manager explained how a person on the autistic spectrum was supported with attending a funeral through the use of social stories and how successful the whole process had been for the person.

When people started using the service they and their representatives, were provided with the information they needed about what do if they had a complaint. The provider had also developed an easy read complaints procedure and this was discussed regularly in tenants meetings. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. We saw the provider had completed full investigations of any complaints that had been made and they had followed their own policy and processes. It was clear in the outcomes of the complaints processes

what learning points were taken from the process. For example; an outcome for one complaint was for two care staff to support an individual to health appointments; we saw that this information had also been updated on this persons care plan and risk assessments.

The provider had received many compliments regarding the service; for example how the staff go the 'extra mile' and how caring and quick they are to respond to peoples' changing needs. A commissioner told us "I have no concerns at all about the service and I find the registered manager really responsive to people's changing needs."

Good

Is the service well-led?

Our findings

People who use the service and staff told us the registered manager was passionate about ensuring people could live the life they wanted to live, which empowered them and gave people control and choices in their life. It was clear to see that this value was embraced throughout the whole team giving people the support they needed to be in control of their lives. The registered manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible.

The provider's value statement 'We listen, we respect, we deliver' was embraced by all the staff who worked for Social Care Solutions. Staff demonstrated person centred ways of working, ways of being inclusive, empowering people and people owning and having control of their own life and aspirations. Staff were motivated and engaged to provide care and support that was based on a person's goals and achievements and we saw when staff spoke and engaged with people that they really did care.

The provider had an inclusive recruitment procedure which sought to fully engage all people using the service in the recruitment process. We saw that this was embraced by people using the service and they were supported to record what kind of attributes and skills they were looking for in potential care staff. Some people chose to interview staff in their home and others chose to use the provider's office. The registered manager and staff team were fully engaged in the process with people and continuously looked for ways to help empower people to have choice and control over their own lives.

People using the service were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Where required people were provided with an easy read format of the questionnaire to ensure they could be fully involved in providing feedback. Relatives had completed questionnaires; they commented that they felt communication was good and they were kept up to date.

Staff worked well together and as a team were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and empowering people, they told us that they received excellent support from their managers. Staff said the registered manager was very approachable and proactive and considered best outcomes for people in everything they did. One member of staff told us "I never have concerns about going to my manager or the registered manager with any issues; we are all clear it is about wanting the best for people." Another care staff said "I feel fully supported, the registered manager welcomes our feedback and I know I feel listened to." Staff meetings took place on a regular basis and minutes of these meetings were kept and referred to. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team.

Quality assurance audits were completed by the registered manager and senior members of the team to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls, actions had been taken to address and resolve them. For example; in a recent health and safety audit the manager had identified the hot water was above the required temperature; we saw that action to

fit a new thermostatic valve had been completed.

The registered manager kept up to date with new legislation, ways of improving care delivery and innovative technology to support people. They attended health and social care events and shared the information they had learnt with others in their company. The provider had a monthly newsletter which detailed good news stories about people's achievements, any changes in good practice guidelines and gave links to health updates.