

Social Care Solutions Limited

# Social Care Solutions Ltd (Bedford & Northampton)

## Inspection report

Unit 303, Bedford Heights  
Manton Lane  
Bedford  
Bedfordshire  
MK41 7PH

Tel: 01234262650  
Website: [www.socialcaresolutions.com](http://www.socialcaresolutions.com)

Date of inspection visit:  
17 June 2021

Date of publication:  
12 August 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Social Care Solutions Ltd (Bedford & Northampton) provides care and support to people living in a variety of '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.

Not everyone using Social Care Solutions Ltd (Bedford & Northampton) receives 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 82 adults were using the service who had a range of care needs including learning disabilities, autistic spectrum disorder, dementia, mental health, physical disabilities and sensory impairments. Of these, 34 were receiving personal care.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right support:

People were generally 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. However, further improvements were needed to ensure people's money was always managed in a fair way and in line with current rules and guidance.

People's feedback was requested, listened to and acted on, to improve the service. Further work was needed to consider if there were any lessons that could be learnt when things went wrong, to try to stop them from happening again.

### Right care:

Staff understood how to safeguard people from abuse and avoidable harm. Checks were carried out to make sure staff were safe to work at the service, but improvements were needed to make sure all required checks were in place. Staff had been trained to support people with their medicines in a safe way and they understood the importance of good hygiene and the prevention and control of infection.

Staff understood how to provide personalised care and support, and they encouraged people to increase their independent living skills through goal planning. People's individual wishes needed to be included with goal planning to make sure they also followed their interests and aspirations.

#### Right culture:

Staff had the right training and skills to carry out their roles and meet people's needs. They made sure people had enough to eat and drink, and if anyone became unwell, staff knew how to access health care services to support people's health and wellbeing. Relatives told us staff kept in touch to update them if people's needs changed.

There had been further changes in the management team since our last inspection. Two new managers were in place who had registered with us, the CQC (Care Quality Commission). There was positive feedback about the two new managers, and improvements had taken place across the service. However, we found several areas requiring improvement during this inspection. Some of these had been included in previous inspections of this service too. The provider's systems for checking the quality of the service had not identified all of these. This meant that further work was needed to make sure everyone using the service always received a high quality and safe service.

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 8 June 2019).

At this inspection enough improvement had not been made / sustained, and the provider was still in breach of regulations.

The service remains rated requires improvement. This is based on the findings at this inspection. It has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

We carried out an announced comprehensive inspection of this service in May 2019. A breach of legal requirements was found. The provider completed an action plan after the inspection to show what they would do, and by when, to improve how they notified CQC when authorisations to deprive people of their liberty had been approved by the appropriate legal authority.

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).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met this legal requirement.

This report only covers our findings in relation to the Key Questions: Safe, Effective, Responsive and Well-led. The ratings from the previous comprehensive inspection for the key question not looked at on this occasion: Caring, was used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements, although we found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The registered managers did take action to put some of these things right before the end of the inspection. Other areas will need more time.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authorities to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert 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

Social Care Solutions Ltd (Bedford & Northampton) is a supported living service for adults living with a learning disability and / or autistic spectrum disorders.

The service provides care and support to people living in a number of supported living settings, so 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.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the visit to the office, because it is a supported living service and we needed to make sure the registered managers would be available.

Inspection activity started on 29 April and ended on 23 June 2021. A visit to the office location took place on 17 June 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us.

We also asked for feedback from three local authorities who work with the service.

We used all of this information to plan our inspection.

#### During the inspection

We attempted to contact 22 people using the service and / or their relatives. We received feedback from five relatives.

We also attempted contact with 189 staff working at the service. We received feedback from 15 including: the two registered managers, a regional director, a regional quality manager, two service managers, one team leader, six support workers, the office manager and an office administrator.

We looked at various records, including care and financial records for 12 people using the service. We also looked at records relating to the management of the service. These included staff records, medicine records, complaints and compliments, staff rotas, audits and meeting minutes; so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to recognise and protect people from the risk of abuse. They confirmed they understood how to report any concerns if they needed to. One staff member told us they would report any abuse, discrimination or misconduct to their managers. They knew how to report safeguarding concerns to the relevant external authorities too, such as the local authority, Police and to us, the Care Quality Commission (CQC).
- At the last inspection in 2019 we found a small number of concerns that had not been reported to the external organisations as required. During this inspection we found most incidents had been reported as required, apart from two. We raised this with the new registered managers and by the end of the inspection incidents were being reported in a timely way, with enough detail to explain what had been done in response and to mitigate the risk of it happening again.

Staffing and recruitment

- At the 2018 inspection we found that required recruitment checks for new staff were not always in place. This included information about their full employment history and an explanation for any gaps identified in that history. Improvements had been made by the 2019 inspection however, by this inspection we found some gaps again. This was raised with the management team who promptly provided us with an action plan setting out how they would ensure required staff recruitment checks were consistently carried out in future. They also assured us that any anomalies found during this inspection had already been addressed.
- Although we found some staff rotas that were not clear to read, staff confirmed there were enough staff planned to meet people's needs. They also told us there had been a reduction in the use of agency staff, which they felt was positive and had resulted in more consistency for people using the service too.

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed. Staff confirmed they received training to administer medicines safely and their competency to do so was checked by a team leader or service manager. They understood what to do if someone refused their medicines, if an error was made and when someone might require PRN (as required) medicines - for example, if they were in pain.
- Protocols had been developed to guide staff on when to administer PRN medicines. We did find information in one person's records that was unclear regarding the circumstances they required their PRN medication for. This was addressed by the management team before the end of the inspection.

Learning lessons when things go wrong

- Records showed that actions were consistently taken in response to accidents and incidents, to ensure

people's safety and wellbeing. Most of the records we looked at however did not always provide clear information about the lessons that could be learnt from incidents, in order to minimise the risk of a reoccurrence in future. This was discussed with the management team who provided further information to evidence where this had happened across the individual settings.

- There is evidence from this inspection that lessons have not been learnt from previous inspections. This has resulted in a restated breach.

#### Assessing risk, safety monitoring and management

- Staff understood how to support people to manage risks appropriately. One staff member explained how they did this, 'We manage risks by keeping an eye on people to spot risks, accompanying them to access the community, supervising them whilst they help complete daily chores and activities'. Staff also knew when to involve external healthcare professionals, to keep people safe.

- People's records provided guidance for staff on how best to manage their assessed risks, including distressed behaviours. Staff were able to talk about the different strategies they used to manage these. For example, some people using the service had found it challenging during the national COVID-19 lockdown, because their normal routines had been disrupted. Staff explained how they had tried to support people to manage their frustrations for example, by driving one person to their planned activity so they could understand it was closed. In another setting staff tried to create some fun with pyjama, movie, craft and baking days.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff confirmed they maintained good hygiene, using personal protective equipment (PPE) such as aprons and gloves before providing personal care and preparing people's meals. Staff told us there had been weekly calls to check they had enough PPE throughout the COVID-19 pandemic. They confirmed they had always had enough.

- Prior to the inspection we received some local authority feedback about a COVID-19 outbreak that had occurred in one of the supported living settings. They confirmed the service had managed this appropriately and all expected infection control measures had been in place. Staff told us they had received training regarding infection control and hygiene, including good food hygiene.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that CoP applications were being made, where required.

- At the previous 2018 and 2019 inspections we reported concerns about people paying for staff costs when accessing the community. For example, during the 2019 inspection we found evidence of one person paying for bus fares on several occasions, despite them having a bus pass which entitled them to free travel. Staff explained this was to cover staff travel costs when there was no driver to take the person out in their own car, which the person also paid for. This meant they were paying twice for transport costs. The person did not have capacity to agree to this arrangement and records did not demonstrate this arrangement had been assessed to ensure it was in their best interests.
- During this inspection, we found that records to evidence people's capacity to consent and safeguard their financial expenditure had improved. People's capacity to manage their finances has been assessed, and where they were not able to do so, a record to demonstrate staff had considered whether expenditure was appropriate and, in the persons' best interests, was in place. However, we identified records that required improvements. This included the need for clearer and more detailed information about people's expenditure, and about what they could and could not understand in relation to their personal finances. Some records did not adequately demonstrate people's involvement or explain how the expenditure was in their best interests - including shared costs for people who lived together.
- We also found recent evidence that one person had paid £115 in taxi fares on four separate occasions, over a four-month period, despite them also paying costs for their own car. Records outlined that people who had their own cars may be required to cover additional transport costs, where there was no driver available. One of the registered managers told us, 'It is not a requirement to be a driver for the role and there

are times when a driver will not be available'. Despite this, there was no evidence to show the arrangement for people to pay twice for transport had been reviewed since the last inspection - to ensure it was either their choice to continue with this arrangement, or to consider whether it would be in the person's best interests to save money by giving up their car, because there was a long term issue with recruiting staff who were able to drive. We were told that one of these people had capacity to manage their own finances, but there was no evidence to show they had consented to, or understood the financial impact of, paying for transport costs twice. The provider responded immediately during and after the inspection to address some of these findings, including improving the clarity and detail in people's financial records.

- Staff told us they had received MCA training. They understood about people's rights to make their own choices and decisions as far as possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs, choices and preferences were assessed prior to them using the service. Records showed that people and those who mattered to them, had been fully included as part of this process.

Staff support: induction, training, skills and experience

- Relatives told us staff had the right training and skills to support their family members. One relative said, "Yes, they (staff) seem to know what they are doing. I've not had any issues."
- Staff spoke positively about their induction and ongoing training, to support them in carrying out their roles. They told us they were able to request training where there was an identified need, and this would always be supported. One staff member who had moved between settings confirmed it had been a good transition, with time built in to get to know people and read their support plans.
- Staff confirmed they felt supported by their line managers and received ongoing guidance and direction through meetings and individual supervision sessions.

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

- Relatives confirmed people received the right support from staff, where needed, to ensure they had enough to eat and drink. This ranged from help to make a hot drink to preparing a full meal. One relative told us, "They (staff) pre plan and talk to (family member) about what they would like to eat and drink."
- Staff told us they spoke with people and referred to their support plans to understand their food and drink needs and preferences. People were supported in various ways to ensure they had enough to eat. Some people who lived together shared responsibility for cooking and shopping, whilst other people received support to menu plan, shop and cook for themselves.

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

- Relatives told us staff kept them informed regarding their family members' routine healthcare and changing needs. One relative advised there was an ongoing healthcare concern with their family member. They added, "I have spoken to her (a service manager) on numerous occasions, they are keeping us informed." Another relative had provided positive feedback in a letter, thanking staff for the support provided to ensure a smooth transition when their family member needed to move to a different service, due to a change in need.
- Staff were clear about when to contact an external healthcare professional if needed. They spoke about the different ways they had supported people with their healthcare appointments during the COVID-19 pandemic. These included video chats and telephone calls with GPs and consultants. They explained that where people had needed to attend face to face appointments, they had made this safe as possible by encouraging people to wear PPE, including a face shield for someone who did not like wearing a face mask.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- Relatives confirmed they were happy with the care and support provided to their family members. One relative provided the following written feedback about staff in one of the settings, 'I would just like to say that it is the best place my (relative) has lived in. [Name of service manager] has done the best job. The support staff are good, and it is very clear my (relative) loves living there'.
- Staff told us they provided personalised care through offering people choices and encouraging them to make their own decisions as far as possible. One staff member told us, 'Within my service, the client is given the choice to choose between several options for example what she wants to wear, what she wants to drink, what she wants to watch, what she wants eat and so on'.
- Support plans provided information about how each person should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care provided to people daily.
- We saw some evidence of goal planning with people, which focused on helping them to build on, and learn new, independent living skills. Goals did not yet fully reflect people's personal aspirations and wishes however, and some of the information was out of date. Although staff recorded updates to show how people were progressing with their goals, they did not always make clear what alternatives and changes had been tried to support people who were struggling to achieve their goals. An example of this was one person who had not managed to use washing liquid to do their laundry, but the record did not state whether staff had offered them an alternative such as a washing tablet or / capsule, which may have been easier for them to hold. Similarly, two people had a goal to make their own sandwiches, but updates indicated they preferred to make and eat wraps.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff across the different settings told us about the various ways they supported people with communication and understanding information in a way that was meaningful for them. This included: using visual options, pointing, photographs, sign language and using eye movement. One staff member explained they had received guidance from a speech and language therapy professional, to support them to understand how best to offer choices to suit one person's preferred communication method.

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

- Staff spoke about the difficulties they had experienced this past year due to COVID-19 and how this had restricted people's normal routines, activities and contact with loved ones. However, they were able to describe how they had helped people to adapt through alternative activities and strategies for coping with the changes. Relatives felt staff had managed this well. One relative said, "I think they (staff) do their best for her. They take her out on a regular basis." We saw photographs of people participating in the different activities and they looked engaged, happy, proud and relaxed. Some people had managed to go on holiday too, and others had booked to go later in the year.
- Most relatives told us staff had supported people to stay in touch with them during lockdown, which they had appreciated. One relative said, "(Relative) sees her every week in a video call." Another added, "We speak on the phone on a regular basis. If she wants to speak to me one of the staff will ring me."

Improving care quality in response to complaints or concerns

- Relatives were clear about what to do if they had any concerns. One relative said, "I would speak to managers or go to safeguarding (local authority safeguarding team)."
- A record of concerns and complaints was being maintained, with actions taken in response. Some of the information lacked detail, so we could not always be clear what the issues were from this record. There was also limited information about possible actions to mitigate the risk of a future reoccurrence. One of the registered managers told us they planned to review how complaints information was recorded in future, to make this clearer.

End of life care and support

- At the last inspection we found information about people's end of life preferences varied across the service. During this inspection staff confirmed there was no one currently using the service who was in receipt of end of life care. However, arrangements would be made, if required. To assist with this the registered managers told us that people's end of life wishes and preferences were recorded. Examples provided to us showed variations once again. One person had some very clear instructions in place, whilst another contained gaps relating to more personalised information and preferences, indicating there was more work still to do.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- At the last two inspections we reported concerns with the quality monitoring systems to ensure the health, safety and welfare of everyone using the service. Although improvements had been made by the 2019 inspection, due to changes and instability within the management team, we found progress had been made at a slower rate than expected. This had also resulted in inconsistencies across the service.
- During this inspection we found a number of areas requiring improvement including: delays in notifying CQC where abuse is suspected or alleged, legibility and accuracy of some records, staff recruitment checks, opportunities to learn lessons from incidents and feedback, consistency and fairness with people's financial arrangements - in line with MCA guidance and legislation, end of life preferences and individual goals. Some of these areas have been identified at previous inspections of this service too. This means the provider's governance systems are still not adequately robust, and further improvements are needed to meet all legal requirements and to drive continuous improvement.

We found no evidence that people had been harmed. However, governance systems were still not effective enough to consistently assess, monitor and improve the quality and safety of the service in order to demonstrate compliance with the regulations that registered care services are required to abide by. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered managers did respond during and after the inspection to address some of the areas we identified for improvement. This included ensuring all required notifiable incidents were reported to CQC, adding further detail and clarity to records as required and submitting an action plan to address gaps in staff recruitment checks. Further work was still required however, to address all our findings.

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

- Relatives confirmed they were asked for their feedback about the service. One relative told us, "We get a questionnaire." Records we looked at supported this, with feedback last being sought in September 2020. Suggested improvements had resulted in a plan, with clear actions to develop and improve the service.
- Most staff told us the registered managers, and several of the service managers, were visible and approachable. They felt able to make suggestions and knew how to report concerns - including how to

whistle-blow, if necessary. One staff member commented on how communication and consistency had improved since the new registered managers had come into post. Another staff member described them as, "Some of the most supportive managers I have ever had." All staff confirmed they could contact someone out of hours for advice and support and would receive a timely response.

- Similarly, most relatives also spoke very positively about the management of the service.

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

- At the last inspection we were concerned about the length of time the service had been without a registered manager. In 2020 two new managers were appointed who now shared responsibility for managing the service. Both had registered with CQC and contributed to this inspection. This was an improvement in terms of providing some consistent management support and oversight for the service. The registered managers confirmed they kept up to date with current legislation and guidance, mainly through the provider cascading information and local authority forums. They had not yet signed up to receive updates directly from other relevant external professionals. We shared some information about this during the inspection.

- Another improvement for this inspection was the submission of information about people using the service who were subject to arrangements that had been authorised by the Court of Protection orders. The Court of Protection makes decisions about what is best for people who are not able to make decisions for themselves. It also helps make sure they are protected. Providers are required to notify CQC where the Court of Protection has authorised applications to deprive people using the service of their liberty. This had not been happening at the time of the last inspection.

Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care. One of the local authorities who provided feedback for this inspection referred to a specific incident where the management team had been good at keeping them updated in an open and transparent way.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not robust enough to consistently assess, monitor and improve the quality and safety of the service in order to demonstrate compliance with the regulations that registered care services are required to abide by.