

Social Care Solutions Limited

Social Care Solutions Ltd (Bedford Office)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 23 and 28 July 2015 and was unannounced.

Social Care Solutions LTD (Bedford) provides an outreach and supported living service, providing care and support to adults and children (not under 4 years of age) who may have a range of needs. These include learning disabilities,

autistic spectrum disorders, physical disabilities, mental health and sensory impairments. At the time of this inspection 46 people were using the service, with some living in shared accommodation.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In November 2014, a new provider - Lifeways Community Care Limited, acquired the Care Solutions Group, which included this service.

People felt safe and staff had been trained to recognise signs of potential abuse.

Processes were in place to manage identifiable risks within the service and ensure people did not have their freedom unnecessarily restricted.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs.

The provider carried out robust recruitment checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's medicines were managed in a safe way; and that they got their medication when they needed it. People were encouraged to manage their own medication on a risk assessed basis.

Staff had received training to carry out their roles and meet people's needs.

We found that the service worked to the Mental Capacity Act 2005 key principles. These state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support.

People had enough to eat and drink. Staff supported people to do their own food shopping and cooking as far as possible.

The service had developed positive working relationships with external healthcare professionals, to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion, and respected their privacy and dignity at all times.

We saw that people were given regular opportunities to express their views on the service they received. They were actively involved in influencing how the organisation works, as well as making decisions about their individual care and support needs.

People's social needs were provided for and they were given regular opportunities to participate in meaningful activities in their own homes or within the local community.

People were encouraged to be as independent as possible.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

Systems were also in place to monitor the quality of the service provided and to drive continuous improvement.

Summary of findings

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 safe

Staff understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out robust checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's medicines were managed in a safe way and that they got their medication when they needed it.

Good



Is the service effective?

The service was effective

Staff had the right training and support to carry out their roles and responsibilities.

The service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Good



Is the service caring?

The service was caring

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Good



Is the service responsive?

The service was responsive

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Good



Is the service well-led?

The service was well led

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

A registered manager was in post.

Good



Summary of findings

There were systems in place to support the service to deliver good quality care.	
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Social Care Solutions Ltd (Bedford Office)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

The inspection was unannounced and was carried out on the 23 and 28 July 2015 by one inspector.

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. We also sent out questionnaires to a sample of people using the service, relatives and community professionals; to get their feedback about the service provided. We received feedback from a total of 11 people using the service, two relatives and three community professionals.

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 by law. In addition, we asked for feedback from the local authority; who has a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We visited the registered office and spoke with one person using the service. We then visited a flat shared by two people and observed the support being provided to them. In addition, we had phone contact with a parent of a child being supported by the service and spoke with the registered manager, the area manager, the quality, compliance and safeguarding director, the deputy manager, a care coordinator and two support members of staff.

We then looked at care records for four people, as well as other records relating to the running of the service such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the support being provided to people was appropriate for them.

Is the service safe?

Our findings

People confirmed they felt safe and protected from abuse and possible harm. This view was fully supported by 11 people using the service, two relatives and three community professionals, who provided written feedback before the inspection. Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. We saw that information had been provided to staff which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records confirmed staff had received training in safeguarding, and that the service followed locally agreed safeguarding protocols. All the staff we spoke with were able to talk confidently about the various forms of abuse that could be inflicted upon people, and understood their responsibility to report witnessed or suspected incidents of abuse. It was evident from the confident way that people interacted with staff that they felt safe and secure in their presence.

Staff talked to us about the processes used to manage identifiable risks to people. They told us about some of the ways they supported people to stay safe in their own homes, whilst minimising restrictions on people's freedom and control. For example, where it had been identified that someone might not be safe to use a sharp knife to prepare dinner, they would be encouraged to help in other ways such as stirring a pan or peeling a hardboiled egg. We observed one person making themselves a hot drink. A staff member was close by, providing verbal prompts to ensure the person managed this in a safe way. We saw that individual risk assessments were in place which took into account people's general health, communication needs, mobility, independent living skills and road safety awareness. These had been reviewed recently to ensure they were still relevant.

The area manager talked to us about the service's plans for responding to any emergencies or untoward events. We were shown a business contingency plan which provided clear and detailed information for staff about what to do in the event of a possible major event such as staff shortages, loss of essential utilities and extreme weather conditions. Regular health and safety checks were also carried out, to ensure the office and some of the shared accommodation were safe in terms of utilities, equipment and fire safety arrangements.

People told us there were enough staff to support them to do what they wanted to do. A community professional provided written feedback before the inspection regarding support provided to two people using the service. They wrote: 'I have found that the support workers who work with these 2 individuals tend to be consistent which I think helps provide a good service for them and means they understand their needs well. This is particularly important for one who has quite complex needs....and has helped him to have a fairly settled couple of years'. The care coordinator for the service demonstrated how she used an electronic system to organise staff availability to match people's support needs on a weekly basis. The information we saw was clear and we noted that the system flagged up potential problems; minimising the risk of a missed call or insufficient cover. We observed that staffing levels during the inspection provided people with the opportunity to access and participate in activities of their choosing, including external activities. We noted that staff provided support in a prompt manner when people needed help or requested assistance.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people using the service. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. Staff records such as application forms and references were being held at the head office for the service. However, a clear record of all the checks carried out for each member of staff, and when these had been completed, was available. These showed that all legally required checks had been carried out.

Systems were in place to ensure people's medicines were managed so that they received them safely. Staff confirmed they had received training to ensure they administered medication safely where they were required to do so. They demonstrated a good understanding about medication processes such as administration, management, storage and potential errors. Records showed that each person had been assessed to determine their ability to take their own medication. Clear information had also been developed for staff regarding the support, where required, for people to receive their medication in a safe way. We saw that medication administration records (MAR) were being maintained, which provided clear information about

Is the service safe?

medication stock levels and administration - including missed / refused doses or use of PRN (when required)

medications. The field supervisor showed us an internal auditing system which had been introduced to check people received their medication as prescribed, and to check they had sufficient stock at all times.

Is the service effective?

Our findings

People confirmed that the staff had the right skills and knowledge to meet their needs. This was echoed by 11 people using the service who returned feedback questionnaires to us before the inspection. A community professional also provided written feedback before the inspection and told us: 'In general terms I have very little concern about the direct frontline workers of the service in question and in some cases they are very good and offer excellent support for service users.'

Staff we spoke with told us they had received the right training and support to carry out their roles. One member of staff told us they had completed 12 days of induction training as part of their introduction to the service. Our observations found the staff team had a good understanding of the needs of the people they were supporting, and they communicated effectively and openly with them and one another. There was an emphasis on treating people as individuals and supporting them to live as independently as possible. Training records for staff showed they had received training that was relevant to their roles such as induction, safeguarding, autism awareness, medication, non-abusive psychological and physical intervention (NAPPI), Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also saw that senior staff carried out regular checks to test out staff competency; to ensure they were able to put their training knowledge into day to day practice.

Staff told us they received supervision which provided them with support in carrying out their roles and responsibilities. They confirmed they received good support from the management team. Staff meetings were being held to enable the registered manager to meet with staff on a group basis, and to discuss good practice and potential areas for staff development. Minutes seen showed these meetings were taking place on a regular basis.

Staff understood their responsibilities regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); to ensure people who cannot make decisions for themselves are protected. Throughout the inspection we observed staff seeking people's consent. Although some people did not communicate using many words, we observed that they were able to demonstrate their consent clearly through other methods such as

actions and physical movement. Staff showed that they understood people's needs well, and they encouraged people to make their own choices and decisions, as far as possible. People were seen to respond positively to this approach and confirmed they had been involved in decisions that had been made about them.

The management team were very clear about the need to assess people's capacity to make their own decisions as far as possible. They also understood what to do in the event that someone lacked capacity, or further input was needed to ensure their safety and wellbeing. Under DoLS arrangements, providers are required to submit applications to the Court of Protection where it is identified that someone's freedom may need to be restricted to keep them safe. Staff were aware of this requirement, and we saw an email between the service and the local authority which demonstrated that this work was in hand.

People told us they had enough to eat and drink. One person explained that staff helped them to shop and cook as independently as possible. They told us they were able to prepare their own food and drinks whenever they wanted, and talked about some of the meals they liked to cook. Staff told us that other people needed more help with cooking, so in the shared accommodation weekly menus were prepared, in consultation with those wishing to share the task of cooking meals across the week. We noted from looking at the menu in one flat shared by two people, that healthy eating was encouraged. Staff we spoke with had a good understanding of people's individual preferences and dietary requirements. Records we looked at demonstrated that people's nutritional needs had been assessed, and guidance had been provided to staff on specific support requirements. We also saw that monitoring charts were used as required, to monitor people's weight and nutritional intake.

Staff talked to us about how people's healthcare needs were met and told us they had established links with a range of external healthcare professionals, who they called upon when they required more specialist support. Records we looked at supported this, and demonstrated that people attended routine healthcare appointments on a regular basis to maintain their health and well-being. Two of the community professionals who provided feedback to us before the inspection, confirmed that staff from the service acted on any instructions or advice that they gave them.

Is the service effective?

Each person had their own Health Action Plan (HAP). These included information about the person's health needs, the professionals who support those needs, and the outcome of any healthcare appointments. The deputy manager showed us some new monthly keyworkers checklists that were being introduced. These included specific information

about the dates of people's last routine healthcare check such as the optician or chiropodist, and the planned date of the next check. This additional measure would ensure that people's routine healthcare checks are up to date and not missed.

Is the service caring?

Our findings

People confirmed they were treated well by all the staff who supported them. This view was fully supported by 11 people using the service, two relatives and three community professionals, who provided feedback to us before the inspection. We also read some written feedback during the inspection from a person using the service to the registered manager. They had written: 'I just want to say thank you for all your lovely support and care you've given me'. Another person we spoke with described their main support worker as: "The best." They told us they had recently been on holiday to Portugal with the member of staff, and they had really enjoyed this. We spoke with the member of staff in question who spoke very positively about their role. It was clear from speaking with both of them that they enjoyed each other's company and were well matched in terms of interests and compatibility.

We observed positive interactions between other staff and people using the service too, and saw people were treated with kindness and compassion. The staff team's approach to people was meaningful, and the support they provided was personalised and empowering. For example, one person who lived independently came to the office at the end of the day. Staff explained that the person liked to escort them to and from their cars twice a day. They added that this was an important part of the person's routine, because it provided them with a purpose as well as some company outside of their scheduled support times. We observed staff talking with the person and noted they treated them with kindness and respect.

People confirmed they were supported to express their views and be actively involved in making decisions about their care and support. We noted that when staff spoke

with people they gave them time to respond. One member of staff was observed encouraging someone to speak for himself, rather than speaking on their behalf. It was clear from listening to their conversation, that the person felt involved and in control in terms of how their support was provided. Another person indicated through actions that they wanted the television on. Staff acted quickly to make this happen, demonstrating that people were listened to and respected.

We saw that one person had a communication passport in place. Communication passports support people with communication difficulties by drawing together their views, interests and wishes as far as possible. Staff were heard following the guidance within the communication passport, showing that they tried to provide information and explanations in the most appropriate way for that person. All 11 people who provided written feedback before the inspection told us that information they received from the service was clear and easy to understand.

Everyone who provided written feedback before our inspection confirmed that people were treated with respect and dignity. We heard a number of conversations between staff and people using the service which demonstrated this to be the case. For example, we observed two occasions when staff wanted to speak with people about matters relating to them. Each time, the different members of staff asked the people involved if they wanted to discuss the matters in private, and made suitable arrangements with them to do so. Staff were also seen asking people's permission before sharing information about them for the purpose of this inspection. This showed that the staff actively promoted people's privacy, dignity and confidentiality.

Is the service responsive?

Our findings

People confirmed they were able to contribute to the assessment and planning of their, or their relative's care and support. This was supported by 11 people using the service who provided written feedback to us before the inspection. Records such as care plans, meeting minutes and other correspondence provided further evidence of this. We saw that information was requested from people about their needs prior to them using the service, and in the case of children, we noted that information was also sought from their primary education provider. Staff explained that this information helped them to develop a care plan for each person that took into account their personal history, assessed needs and individual preferences. Records showed that people's needs were routinely assessed; to ensure the care and support being provided was still appropriate for them and that their needs had not changed.

Care plans we looked at were personalised, up to date and provided clear information for staff to know how best to meet people's needs. We saw that when people's needs had changed, that care plans had been amended accordingly. Separate records were being maintained to demonstrate the care and support provided to people on a daily basis. One relative provided us with feedback by text message during the inspection and told us they were: 'Thrilled with SCS (Social Care Solutions)'. Daily records we read showed that the care provided to people corresponded with that set out in each person's care plan. We noted that entries were person centred, rather than task focused. For example we read that staff greeted people on arrival and commented on their wellbeing, rather than just recording the tasks undertaken with that person.

We saw that some people's care plans had been supplemented with photographs which provided personalised and accessible information about them. For example, we saw photographs of people enjoying themselves on holidays, outings and special occasions, as well as participating in day to day domestic tasks such as shopping and laundry. The registered manager explained that they planned to develop this further with the introduction of new care plans in the autumn. She said the new plans were being designed to provide information in a more meaningful way, and to demonstrate people's progress in regard to independent living skills. During the

inspection we observed people being supported with their independent living skills; including making their beds and making their own hot drink. We heard one person using the words "very clever" after they had made their own drink. We saw from the person's facial expression that they were proud of their achievement. It was also clear from listening to conversations between staff and people that the staff used positive language to encourage and motivate people. 'Life skills' checklists were being maintained to support staff in assessing and monitoring people's independent living skills. Staff told us that these helped them to know when people were ready to take the next step to more independent living. It was clear from speaking with staff that they were passionate about increasing opportunities for people, and helping them to live as independently as possible.

People talked to us about their hobbies and social interests. One person told us they enjoyed cooking and playing football which they were able to do with their main support worker. They also told us that staff had helped them to get a job, which had helped to promote their independence. Staff told us that other people attended external day care placements on a regular basis. We met two people on their return from day care and saw that they were engaged in a variety of meaningful activities such as speaking with staff, domestic chores and using a tablet computer. Photographs we looked at during the inspection, showed that people using the service had regular opportunities to participate in activities within the local community and to go on holidays. Records we looked at showed that staff had provided flexible support to enable people to participate in activities of their choice, such as going to a night club or a day out at a theme park.

We saw that a formal complaints policy and an easy read version had been developed, and people confirmed they would feel happy talking to staff if they had any problems or concerns. Two relatives provided written feedback before the inspection to confirm they had received a positive response to concerns or complaints they had raised. The registered manager talked to us about two complaints that had been received during the last 12 months. We saw that these had been dealt with appropriately and a good audit trail maintained of the actions taken in response. This showed that people were listened to and concerns acted on properly. The registered

Is the service responsive?

manager told us that they viewed people's feedback as an opportunity for learning and improvement. We noted throughout the inspection that the managers were open to our feedback, and received this in a positive manner.

Is the service well-led?

Our findings

People told us there were opportunities for them to be involved in developing the service. For example, we were told about tenant meetings and satisfaction surveys. We also saw photographs of four people using the service helping the area manager at a recent staff recruitment event. The area manager had then written to thank the people afterwards for their involvement, which showed that their input was valued.

Nine of the 11 people who provided written feedback prior to the inspection confirmed they had been asked for their views about the service. Only one person was in disagreement with this and the other person could not remember being asked. People and relatives all confirmed they knew who to contact at the service if they ever needed to. During the inspection we observed four people using the service interacting with managers and support staff. It was clear that they felt comfortable, and conversations were open and supportive. Records showed that people were given regular opportunities to provide feedback on the service through an annual survey and quarterly reviews, although some people had chosen not to participate.

Staff confirmed there were regular opportunities for them to come together as a team or individually to share information and to raise any concerns. Staff also told us they were aware of the service's whistleblowing policy and felt comfortable reporting concerns to the registered manager or another senior member of staff. They were able to describe the service's internal processes for reporting concerns, and keeping external agencies such as the local authority and the Care Quality Commission, if required, informed. We saw that clear information about whistleblowing had been provided.

Everyone spoke positively about the management of the service and felt the management team were supportive, accessible and approachable. Staff told us that their managers asked what they thought about the service, and took their views into account. We found that staff were clear about their roles and responsibilities. They knew what was expected of them to ensure people received support in the way they needed it. Positive comments were also made about the recent change of provider and how this had already benefitted the service in terms of equipment

provided, and moving forward with planned changes to improve care records. We saw evidence that job roles had recently been discussed between staff responsible for managing and coordinating the service. This provided a clear outline of who was responsible for what. All the staff we spoke with, including the management team, spoke enthusiastically about their roles and were motivated in terms of providing a quality service to people. We observed staff communicating effectively and working cohesively throughout the inspection.

The management team talked to us about the quality monitoring systems in place to check the quality of service provided, and to drive continuous improvement. In addition to satisfaction questionnaires, an internal quality monitoring system had been developed. We noted that this was detailed and had been arranged to answer the Care Quality Commission's five key questions which we focus on when inspecting services. We ask whether a service is safe, effective, caring, responsive to people's needs and well-led. We saw that an audit had been undertaken recently. Where areas of improvement had been identified, clear action plans were in place to address these. We also saw the latest analysis of survey feedback provided by people using the service in June 2015. This showed that people had provided positive feedback in a number of areas including: having the right help to do the things they want to do, someone being there to help with any worries, feeling safe, being supported to be as independent as possible, helpful and respectful staff and being able to make their own choices and decisions.

The area manager showed us a new electronic auditing system that had been developed to assist senior staff to know when records relating to people and the management of the service were due for review. We saw that this included review dates for care plans, risk assessments, staff supervisions, appraisals, spot checks and internal quality audits. The information we saw was clear, and the area manager explained that this would enable him and other managers to monitor the service provided when not directly on site. The deputy manager also showed us that she was in the process of organising the next batch of face to face quarterly review meetings with people using the service. This showed that people's input and feedback was sought on an on-going basis to drive quality across the service.