

Social Care Solutions Limited

# Social Care Solutions Ltd (South Beds office)

## Inspection report

7B Elm Road  
Shefford  
Bedfordshire  
SG17 5LD

Tel: 01462850490

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

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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 18 September 2015 and was unannounced. This service was last inspected in August 2013 and at that time, was meeting all the essential standards looked at during that inspection.

Social Care Solutions Ltd (South Bedfordshire Office) provides an outreach and supported living service to people who have a range of needs including learning disabilities, autistic spectrum disorders and physical

disabilities. At the time of this inspection 29 people were using the service, some of whom lived in supported living accommodation and others who lived in their own homes in the community.

Although there was a manager in place, they were not registered with the Care Quality Commission yet. However, they were in the process of making their application. A registered manager is a person who has

# Summary of findings

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.

The service had safeguards in place to protect people from the risk of harm. People's support plans and risk assessments were detailed, person-centred and reflective of their changing needs. Medicines were managed and administered safely and people were supported to manage their own medicines if they wished to and where this was assessed as safe .

Staff received training which was relevant to their role and received regular supervision and support. Interactions between people and staff were positive and friendly and staff were knowledgeable about the people they supported. Staff had a good understanding of the Mental Capacity Act 2008 (MCA) and associated regulations.

People had enough to eat and drink. People did their own meal planning, shopping and cooking with support from staff.

People were given opportunities to contribute to their care and support and were included in reviews and meetings. People had a variety of interests and hobbies which they were supported to maintain. People's daily living skills and independence were encouraged and they were treated with dignity and respect by staff. There were enough staff with the right skills and knowledge to meet people's needs.

The service had robust quality assurance systems in place and held regular audits to identify any areas that required improvement. There was a complaints policy which detailed how people could make a complaint if required.

# 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 had an understanding of processes to safeguard people from harm and how to report any concerns.

People were involved in deciding what risks they wished to take and measures were in place to keep people safe whilst promoting their independence.

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

Systems were in place to ensure people's medicines were managed in a safe way and that staff were competent to administer medicines where people required this support.

Good



### Is the service effective?

The service was effective.

Staff training was kept up to date and staff were able to explain how training developed their skills to support people well.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards were met.

People had enough to eat and drink and were supported to maintain good health.

Good



### Is the service caring?

The service was caring.

Staff interacted well with people.

People's privacy and dignity were respected.

People were involved in making decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People were involved in assessing their needs and planning their care.

Staff respected people's choices and they were supported to follow their interests.

People received personalised care that was responsive to their needs.

People were aware of how to make a complaint and systems were in place to enable people to do so.

Good



### Is the service well-led?

The service was well led and, although the manager was not yet registered with the Care Quality Commission they were in the process of doing so.

Good



# Summary of findings

The provider and the manager promoted a positive culture where people were respected, involved and their dignity was upheld.

There were systems in place to support the service to deliver good quality care.

# Social Care Solutions Ltd (South Beds 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 18 September 2015 by one inspector.

Before the inspection we sent out questionnaires to a sample of people using the service, their relatives, staff and community professionals to get their feedback about the service provided. We received 16 responses to these

questionnaires. We also 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.

During the inspection we visited the registered office and spoke with three people using the service. We also spoke with the manager, the quality, compliance and safeguarding director, a care coordinator and three support staff. We visited two bungalows and observed the support being provided to people. We looked at the care records for four people, the records for four staff and the training records for all the staff employed by the service. We reviewed information on how the provider handled complaints and how they assessed and monitored the quality of the service. We also looked at the monitoring report recently completed by the local authority who commission services from the provider.

# Is the service safe?

## Our findings

People told us they felt safe and protected from possible harm and staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. Information about staying safe was available to people in an easy read format and the manager told us that this issue was discussed routinely in tenants meetings. The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Staff we spoke with demonstrated a good understanding of different types of abuse and the signs they should look for which may indicate that someone could be at risk of possible harm. They were able to tell us about external organisations they could report concerns to and were confident that if they reported any concerns to the management team they would take appropriate action. We saw that people were at ease in the company of staff which indicated that they felt safe in their presence.

Individualised risk assessments were in place in relation to issues such as people's general health, nutritional needs, personal care, emotional wellbeing, including the risk of isolation and loneliness, communication, and mobility. The balance between the benefits of any activity to the person and the steps put in place to minimise the risk of harm were clearly documented. Staff had clear guidance on what to do should an incident occur. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Staff told us how they kept themselves updated about the identified risks for each person and how these should be managed. This included looking at people's support plans, using the reporting system used by the provider, and talking amongst the team about any changes in people's support needs. This provided staff with up to date information that enabled them to protect people from the risk of harm while

restricting their freedom or control over their own life as little as possible. Records of incidents and accidents were kept and the management team reviewed these on a regular basis to identify any trends so that action could be taken to reduce them.

People told us there were enough staff to support them safely, and that they were usually supported by staff they knew, who arrived on time and stayed for the length of time that was scheduled. The care coordinator organised rotas through an electronic system which identified potential overlaps and minimised the risk of missed or late calls. Planned improvements to the system would enable staff to receive their rotas earlier and thus give the staff adequate notice of their weekly schedules. We saw there were enough staff to support people to participate in their chosen activities on the day of our inspection.

Recruitment was managed centrally by the provider organisation. The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including references from previous employers, proof of their identity, confirmation of the right to work in this country and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed and administered safely. People were assessed to establish if they were able to manage their own medicines and where this was not possible or they did not wish to, the staff administered the medicines for them. The degree of support each person required was fully documented within their support plan along with information about each medicine prescribed for the person. We looked at Medicines Administration Records (MAR) and found that they were complete with no gaps in recording. Staff training in medicine management and administration was kept up to date to ensure staff understood and were competent to administer medicines safely to the people who required them.

# Is the service effective?

## Our findings

People said that staff had the right skills and knowledge to meet their needs and this was confirmed by people who responded to our questionnaire before our inspection. One person told us, “All in all they are alright, good in fact – and I have my moments, but they support me.”

Staff we spoke with told us they had received a good range of training and felt they were supported well by the provider organisation to carry out their roles. One member of staff said, “We get quite good support and training really.” Talking about some recent training, one member of staff said, “I learned a lot, particularly about how to defuse situations that may otherwise have resulted in harm. I deal with things in a different way than I might have before.” This demonstrated that the staff member was able to relate the training provided to their work.

Records for staff showed that training was kept up to date and covered topics that were relevant to the needs of the people using the service, such as autism awareness, moving and handling, safeguarding, Mental Capacity Act 2005 and Deprivation of Liberties and non-abusive psychological and physical intervention (NAPPI). Staff confirmed they had supervision to support them in their role, and most said that they had found this useful. Some staff, however, did not feel they were as well supported as they would like. We saw that staff meetings were held regularly and the minutes showed that issues relating to people’s support, good practice and organisational values were discussed.

We observed that staff knew people well and had a good understanding of their needs. Staff had an approach to their work which acknowledged people as individuals, and they had a good understanding of their role as enablers, supporting people to be as independent as possible.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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. The manager and the provider were

very clear about the need to assess people’s capacity to make decisions for themselves and understood that it was their responsibility to ensure that every effort was made to support people to have the right information to understand and make decisions. They told us they had worked with staff to develop their understanding in relation to respecting people’s right to make decisions, even poor decisions, when they have the capacity to do so.

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 Deprivations of Liberty Safeguards (DoLS). Under DoLS arrangements, when it is assessed that a person’s freedom may need to be restricted to keep them safe, providers of supported living services are required to submit applications to the Court of Protection. Staff were aware of this requirement, and we saw that the correct processes had been undertaken where this had been necessary to support someone safely.

People were supported to give consent before any care or treatment was provided. Staff understood their roles and responsibilities to ensure that people consented to their care and treatment. There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been carried out and decisions made to provide care in the person’s best interest.

People told us they had enough to eat and drink. One person said, “They help me to shop and sometimes to cook and plan what I want to eat.” Another person said, “They help me with everything really, cooking and shopping.” A member of staff explained how they supported one person to plan their meals and shopping by laying out pictures of various options to support the person to make choices. Records were kept of people’s food intake, and the manager explained that they worked with people to maintain a varied diet as much as possible, striking a balance between supporting people to eat healthy options and respecting their right to choose junk food as well. We saw evidence that people’s nutritional needs were monitored and that referrals to healthcare professionals such as dietitians and speech and language therapists were made when appropriate.

People received support to have their health needs met. Each person had a health action plan (HAP) where their health needs, referrals and appointments with health care professionals were recorded and any advice received was

## Is the service effective?

documented. We saw that people had access to a range of health and social care professionals including, GPs, mental

health practitioners, wheelchair services, opticians, and counsellors. We saw that some people had pictorial guides to support them to understand what would happen during their visit to a doctor.



# Is the service caring?

## Our findings

Every person who used the service that we spoke with told us staff treated them with kindness and respect. Comments included, “Staff are kind” and, “Staff are nice and care about me.” During our inspection we saw staff interacted positively with the people they were supporting and that conversations were friendly and warm. We heard plenty of joking and laughter throughout the day.

Staff we spoke with were motivated and passionate about supporting people in the right way. One staff member told us, “I’ve worked with [person] for several years and have got to know them really well. It’s so important that staff get to know how [person] communicates, because [person] understands so much more than you would realise at first. It’s brilliant watching [person] developing skills and doing more independently.” Staff we spoke with understood the importance of promoting people’s independence and this was documented throughout the care records. We saw that people were encouraged to get involved with preparing and cooking food, going shopping and completing household chores where possible. One person told us, “I do things for myself. I need someone to go out with me, but I do things for myself.” People told us they were included in the planning of their care. One person said, “Staff help me to make choices.” Care records showed that people were involved in how their care was delivered and when they wanted it.

Staff told us that when they supported people they ensured the individual’s privacy and dignity was respected and gave examples of closing doors, pulling curtains, seeking people’s consent and explaining what they were doing. People confirmed that staff were respectful when assisting them with personal care. We saw from records that people were given a choice if they preferred male or female staff to support them.

The manager and staff understood the need to ensure people’s personal details and records were kept confidential. Staff told us that any sensitive issues were always discussed in private so that conversations were not overheard. During the inspection we observed staff respecting people’s privacy and confidentiality, speaking to them privately about issues rather than in front of others.

Information about the service was available to people in an accessible format and people had access to advocacy services if they should wish to make use of these.

# Is the service responsive?

## Our findings

People told us they were involved in the assessment and planning of their care. One person said, “I want to be independent. That is underlined. They help me make choices and talk to me about how I like to do things and what help I want.” People’s support plans were personalised and detailed to enable staff to provide support based on the degree of assistance they required to achieve tasks as independently as possible. Support plans were regularly reviewed to keep them up to date and included assessments of need, the person’s likes and dislikes and activities that they enjoyed. A document within the care records headed ‘things you need to know about me’ detailed key information about the individual, their preferences for care and how they liked to be supported.

People’s support plans clearly identified their individual goals and aspirations and we found evidence that staff worked flexibly with people to realise these wishes. For example we saw that one person had stated a desire to go to see their favourite band play live. We noted that this wish was fulfilled and the person had recently been supported to see them in concert. Another person was keen to explore the chance of owning a pet. We saw that staff were actively supporting the person to seek information about pet ownership and the commitments involved, supporting them to approach and then visit potential homing organisations, and helping them work out whether or not they might be able to afford a pet. This enabled the person to make an informed decision based on facts, rather than on the staff’s view about whether or not this was a good idea. We spoke with the person who, on the day of the inspection, had just returned home following a visit to a

rescue centre to explore their options further. They said, “I’ve got a lot of thinking to do.[Staff name] is helping me work out what is involved, budgeting and wotnot, but I really hope it works out.” A third person who enjoyed gardening told us that they had, “Done lots of planting.”

We saw that, where a need had been identified, people had individual behaviour support protocols in place which detailed how the person might display behaviours which could have had a negative impact on others. This included their triggers, how to identify escalation of behaviour and ways in which staff could support the person to manage any difficulties appropriately. These were regularly reviewed and updated following any significant incidents within the service. This meant that people were supported by staff who understood how to meet their needs in relation to their behaviour.

People were aware of the provider’s complaints system and we saw that information about this was available in easy read format. People said that they could discuss any issues with staff and they were comfortable about talking to the manager and the compliance, quality and safeguarding director about concerns as well. Staff told us they would assist people to make a formal complaint if they wanted to. The quality, compliance and safeguarding director told us that they tried, where possible, to resolve issues before they escalated to a formal complaint. We saw during our inspection that they made time to discuss issues with people when they were approached and that people appeared comfortable to talk with them. There was a system in place for recording and monitoring complaints which allowed the provider to analyse causes of and trends for complaints in order to identify and areas for sustained improvements to the service.

# Is the service well-led?

## Our findings

People using the service who provided written feedback prior to the inspection confirmed they had been asked for their views about the service and knew who to contact if they wished to raise any issues. People we spoke with knew who the manager was and also knew senior managers within the provider organisation that they felt confident to speak with. One person told us, “[Name] is the manager and I like to talk to her, and [quality, compliance and safeguarding director], she is nice.” During the inspection we observed three people who used the service interacting with managers and support staff. It was clear 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, care reviews and tenants’ meetings.

Before this inspection we received information from a number of sources which suggested that the relationship between staff and the management team was not as positive as it could be. Through our discussions with the manager we ascertained that the past year had been a time of considerable change for the team. We were satisfied that the management team were working hard to prioritise the needs of the people who used the service and, although this had sometimes been a challenging process, they were working with staff to imbed their values within the team. On

the day of the inspection, we found that staff we spoke with were clear about their role and responsibilities and had a good understanding of the provider’s values. They were positive about the support they received from the management team. However, some felt that basic organisational issues, such as timely rotas were an issue that created tension for the team. Staff confirmed there were opportunities for them to come together as a team or individually to share information and to raise any concerns.

The provider had a robust auditing tool developed in line with the Care Quality Commission’s key questions used for inspection. These questions ask whether the service is safe, effective, caring, responsive and well led. The most recent audit had been completed in July 2015 and had provided a detailed overview on what the service did well and what areas of improvement were needed. Action plans were clear and identified what improvements were needed and also provided a priority framework to guide the service on which issues were considered most urgent. As well as this audit, the service conducted regular checks on aspects of the care they provided, such as medicines management and care plan audits. The management team carried out regular spot checks to observe staff practice and to ensure people were receiving the right support as planned.

People’s care records were held securely in the office. The manager confirmed that computers were password protected and only shared on a need to know basis.