

Social Care Solutions Limited

Social Care Solutions Ltd (Amersham Office)

Inspection report

The Lodge at Stokebury House
14-18 Stokebury House
Amersham
Buckinghamshire
HP7 0EZ

Tel: 01494725436

Website: www.socialcaresolutions.com

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13 June 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 & 13 June 2017. It was an announced visit to the service.

This was the service's first inspection since it registered with the Care Quality Commission.

Social Care Solutions Ltd (Amersham Office) provides care to four younger adults with learning disabilities in a supported living environment. Each person has their own individual flat and there is an additional communal area which people can make use of.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager left the service in March this year. The area manager for the service was intending to apply for registration. They were waiting for their criminal records check to be returned before they could submit an application.

We received positive feedback about the service. Comments from relatives included "I don't know how you could improve it, it's splendid," "I've got nothing but praise" and "They're incredibly caring."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service so that people could be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to support people to be independent and access the community. People were supported with their healthcare needs and their medicines were handled safely.

There were enough staff to support people. Staff were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction, regular supervision and an annual appraisal of their performance. There was an on-going training programme to provide and update staff on safe ways of working.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs. People were supported to take part in a wide range of social activities of their choice. Group activities were also arranged to avoid social isolation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Most of the records we checked were maintained to a good standard. We found improvement was needed to make sure best interest decisions were recorded where people lacked capacity to make decisions for

themselves.

We also found improvement was needed to data protection practice. Staff used their mobile telephones to photograph the people they supported as they engaged in activities and were out and about in the community. There was no guidance to ensure people's privacy was protected through this practice.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good ●

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good ●

The service was caring.

People were supported to be independent and to access the community.

People's views were listened to and acted upon.

People were treated with kindness, affection and compassion.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

The service was not always well-led.

People's privacy may not have been safeguarded through use of staff mobile telephones to take photographs of people.

Records of best interest decisions had not been kept, to document who had been consulted about people's care and treatment.

The provider monitored the service to make sure it met people's needs safely and effectively.

Requires Improvement 

Social Care Solutions Ltd (Amersham 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 & 13 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection, 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 reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

Surveys were sent to staff, service users and community professionals prior to the inspection. We have used feedback from these to help inform our judgements about the service.

We spoke with the service manager, the area manager, a senior care worker and a care worker. We checked some of the required records. These included four people's care plans, two people's medicines records, four staff recruitment files and four staff training and development files. We also looked at a sample of other records which included policies and procedures, audit reports and monitoring checks.

We contacted two people's relatives after the inspection.

Is the service safe?

Our findings

People who completed surveys said they felt safe from abuse and harm from their care and support workers. We saw the service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff told us they would report concerns to either the manager or senior care worker. There were contact details for the local authority including the out of hours number on the office wall.

People's likelihood of being injured or harmed had been assessed. These included risks associated with abuse, road safety, using public transport, eating, drinking and behaviours that challenged. Support plans were put in place where risks were identified, to keep people safe.

We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately to emergencies. Information had been recorded in the event of anyone going missing from the service. This included details about their appearance and a photograph of them.

We observed there were enough staff to support people. Staffing rotas showed there were four staff on duty each morning, afternoon and evening to provide one to one support. Staff were allocated named people to support on each shift. This helped to ensure everyone received the support they needed and that people received continuity of care during the shift.

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. The files we checked contained all required documents, such as a check for criminal convictions, written references and proof of identification. Health screening was undertaken to ensure staff were physically and mentally fit for the roles they performed. The service obtained written confirmation from employment agencies that appropriate checks were in place for any temporary staff supplied to the home and that these were satisfactory.

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail.

Accidents and incidents were recorded appropriately at the home. We read a sample of recent accident and incident reports. These showed staff had taken appropriate action in response to the incidents.

Safety checks were made in people's flats. These included checks of fridge, freezer and hot water temperatures. All the records we saw showed temperatures were within safe ranges.

Is the service effective?

Our findings

We received positive feedback from people. They said they received care and support from familiar and consistent care and support workers. They told us the support and care they received helped them to be as independent as possible and they would recommend the service to other people.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work, which led to the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. Training was undertaken as part of the induction and covered topics such as safeguarding, moving and handling and fire safety. There was a programme of on-going staff training to refresh and update skills. We noted the staff team had achieved 97% compliance in meeting the provider's training requirements.

Staff were also encouraged to undertake further educational courses. One member of staff told us they had completed a level 5 diploma in health and social care since they had worked at the service.

Staff received regular supervision from their line managers to discuss their work and any training needs. These meetings were supplemented by regular spot checks of how they supported people. These checks helped ensure staff provided effective care to people. Appraisals were undertaken annually to assess and monitor staff performance and development needs.

We observed staff communicated effectively about people's needs. Relevant information was documented in a communications book and handovers took place with the next shift. Daily diaries were maintained in people's flats to log any significant events or issues so that other staff would be aware of these.

People's nutritional needs were met. Care plans documented people's needs in relation to eating and drinking. Information included allergies, intolerances and any swallowing or choking risks. People were supported to prepare their own meals and to do their own shopping. People had their meals when they wanted them, at times convenient to them. People's activities included pub lunches and going for coffee and cake. Staff maintained records of what people ate and drank.

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these. The records showed people routinely attended appointments with, for example, GPs, dentists, opticians and hospital specialists. Health passports had been written to support people if they needed to be admitted to hospital. A relative told us they were kept informed of their family member's healthcare needs. They added "They have done amazing things, places we could never take them, like the dentist."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in supported living services must be made to the Court of Protection. We looked at the decisions made by the Court of Protection for two people. These showed the court orders needed to be reviewed twelve months after they were granted. This had not been done, however, we received confirmation from the local authority that they were in the process of re-application.

Is the service caring?

Our findings

People told us there were happy with the care and support they received from the service. They said staff were caring, kind and treated them with dignity and respect. We asked one person why they liked the individual staff they named. They said "Because they tell me the truth."

Relatives provided positive feedback about the caring approach of staff. Comments included "Staff are very, very nice," "The staff are so good," "They're incredibly caring" and "I've got nothing but praise." One relative said their family member was always supported to look well groomed: "They regularly take him to have his hair cut, he's shaved and he looks presentable."

Staff were knowledgeable about people's histories and what was important to them, such as family members, where they liked to go on holiday and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit.

Staff actively involved people in making decisions. This included decisions about meals, going out into the community and encouragement to undertake household tasks. Staff knew people's individual communication skills, abilities and preferences. They gave us examples of how they supported people with limited verbal skills to express themselves. This included use of pictures and Makaton sign language.

We observed staff engaged well with people. For example, questions were answered patiently and politely. We observed how one member of staff engaged with a person. This involved them taking it in turns with the person to sing lines from nursery rhymes. The person responded by joining in and completed the rhymes.

The service promoted people's independence. Risk assessments were contained in people's care plan files to support them in areas such as accessing the community and undertaking household chores. We observed several people went out during the two days of our visit. This included people being supported on a one to one basis to go shopping, into town and one person going out to a work placement. Another person was supported to go into London.

Care plans contained goals people had set for themselves, to increase their independent living skills. Goals included accessing the community, undertaking housework and showering independently. People had been supported to achieve these goals a step at a time and there were progress updates on how they had done. There were photographs of people undertaking these tasks to chart their progress. We saw many of the goals had now been completed.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. For example, if strangers visited the service. Behavioural support plans had been written. These included details of any known triggers which could upset people and what staff could do to be proactive in supporting them. People's preferred routines had been noted, to record how they liked things done and when. This helped to promote people's well-being.

Staff provided appropriate support to alleviate potential distress to people. On one day of the inspection, staff were supporting a person on a trip out when they were involved in a safety incident on public transport. We spoke with the person when they returned to the service. They were calm and understood what had happened. Staff had recognised it may be difficult to ask the person to come back home on public transport as they would be anxious about this, therefore a taxi was arranged. The person was calm when they returned to their home and said they had enjoyed lunch out despite the incident.

Is the service responsive?

Our findings

People had their needs assessed before they received support from the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans were personalised and detailed daily routines specific to each person. People's preferred form of address was noted and referred to by staff. There were sections in care plans about supporting people with areas such as their medicines, daily living skills, personal hygiene, health and nutrition. Each file we read showed evidence of regular review to make sure information was reflective of people's current needs.

Staff were able to describe to us the support needed for the people they cared for. We found staff had a good understanding of person centred care and were enthusiastic about supporting people to achieve greater independence. Staff spoke with us about how they had supported people to achieve their personal goals. We noted they were not put off by any barriers or obstacles but found ways around these. For example, one person had not accessed the community whilst at their previous placement as they had been assessed as being at high risk. Staff at Social Care Solutions Ltd (Amersham Office) had got to know the person and put their own risk assessments in place. With the right level of support, they had enabled the person to go out. They continued to go out on a regular basis. Their relative told us "At one time you couldn't do that."

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. Each person had a varied schedule of weekly activities. This included going to a local social club, bowling, pub lunches, going to church, going to a garden centre and trips out. Group activities were also arranged to help avoid social isolation. For example, barbeques were held, birthdays were celebrated in the communal lounge, group takeaway meals were arranged and trips out had taken place to venues such as Hayling Island. One relative said their family member was "Accessing so many things, it's brilliant."

People we spoke with said they knew who their keyworkers were. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and ensure care plans are accurate and up to date.

There were procedures for making compliments and complaints about the service. Records were kept of these. We saw the service had received compliments about matters such as how well people were doing and for organising a birthday party. People's complaints were listened to. Records showed appropriate action was taken when people expressed concerns. For example, a complaint about someone's behaviour was referred to the consultant in learning disabilities who oversaw the person's care. Relatives told us they did not have any concerns about their family members' care. One told us "If there was, we feel they are approachable and we could discuss things."

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People's views about their support were respected and they were encouraged to make choices. This was central to people's care and included planning their own menus, deciding what they wanted to wear, which activities they would like to take part in and who supported them with their care.

Is the service well-led?

Our findings

The service had a manager in post. They had started at the service around six weeks before this inspection. A relative told us "Staff coped well without a manager" after the previous one left the service.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. We observed people who use the service were comfortable approaching managers to say hello and to ask what they were doing.

We found the service provided person centred care and supported people to be as independent as possible. People had good links with their local and wider communities and took part in varied activities. Relatives were happy with the standards of care provided for their family members. One said of the service "I don't know how you could improve it, it's splendid." Another relative told us "There's nothing I could fault, we're really pleased."

Records were generally well maintained at the service and those we asked to see were located promptly. However, we found decisions made in people's best interests, where they lacked capacity, had not been documented.

We recommend the service follows good practice in relation to recording in accordance with the Mental Capacity Act 2005.

Staff had access to general operating policies and procedures on areas of practice such as safeguarding, whistle blowing, lone working and equality. These provided staff with up to date guidance.

There was regular monitoring of people's care. A number of in house checks were made of care plans and people's safety. Senior managers attended regional meetings to discuss improving the quality of people's care. A satisfaction survey was sent out in 2016 to people who used the service and relatives. The results showed people were happy with the care provided at the service. For example, relatives said they were involved in the planning of people's care and they felt the support met people's needs. A comprehensive audit had been undertaken in February this year by the provider. This highlighted good practice as well as various areas for attention. We could see actions were either marked as 'underway' or 'complete' on the worksheet.

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

The service was not fully meeting the requirements of good data protection practice. Staff used their personal mobile telephones to photograph people in the service and out and about in the community, to chart their progress with becoming independent. The manager was unable to provide any guidance about this or to show what safeguards were in place to protect people's privacy.

We recommend the service reviews the use of personal mobile telephones to comply with data protection legislation.