Care Quality Commission

Social Care Solutions Limited

Social Care Solutions - Cambridgeshire

Inspection report

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Tel: 01480223650

Date of inspection visit:
10 March 2016
11 March 2016
15 March 2016

Date of publication:
06 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Social Care Solutions - Cambridgeshire is registered to provide personal care for people in supported living accommodation and in their own homes. There were ten people receiving the regulated activity of 'personal care' from the service when we visited. The service was providing 24 hour support to people living in properties in the towns of Chatteris, March, Whittlesey and Wisbech. This announced inspection was carried out on 10, 11 & 15 March 2016.

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At the time of our inspection a registered manager was not in place at the service. 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.

Staff were acting in accordance with the requirements of the Mental Capacity Act. They demonstrated how they supported people to make decisions about their care and where they were unable to do so decisions were being taken in their best interests.

There were sufficient numbers of staff to assist people with their care and support needs. However the amount of agency staff being used in some locations had caused some concerns regarding inconsistencies in care and approach. Care and support plans were in place to provide staff with guidance to meet people's individual care needs but risk assessments did not provide sufficient detail on how risks were to be managed and minimised. This meant that people were at a risk of not being protected from inappropriate or unsafe care.

Staff assisted people in a kind, caring and sensitive way and were trained to provide care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported to maintain and develop their skills and knowledge through supervision, and ongoing training.

People and their relatives felt able to raise suggestions or concerns they might have with the care and support being provided by the service. People felt listened to and reported that communication with members of staff was very good.

There were arrangements in place to monitor the day to day management of the service. People who used the service and their relatives were encouraged to share their views about the quality of the care and support provided. However, the provider did not have an effective quality assurance system in place to monitor the quality of the services provided for people.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe.

The risk assessment procedure did not always ensure that that people were cared for as safely as possible. Risk assessments did not always provide sufficient details of the risk or how to minimise it.

Staff were trained and informed about how to recognise any signs of harm and also how to respond to any concerns appropriately. There were enough staff available to meet people's needs.

Medicines were stored securely and administered as prescribed

Is the service effective?

Good

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005. This meant that people's rights were being promoted.

People were supported by staff who had received training to carry out their roles.

People were able to prepare meals and drinks for themselves or with assistance from staff when required.

Is the service caring?

Good

The service was caring.

Staff were caring and supported people to be as independent as possible.

People received care in a way that respected their right to dignity and privacy.

Most staff knew people well and assisted them with their preferred routines.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care and support needs were not always clearly recorded to ensure that their needs were being met appropriately.

People and their relatives knew how to raise any concerns and complaints.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A registered manager was not in post.

The provider did not have effective arrangements in place to monitor and improve the quality of the service people received.

Members of staff felt supported and were able to discuss issues and concerns with the manager.

Care Quality Commission

Social Care Solutions - Cambridgeshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 10, 11 and 15 March 2016. The provider was given 48 hours' notice because the service provide a domiciliary care service for people and staff are often out during the day we needed to be sure that someone would be in. The inspection was carried out by three inspectors.

Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that happen in the service that the provider is required to notify us about by law. Before the inspection, the provider had 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 spoke with contracts monitoring officer from the local authority and two care managers from the local authority who had contact with the area manager, staff and people using the service.

During the inspection we spoke with eight people about the care and support they received. We also spoke with a relative of a person using the service, the area manager, three locality managers and five members of care staff. We visited 12 people receiving care and support from the service.

We looked at seven people's care records, quality audits, staff meeting minutes, staff rotas and medication administration records. We checked records in relation to the management of the service such as quality assurance audits, policies and staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

Although there was a risk assessment process in place to ensure that people remained safe and that care and support would be appropriately delivered we found that the process had not always been followed. This was because many of the risk assessments were not person specific and contained generalised information. For one person we saw that there was no risk assessment and guidelines for staff regarding the person's sexual and challenging behaviours. We found that one person had recently experienced a possible fall, having been found on the floor at the bottom of the stairs. The risk assessment had not been reviewed following this incident.

Other risk assessments we looked at gave staff guidelines regarding shopping and laundry, but it was unclear what the identified risks were. Staff told us that they found the risk assessments unwieldy and often difficult to follow. This put people at risk as staff did not have the information to understand what the risks to people were and how to reduce them

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People that we met with during our inspection told us that they had lived in their homes for a number of years and felt safe and secure. A relative of a person using the service told us that they had no concerns about the care and support their family member received. They also said, "My (family member) is very well cared for and they are safe."

Staff were knowledgeable regarding their responsibilities in safeguarding people. They had received training regarding protecting people from the risk of harm. They were aware of the safeguarding reporting procedures to follow when required. One member of staff said, "I have received safeguarding training and I have reported any concerns I may have to my manager." We saw that there were safeguarding reporting guidelines available in the service's office and in the supported living premises which included key contact numbers for the local authority safeguarding team.

Staff told us that they were confident that if ever they identified or suspected poor care practice or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through their work. Staff said that they were confident that they would be supported by the manager to raise their concerns. One staff member said, "If I saw or heard of any poor or bad practice I would always report it to my manager without any hesitation or delay."

The area manager had reported safeguarding concerns that had been raised and they were aware of their responsibilities and had submitted notifications to CQC appropriately.

We found that although people were supported by sufficient numbers of staff there was a high use of agency staff. This was because of staff vacancies. At the time of this inspection we were told by the area manager there were 350 hours vacant. Our observations at some of the locations showed us and staff confirmed that people were supported by sufficient numbers of staff. The manager told us that staffing levels were monitored on an ongoing basis. One member of staff told us that there were enough staff available to assist people in their home and to access the community with them when needed.

We found that in one location staff and people using the service expressed their concerns about the high use of agency staff. One person told us that they were never sure which staff would be providing them with support which they found unsettling. It was noted that in other locations the same agency staff were being used to provide continuity and it was evident that one person had a good relationship with the agency worker and was being well supported.by them with their daily activities.

All recruitment checks were carried out by the provider's personnel department in conjunction with the area manager and locality managers. We saw three recruitment records. They contained evidence of appropriate checks including a criminal records check, references, an application form and identity checks. Staff that we spoke with who told us that their recruitment had been effectively dealt with. They also told us that they had received an induction when commencing their employment to ensure that they received training and essential information to provide care and support to the people who use the service.

One person said, "I am happy that staff look after my medicines for me and they always make sure that I get my tablets when I need them" The level of support each person required with their medication was recorded in their care plan. This ensured that staff were aware of the assistance each person required. Medication administration records (MAR) showed that medicines had been administered as prescribed. Records and staff confirmed they had been trained so that they could administer and manage people's prescribed medicines appropriately. Medicines administration competency checks on staff had recently commenced to ensure that their practice was safe. Management staff and support workers completed audits to monitor stock levels and to ensure that all prescribed medicines had been properly administered.

The area manager had implemented individual medication files for each person detailing their prescribed medicines and protocols for the use of as required medicines [PRN]. This was so that members of staff had the guidance in managing people's conditions with the use of PRN medicines. We also saw that a medicines audit that had been carried out and it identified that the new policy that that had been introduced linked with the new documentation that is in the process of being put in place to reduce medicine administration errors.

There were personal fire and emergency evacuation plans in place for each person and staff confirmed they were aware of the procedures to follow. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency. Fire alarm, fire drills and emergency lighting checks had also been carried out to ensure people's safety.

Good

Is the service effective?

Our findings

People we spoke with told us that they were assisted by staff in making choices about their daily living needs. One person said, "Staff know my needs well and help me when I need it" Another person said, ""I have my own car and staff will drive me to where I want to go"

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician and therapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Healthcare records were in place regarding people's appointments with health care professionals, this included GPs and learning disability specialist staff. One person said, "The staff help me to go to see my doctor for appointments when I need." We saw that people had a 'Hospital Passport'; which is a document that records essential medical and care information that was sent with the person if they required admission to hospital. This demonstrated to us that people were being effectively supported to access a range of health care professionals which ensured their general wellbeing was maintained. A relative told us, "The staff have always contacted me when my [family member] is unwell." This showed us that staff were proactive in monitoring and reacting to people's ongoing and changing health care needs. There were regular meetings held with health care professionals to discuss people's progress and any additional support that they required.

Staff told us they received an induction had the opportunity to undertake and refresh their training. They had received updates regarding courses to be completed over the forthcoming months. One member of staff said, "We are informed about when we need to attend training and when it is being made available for us." Another member of staff said, "I feel I am well trained and there is a plan in place to receive any updates that I am due". The area manager showed us evidence of training completed by staff which included but not limited to, manual handling, first aid, medication administration and epilepsy awareness. We saw that staff had received safeguarding and infection control training.

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. The area manager confirmed that no one at the service was subject to any restrictions on their liberty.

The staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS and confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. Staff confirmed that they had undertaken training regarding MCA and the Deprivation of Liberty Safeguards (DoLS) and this was confirmed by the staff training record we looked at.

Some staff told us that supervision and support sessions had previously been infrequent. However, they now felt they were now receiving regular supervision sessions with the changes made to the management of the service. We saw evidence of recent staff meetings and that staff were given the opportunity to discuss issues and future developments of the service.

People were supported by staff with the preparation of drinks and meals where required. People told us that staff assisted them with cooking and shopping. People's dietary needs were recorded and any associated risks such as choking were incorporated into their care plan including their meal preferences and any known allergies. Staff told us that people were assisted to seek advice from nutritionists and dieticians whenever their dietary needs changed.

Good

Is the service caring?

Our findings

One person we spoke with told us, "I like living here and the staff help me with what I need." Another person said, "The staff are lovely they know me well - We laugh a lot". - A third person said, "The staff are kind and helpful and available to help me whenever I need assistance."   "A relative we spoke with told us that they had been involved in reviews of their family members care and support. They also told us that they were kept informed of any changes to their family members care by the staff. A member of staff said, "Residents (people who use the service) are the most important and we must make sure they have everything they need".

Observations and comments we received showed that people were encouraged to be involved in improving their daily living skills and were assisted by staff with a number of tasks including, cooking shopping, laundry and financial budgeting. One person told us that, "The staff are good and we go out a lot and they help with whatever I need." There was a friendly atmosphere with a good deal of humour created between the staff and people living in service.

At all the locations we visited people were seen to be comfortable and at ease with the staff who supported them in an attentive and caring way. We saw that staff were assisting a person with their daily routines in a kind way and were offering choices regarding where the person wished to go in the community. In another location two people had been assisted by staff to go on a shopping trip and visit a café for lunch which they had enjoyed. At a third location we saw that people had made a choice and were going out for a meal with staff at the local pub.

Our observations showed the staff were kind caring and respectful to the people they were supporting. Staff called people by their preferred name and spoke in a calm and reassuring way. They were heard having gentle banter with people and there was lots of laughter and smiles. Staff spent time talking with people about things personal to them throughout the day. This showed us that staff were considerate in getting to know them. We observed that staff provided care and support in a cheerful and unhurried manner

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans.

People told us that staff respected their privacy and dignity when supporting them. Our observations showed us that staff knocked on people's bedroom doors and waited for a response before entering. They also let people know who they were as they entered. We observed staff treating people with dignity and respect and being discreet in relation to personal care needs which was provided in private. We observed that staff positively engaged with people and enquired whether they had everything they needed. This demonstrated that staff respected the rights and privacy needs of people.

People could choose where they spent their time. One person told us that they liked their room which they had been able to personalise with their own furnishings and belongings to meet their preferences and interests. People also told us that they had been involved in choosing colours and furnishings for the communal areas.

Each person had an assigned key worker whose role was to evaluate and monitor a person's care needs on a regular basis. Daily records showed that people's needs were checked and records made to show any events that had occurred during the person's day.

The area manager told us that no one using the service currently had a formal advocate in place but that local services were available as and when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

People were supported to take part in interests that were important to them. Examples included visiting local cafes, local bingo sessions and shopping trips. Throughout the day we saw that people were actively involved in accessing a variety of resources in the local community with staff assistance where appropriate. One member of staff was involved in helping people plan activities during the forthcoming week. One person told us that, "I like to go out to during the week and staff help me with what I am planning to do."

Some people's care plans were generic and contained unnecessary references to care issues which were not relevant to their individual needs. For example, in one care plan reference was made to epilepsy even though this was not applicable to the person's care needs. It was also not apparent how people had been involved in the planning of their care. The area manager and operational managers told us that the care plans were being further developed to ensure the consistent delivery of personalised care to reflect individual needs and include the person's voice and preferences as much as possible

Daily records contained detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required. For example, one person's health plan had been reviewed following an issue and further measures had been put in place to monitor their health so they can feedback to the GP. In another care plan we saw detailed and person centred guidelines regarding a person's daily routines which detailed the person's individual preferences. Each person had an activities timetable.

Care plan records showed that people's health care needs were documented and monitored. We saw that and where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. Any appointment with a health care professional had been recorded in the person's daily notes.

Our observations showed that staff assisted people with their individual choices and provided assistance when required. Examples included assisting people to plan their menus, shopping trips and preparation of meals where needed. Staff were knowledgeable about the people they were supporting and gave examples of how they assisted people both socially and when providing personal care. A relative we spoke with also confirmed that they had observed staff to be knowledgeable and understood their family member's needs. One relative said, "They [the staff] have responded to my [family member's] care and support in a very good way." People had their own bedrooms and were encouraged to personalise them with pictures and ornaments. They told us they enjoyed going out shopping for bits and pieces to put in their rooms.

People we spoke with felt confident that they would be listened to if they were unhappy about anything. One person told us that, "I can always talk to the staff and they help me sort out any issues or concerns that I have." We observed that there was a lot of conversation occurring regularly during the day where people had access to staff to discuss any issue or concerns they had. People using the service had access to the complaints policy and procedure which was also available in an easy read format. We saw that people had been encouraged and assisted to use the complaints process whenever they wished to. This showed that people could raise concerns themselves at any time and be confident that they would be responded to promptly and effectively. However one person we spoke with felt that their concerns had not always been effectively dealt with.

Discussion we had with a care manager from the local authority who had contact with the service, felt improvements were being made to the care and support being provided at the service. A contracts monitoring officer we spoke with also felt the service was improving and that the area manager and staff worked closely with them and were following any agreed advice or protocols.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with told us that they could raise any concerns about the care and support that was provided to them. One person said that, "I can always speak to the staff about anything I am not sure about or any worries I have." There were strong links with the local community and people told us that they were able to access local shops, amenities and services.

In speaking with the area manager and staff, we found them to have a good knowledge of people using the service and their care and support needs.

A registered manager was not in post. The last registered manager had left their post in July 2015. However, we were told that a new manager was in the process of being recruited. The service was being managed by an area manager and operational managers. There were locality managers who carried out the day to day management in individual locations.

Quality monitoring visits were now being undertaken on behalf of the provider and we were shown records of visits made to the service made by the area manager and operational managers in the last two months. However, we saw that these were not thorough in monitoring people's care and support. An example of this showed that the risk assessment process and recording had not been monitored. We saw that the risk assessment procedure was not clear and the documentation did not reflect people's needs. This showed that quality assurance processes were not effective regarding the monitoring of records being kept in the service. A contracts monitoring officer we spoke with had also expressed concerns regarding quality assurance procedures of the service.

Records showed that the manager and staff had implemented improved checks of key areas including; health and safety, medication and care and support issues. The area manager had implemented medication audits and staffing audits to provide more effective monitoring of these areas. Incident forms were monitored by the manager and were documented as part of the service's on-going quality monitoring process to reduce the risk of the incident reoccurring.

Health and safety checks including; fire records, water testing and water temperature records were in place and up to date. Finance procedures were in place to ensure that people's money was safely recorded and managed appropriately.

We were told that no surveys had been sent to people, their relatives or other stakeholders during 2015 to gain comments and views about the service. The area manager told us that a survey was due to be sent out in the next few months to people using the service, relatives, staff and stakeholders. We spoke with a care manager from the local authority who was in regular contact with the service and monitored improvements being made. They also told us that communication was good and they had been provided with requested information by the area manager and staff

Staff told us that they were now receiving more support and comments from staff included, "I can't remember when I had my last supervision, but we have had a recent staff meeting. I feel more confident that I am going to get the support I need. I feel that I will be able to raise any concerns and will be listened to". Another member of staff said, "I think the changes with the new management are for the better". "We are like a family, there has been a lot of change on paperwork but I think it will be for the better".

Staff told us that they could make suggestions or raise concerns that they might have. One member of staff told us, "We are a close team and we work well together and I feel very much supported by my locality manager." We saw minutes of recent staff meetings where a range of care and support issues had been discussed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against identified risks and staff have not been provided with the information on how to manage and reduce the risk